

NHS HEALTH NEWS

Greater Glasgow

WORKING FOR A BETTER HEALTH SERVICE SUMMER 2003



Spinal Injuries Unit patient Neil Hewitt is benefiting from working out on the FES cycling programme.

Spinal injury patients benefit from research

New hope

PIONEERING research at the Queen Elizabeth National Spinal Injuries Unit at the city's Southern General Hospital could mean new hope of increased mobility for some severely disabled patients.

Clinical staff working alongside research scientists from universities across Glasgow have been carrying out research into Functional Electrical Stimulation (FES) which

they hope will return some function to the lower limbs of patients with incomplete spinal injuries.

During a recent pilot clinical trial at the Unit, nine out of 14 patients given FES treatment regained varying degrees of useful function in their legs.

SO HOW DOES IT WORK?

FES is a way of producing movement in paralysed muscles through applying electrical impulses to the affected area either on the skin surface or implanted electrodes. These

impulses then cause the muscles to contract in a controlled manner.

FES applications can be used to help some patients who have suffered a spinal cord injury or who have been disabled through stroke, MS or cerebral palsy with standing, walking and hand function.

The initial clinical project involved the use of a harness to suspend the patient over a gymnasium treadmill, whilst electrodes placed on the patients legs, stimu-

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THIS second edition of the Health News focusses on NHS Greater Glasgow's Health Plan.

It's about innovative projects across Greater Glasgow, the state-of-the-art technology being used to give patients the best of care, and the pioneering research taking place across the city to improve health and develop services.

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For more information about Greater Glasgow NHS ... log on to our website at www.nhsgg.org.uk

Priority targets

MODERNISING services is a key component of the NHS Greater Glasgow's drive to improve the health of the people of Greater Glasgow.

And we've set out exactly how we plan to deliver services and bring about these improvements within a special document known as the Health Plan.

An evolving and changing document, the Health Plan features key targets on specific priorities including cancer, heart and children's services.

But that's not all it's about, the Health Plan also talks about developing services to fit patient's needs, involving patients and staff more in decision making and reorganising the structures of the NHS in Greater Glasgow and how it's managed.

Within the Health Plan, we set out how we, in partnership with our staff, the local authorities, other organisations and individuals, will:

- Concentrate resources
- Modernise hospitals
- Make services easier to access
- Promote healthier lifestyles

Put together in partnership and consultation with our staff, the Social Inclusion Partnerships, voluntary organisations, user and carer groups and individuals, the Health Plan covers the whole spectrum of health services.

This includes helping Greater Glasgow residents improve their health through diet and exercise advice, stopping smoking classes, help with breastfeeding, health promotion in schools and dental health schemes.

Other areas included in the Plan are: new developments in cancer care, heart, mental health, children's services, pharmacy, services for the disabled, older people, youth health, sexual health, health education, public involvement, the homeless, black and ethnic minorities, prisoners and asylum seekers.

The Health Plan is too large a document to set out in this newspaper. So, in this edition of the Health News, we're aiming to give a flavour of what the Health Plan is about, some of the health areas we'll be tackling and the services we'll be developing over the coming years.

The Health Service isn't just about bricks and mortar, the hospitals and health centres, it's much more than that. It's about ensuring you receive the very best of care in the community and that you are armed with the correct information to make the right lifestyle choices for you.

HOW TO GET YOUR COPY OF THE HEALTH PLAN

A COPY of the current Health Plan 2002-2007 is available on our web site: www.nhsgg.org.uk

You can also obtain it by writing to: Corporate Communications, NHS Greater Glasgow, Dalian House, 350 St Vincent Street, Glasgow G3 3YZ (tel: 0141 201 4767).

An updated Health Plan, which will take Greater Glasgow's health system through to 2008, is currently being taken forward.



AN artist's impression of the new Victoria ACAD



AN AERIAL view of the new Stobhill Hospital

IT'S all systems go for the next stage in the modernisation of Greater Glasgow's hospitals with several major construction companies preparing plans to build the new hospital buildings at Stobhill, Victoria and the creation of a new Beatson Oncology Centre.

Later this year the chosen firms will be appointed to deliver the new hospital projects and work will begin next year.

After years of planning, consultation and debate your local NHS is ready to deliver the first phase of the new acute hospitals that Glasgow so desperately needs to ensure the delivery of modern medicine in the most effective way.

Phase 1 of this huge modernisation project will see the creation of:

- A totally new hospital opposite the existing Victoria Infirmary site on the southside of Glasgow. The Hospital - known as an ACAD (ambulatory and diagnostic hospital) - will provide purpose built facilities designed for the delivery of modern medical care. More than 80 per cent of the patients currently using the current 113-year-old Victoria Infirmary will attend the new walk-in-walk-out hospital (known as an ACAD - ambulatory care and diagnostic hospital) for treatment.
- On the site of the existing Stobhill Hospital two separate major developments will begin to take shape next

It's all systems go for new hospitals



HOW the new Southern General will look after work is finished

year. The vast majority of the existing hospital will remain as an integral part of an ambitious ACAD hospital development delivering the most modern medical techniques to the people of North Glasgow.

- On another part of the Stobhill site a modern NHS specialist psychiatric hospi-

tal known as an LFPU (local forensic psychiatric unit) it will serve the needs of patients in the Greater Glasgow area in the most appropriate and modern facilities designed for patients and ease of access for visitors.

- The Beatson Oncology Centre on the Gartnavel Hospital site will be completely re-built providing unrivalled facilities for cancer patients and staff. The new Beatson will be a centre of excellence ... the West of Scotland Cancer Centre.

During the next three years phase one of the new-build Gartnavel Royal Hospital will take shape.

Phase 1 will be fully operational early in 2007.

Phases 2 and 3 will see the delivery of a state-of-the-art Southern General Hospital in Govan and Glasgow Royal Infirmary along with a major redevelopment of Gartnavel General Hospital and the final phase of the new-build Gartnavel Royal Hospital.

Let's hear what you think of our plans

OVER the next ten years, NHS Greater Glasgow will be investing considerable amounts of time and money in making sure that communities have their say in the design and building of the new hospitals.

Leading the process will be the Boards new Community Engagement Team headed up by Niall McGrogan.

He said: "The decision has been made to rebuild Glasgow's acute hospitals. My job now is to involve people further to make sure that they have access to clear, easy to understand information about the rebuilding programme and that they have the



Niall McGrogan

opportunity to shape the design of the hospitals so that they are better places for patients, staff and visitors.

"For example, one of the most common concerns we hear from patients using the current hospi-

tals is that they are difficult to find your way round. Some of the buildings are like a maze, people find the maps difficult to understand, the signs can be difficult to read. All of this can make patients anxious about turning up late for their appointments or can make it more difficult for loved ones to visit.

"Similarly, there are serious problems at the moment in terms of access. Getting round some of the current hospitals if you are a wheelchair user or you have a child in a buggy can be a nightmare.

"If we work together on the plans, we can avoid making the

same mistakes and ensure the new buildings more accessible and easier to get around."

Over the next few months, Niall will be recruiting a team to push this process forward.

In the meantime he is visiting communities, hospital staff and patient groups to hear first hand what some of their initial hopes are for the five new hospitals.

For more information, contact Niall at: Greater Glasgow NHS Board, Dalian House, 350 St Vincent Street, Glasgow G3 8YZ, by email - niall.mcrogan@gghb.scot.nhs.uk or by phone on 0141 201 4902.

The way forward

Planning
for the
future

New hope for spinal injury patients

CONTINUED FROM PAGE 1
-lated the limbs in an effort to teach them how to walk again.

Use of the harness meant that 40 percent of the patient's body-weight was supported, allowing the patient to forget about trying to stand up and concentrate on walking.

Superintendent Physiotherapist Jon Hasler explained: "Human walking is a complex thing. When you decide you want to walk through a doorway, your brain sends a message to your spinal cord to say what it wants to do. The legs then do the rest. Our idea is that by utilising FES technology we can help the spinal cord to re-learn the process."

Project leader Malcolm Granat said: "We are very excited by these initial results. To have nine out of fourteen patients show such improvement is encouraging."

A second project, this time involving FES stimulation and a cycle, is ongoing in three centres across the UK. This project will explore the potential FES cycling has to alleviate some of the secondary medical complications of spinal cord injury.

Through FES cycling, doctors hope to not only improve the fitness and general health levels of patients with spinal injuries, but also improve the condition of the skin and muscles of their legs.

Spinal Injuries Unit patient, Neil Hewitt has been on the FES cycling programme for nearly two years.

A former speedway rider for the Edinburgh Monarchs, Neil (31) broke his back in a racing accident at Armadale Stadium in 1997.

Neil, who is a wheelchair user, said: "Being on the FES programme has been really great. Initially, because I still have feeling in my legs, I found it really painful. Over time, though, I've gotten used to it and can cycle for quite a long time now."

Neil, who is paraplegic, said that before he started on the programme, his leg muscles were wasting away due to lack of use. Now it's a different story.

"The FES cycle has built my legs back up to almost the same level they were before my accident. It's not just good for building up the leg muscle, but also good for self-esteem. Before, any trousers I wore were really baggy because my legs were really skinny, now clothes look much better on me."

"It's definitely worth it. I can use the cycle outside. The furthest I've cycled is three kilometres. Just knowing I can cycle that distance and have a bit of freedom is amazing. I felt elated the first time I did it. It was really emotional."

And exercise is not the only benefit Neil has gained from being on the programme. He's made many new friends at the unit and is often invited to attend FES seminars to demonstrate how the cycle works to health professionals.

He added: "The most recent thing I was invited to was at Glasgow University where I demonstrated the cycle to other wheelchair users. It's great being able to show them what can be achieved."

Thoroughly modern maternity

THE pressures on Glasgow's maternity services are causing serious concerns for clinicians who have told Greater Glasgow's NHS Board that the city can no longer sustain three maternity hospitals.

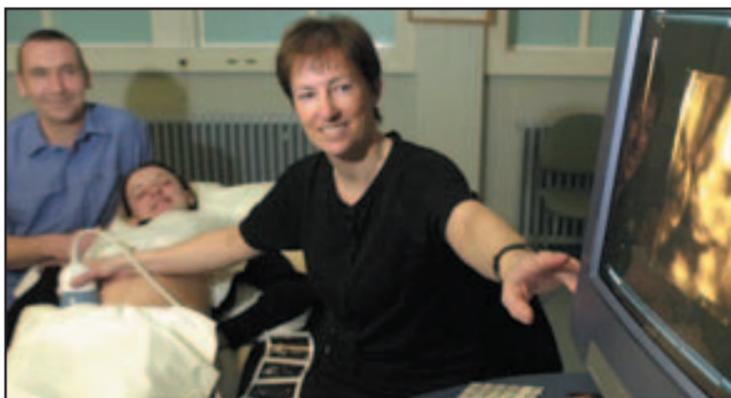
Pressures on the midwifery, obstetric, neonatal and anaesthetic workforces are such that change is essential.

The city must now decide which is the best option for Glasgow's two remaining maternities to flourish and serve the best needs of mothers-to-be.

Obstetricians and professional health colleagues are spreading their skills too thinly over three sites to maintain round-the-clock services at a time when birth rates are dropping dramatically.

Greater Glasgow NHS Board Chairman Sir John Arbuthnott sees it as essential that a transparent and effective consultation process is taken forward with independent, expert and lay input to weigh up the options available to the Board.

Sir John said: "We want to deliver the best quality maternity services for mothers and children and to be able to retain and attract high quality staff. Over the next three months a Working Group, independently chaired will, with close involvement with the Maternity Services Liaison Committee (a group bringing together clinical, professional and consumer interests) comprehensively review and provide advice to the NHS Board on how to provide modern, safe and sustainable maternity delivery services for our population as the final stage of implementing of the Maternity Services Strategy. In October, after the NHS



MODERN MATERNITY: The latest technology at the Queen Mother Hospital ensures the highest standards of care for expectant mums.

Board has considered the Working Group's recommendations, the formal consultation process will be fully launched."

Dr Kevin Hanretty, Chair of Greater Glasgow's obstetric and gynaecological sub committee, said: "Rationalisation to two sites would permit better use of the skills of consultant obstetricians, neonatologists, anaesthetists and a highly skilled midwifery workforce whose recruitment and retention is essential for the safe delivery of Glasgow's babies."

Dr Hanretty, a consultant obstetrician based at the Queen Mother's Maternity, added: "New modern maternity methods have dramatically reduced the length of hospital stay for new mums with more and more care being offered at home or in elsewhere in the community."

Almost two years ago, after wide-

spread consultation with women's groups and medical professionals, it was agreed Glasgow needed to switch to two first class modern maternity hospitals.

Dr Hanretty commented: "The case was strong then ... and it is even stronger today as the reduction in the numbers of deliveries in recent years is so great that maintaining the high staffing levels mandated by the European Working Time Directive and the New Deal for junior doctors is both expensive and potentially detrimental to training over three sites."

Since then the Princess Royal Maternity has opened. It has the potential of handling 6,500 of the current complement of around 11,000 births delivered in Greater Glasgow.

It is anticipated the birth rate will continue to fall.

Dr Hanretty said: "Today the con-

sultation process gets underway to decide whether the Queen Mother's maternity at Yorkhill or the Southern Maternity at the Southern General is the best option.

"The current sites for safe delivery at both hospitals do not lend themselves to modern obstetric and midwifery practice and substantial modernisation is required."

There are strong clinical cases to be made for each. The Queen Mum's, as it is affectionately known, is located next to one of Britain's best children's hospitals. The Southern is beside one of the finest equipped general hospitals.

The city is currently modernizing all hospital and service provision, representing a massive £700m investment in Greater Glasgow's health.

While modern methodology points to locating children's services, adult specialties and maternity provision on the one site, this is not an option for at least 15 years.

Irrespective of the decision which the Board finally takes about maternity services Yorkhill's Royal Hospital for Sick Children will continue to serve as a centre of excellence serving the West of Scotland for at least the next 15 years.

All opinions and views will be made available through public involvement networks, Greater Glasgow's website www.nhsgg.org.uk and published in NHS staff newsletters and publicly distributed newsletters.

For further information, visit:

www.nhsgg.org.uk

NINETY PERCENT OF PATIENTS' NEEDS ARE MET BY PRIMARY CARE

First and last!

FOR most of us, contact with the Health Service begins and ends with our community health services - known as Primary Care.

GPs, dentists, health visitors, nurses, pharmacists, optometrists and other allied health professionals see, diagnose and care for 90% of all patient contacts within the Health Service.

In 2001, we published our Shaping the Future of Primary Care strategy which was put together following consultation with patients, staff, community organisations, local authorities and voluntary organisations.

Setting out our future vision for primary care, the strategy aimed to meet the needs of our patients and bring the quality of health in Glasgow and surrounding area up to a level at least equal to the rest of Scotland.

Around £38million has been invested in this ambitious plan and the results have been impressive. The commitment and skills of primary care professionals has brought major new service developments including:

- The introduction of a chronic disease management programme for seven key disease areas
- The implementation of emergency dental services and personal medical services for homeless people and nursing home residents
- The delivery of a wide range of individual projects for child health, mental health, young people and older people.

At the end of 2002, we held a conference -



NINETY percent of patients' needs are met by health service staff in Primary Care

'Putting It All Together' - to look at achievements and scope out what should happen next. A report - Phase II - was published setting out the way ahead.

Rather than signalling a change of direction, Phase II builds on what has already been achieved and sets out the key issues and health priorities for the coming years.

Terry Findlay, Director of Primary Care, said: "More than £100m will be invested over the next five years to take forward the strategy and

bring a raft of new services to Greater Glasgow. We are developing plans to meet national targets for breastfeeding and 48 hour access to a member of the primary care team, as well as developing services for ethnic minority groups.

"We are also planning to roll out a range of new developments across Greater Glasgow that will provide better services for people with mental health problems, patients with chronic diseases and older people.

"Recognising we have a role to play in helping to ease the burden on our acute hospitals, we are looking to develop community services in palliative care, child health, young people's services, men's health, dietetics and nutrition, women's health, pharmacy extended roles, dental services and optometry services."

Terry revealed that a key part of the plans would be the further modernisation of health centres and clinics citywide, boosting admin and clerical staffing levels and improving information management and technology systems to ensure patients get the very best health service possible.

Terry added: "Although much has been achieved toward creating services fit for 21st century Glasgow, there is still far to go. Partnership working with other stakeholders - such as patients - is key to making real progress in health improvement, and we will continue to develop and implement our plans in collaboration with people from across the city."

Action to help improve care



Professor Alan Rodger
... "a real difference"

CANCER has an impact on everyone's life. Statistics show that one in three of us are likely to develop some form of the disease during our lifetime.

In Scotland, around 26,000 people will be told they have cancer every year and this number continues to rise.

The good news is that survival rates are better than ever.

Through dedicated funding from the Scottish Executive, NHS Greater Glasgow has already invested millions of pounds in improving our cancer services and we are committed to continuing this investment.

Over the coming year, we are investing in:

- Ensuring patients have a greater say in the design and delivery of the services they use. This includes services that will be provided at the new Beatson Oncology Centre (the new West of Scotland Cancer Centre to be built on the Gartnavel General Hospital site), the new Ambulatory Care and Diagnostic Centres (ACADs) and the general provision of healthcare throughout Greater Glasgow;

- The introduction of new Specialist Endoscopy Nurses to hospitals in the north and south of Glasgow - these nursing staff have undertaken additional training to enable them to perform endoscopic examinations using special flexible cameras. This will allow more patients to be seen and diagnosed and will enable the Consultant Medical staff to spend more time discussing and agreeing treatment with patients themselves. These are on top of other Clinical Nurse Specialists who are already carrying out nurse-led clinics in a variety of cancer specialities.

- A review of our diagnostic services - virtually all patients passing through the healthcare system have at one time or another to pass through or become involved with those services that diagnose their ailments. These are predominantly the Radiology, Endoscopy and Pathology services. As demands for these services grow, we need to look at the current capacity of all diagnostic services to see if they are meeting demand and whether or not they require further investment.

- Improving services generally - the investment will allow us to provide better care to patients through the provision of better qualified staff, better equipment and involving the patients more in their care.

- Giving staff a bigger say in how services are run - our medical, nursing and allied healthcare professional staff include recognised experts in their fields. With their years of expertise, they are in the ideal position to determine how services should be provided. Audit results of activity and performance in these specialties are already starting to guide them to future developments for the benefit of their patients.

By putting in place these measures, NHS Greater Glasgow aims to ensure services provided across Glasgow offer equal high standards of care and access to all our population.



A BETTER FUTURE: How the Beatson Oncology Unit will look after major redevelopment (left) and the Tom Wheldon building (above) where the latest technology and an increase in dedicated staff are already making a difference to the care of patients.

OVER the past year, the Beatson Oncology Centre has been undergoing an unprecedented investment thanks to an extra £3.2million from the Scottish Executive.

This has allowed the recruitment of new staff and funded new linear accelerators which are used in radiotherapy.

Now, more than 100 new members of staff have been employed, there have been significant technological and environmental improvements made across the West of Scotland Cancer Centre and new services for patients have been introduced.

A strategic review of specialist oncology (cancer) services has been undertaken across all the Health Board areas served by the Beatson. This is leading to new arrangements to streamline the specialist input of Beatson staff in local clinics and offer patients better access to expert care according to tumour type.

Other changes include the transformation of Ward 4c at Gartnavel General Hospital into a state-of-the-art daycare chemotherapy centre and the introduction of five new linear accelerators for the delivery of radiotherapy treatment at the Tom Wheldon Building (part of the Beatson located on the Gartnavel site).

How Beatson is benefitting from more staff, new technology and smart thinking

Indeed, the Tom Wheldon Building, is Phase I of the new £100m West of Scotland Cancer Treatment Centre which is due to be completed in 2006.

Project planners have worked closely with staff, patients and other user groups to design the new centre. Building contractors will be appointed by the end of this year and work should begin on the site early

next year.

The new non-surgical cancer treatment centre will replace the old Beatson building (currently at the Western Infirmary). It will have:

- More than 200 beds for inpatient and daycase treatment
- Tailor-made outpatient and daycase accommodation
- Eleven linear accelerators and a full range of state-of-the-art

cancer diagnostic and treatment technologies

- Integrated haemato-oncology services (including bone marrow transplant services) for North Glasgow

Improved collaborative working arrangements, with all the advantages this brings to patients, will be a key feature of the new West of Scotland Cancer Centre at Gartnavel.

Professor Alan Rodger, the Beatson Oncology Centre's new Medical Director, said: "Extra investment has brought new equipment and new staff, and the great work that has been done over the past year to set up new patient-centred initiatives is making a real difference."

A Scot, who has spent the past decade working in Melbourne, Australia, Professor Rodger took up his new post on June 2, 2003.

He added: There are still challenges to be met, such as recruiting more Consultant Clinical Oncologists, but the achievements of the Beatson team over the past year have been truly impressive. The future for the West of Scotland Cancer Centre is very exciting."

For more information about the Beatson:

www.beatson.org.uk

Helping you to a healthy heart

Planning
for the
future

HEART disease is one of Greater Glasgow's biggest killers. Almost half the area's deaths are heart-related - a statistic NHS Greater Glasgow is working hard to combat.

While revolutionary new heart treatments save lives, these alone cannot rid Greater Glasgow of its appalling heart disease reputation.

That is why NHS Greater Glasgow, along with its partners, is working hard to introduce new heart disease prevention projects where they are needed most.

Stop smoking classes, healthy eating advice and exercise classes are just some of the initiatives

already introduced to help residents help themselves to a healthy heart.

Of course, not all heart abnormalities are caused by unhealthy lifestyles: some people are born with heart defects and they are also benefiting from hi-tech new treatments.

In the Health Plan, we set out how we plan to develop these services to ensure all heart patients receive the very best in treatment and support.

And here we look at two examples of work being carried out to help people with heart problems get back on their feet.

How one tiny machine can work miracles

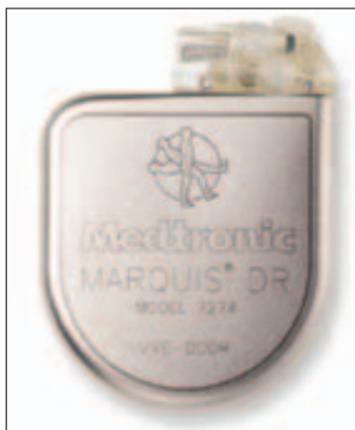
WEIGHING in at only eight ounces and comparable in size to a pack of playing cards is the unsung hero that silently saves lives each year.

The revolutionary Implantable Cardioverter Defibrillator (ICD) is giving NHS patients with heart abnormalities the lifeline that no medication can.

The tiny device, which is surgically attached to the heart, never sleeps ... it constantly monitors the organ's activity and can deliver anything from a string of short impulses to a full-on electric shock that restarts the heart.

NHS Greater Glasgow is fitting more ICDs than ever before, and as the machines get smaller and more advanced, countless lives are being saved each year.

Dr Andrew Rankin, Reader in Cardiology at Glasgow Royal Infirmary, explained: "There has been increasing evidence of the benefit of ICDs from clinical trials in recent years, so the number of



THE Implantable Cardioverter Defibrillator, manufactured by American company Medtronic.

patients receiving them is likely to continue to rise.

"We fitted our first ICDs in 1990, when the patients required open-chest surgery (thoracotomy), but now they can be done without general anaesthesia."

Dr Rankin added that surgeons in Edinburgh also implant ICDs but records show this is less than in

Glasgow, while Aberdeen has only recently begun such surgery.

In fact, figures reveal that while only 18 operations were carried out in Glasgow in 1995-96 (April to April), this rose to 58 in 2001-2. And although 2002-2003 figures have yet to be compiled, records show there were 57 implants between January and December last year alone.

The miraculous machine stores details of its owner's normal heart-beat so it can monitor cardiac activity and step in if necessary. After discharging a vital electric shock to the heart, the ICD may also use its pacemaking back-up facility until the heart starts beating again.

Each device also stores details of any unusual activity so that specialists are able to download these exact dates and times each time the patient returns for a check-up. By simply waving a wand-like instrument in front of the chest, the ICD will transmit its information down the wand's cable and into the computer.

Costing the NHS between £20,000 and £25,000 per ICD implant, the process isn't cheap, but as Hazel Moss (32), from Giffnock knows, it's worth every penny.

She said simply: "There's no doubt



ICD patient Hazel Moss cuddles her seven-year-old daughter Hayley - Britain's first child born to a woman with the heart device.

about it, having a 'defib' gives a heart patient like me her life back."

Hazel was chosen to have an early version of the device fitted 10 years ago, and she was the first ICD patient in Britain to give birth.

She explained: "It all started when I had a heart attack at the age of 15, which is very unusual.

"After several such incidents I was given the 'defib'. There have been numerous times I could have died but determined medical staff pulled me through.

"Without the device I've had fitted, I know I would be dead. Instead I've had my independence and confidence restored and given birth to two children."

Amazingly, the ICD is suitable for heart patients ranging from babies to pensioners but the number of people and medical staff who know about it is surprisingly limited.

Alison Hope, Chief Cardiac Technician at Glasgow Royal Infirmary, said: "Although there will be paramedics and nurses who don't know about 'defibs', we issue patients with information cards to carry and Medic Alerts to wear round their necks at all times.

Ambulance staff know to look for these straight away, as other patients like diabetics would wear similar devices."

Alison went on to explain that the ID number of a 'defib' patient would be printed on the neck chain along with the Medic Alert helpline. This means a paramedic could phone the number, quote the ID and consequently receive information ranging from the patient's exact device, to his or her next of kin."

Peter Slater of the Implanted Defibrillator Association of Scotland, which is based at Glasgow Royal Infirmary, praised the work of the hospital's cardiac team, adding that since his implantation he has travelled round the world.

The former orthopaedic surgeon said: "I had my ICD fitted 12 years ago and have no regrets. Although I had to leave my job as a surgeon at Stracathro Hospital near Brechin, I chose to fly to a medical conference in Saudi Arabia and give a talk about ICDs to medical representatives.

"The surgery changes your life, there's no doubt about that. It's something for which I'll always be grateful."

GPs know exercise is key

GREATER Glasgow folk with heart or weight problems are walking back to health thanks to the GP Exercise Referral Scheme.

Set up in 1997, the scheme allows GPs to refer patients who are overweight or who have heart problems to supervised physical activity at a local leisure centre.

The scheme, which was jointly established by Greater Glasgow NHS Board and Glasgow City Council's Cultural and Leisure Services, now involves an average of 2,000 patients each year. And with a shocking 37% of heart disease cases being a result of physical inactivity, Glasgow has nothing

to lose and everything to gain.

John Barber, GP Exercise Referral Counsellor at Bellahouston Leisure Centre, explained: "When the patient has been referred to us by a GP, he or she is contacted by someone like myself at a public leisure centre where a consultation takes place. If the person has heart problems, however, they will first complete a treadmill assessment at a hospital cardiology department.

"The patient is then directed to supervised exercise that would suit the health problem. Further consultations take place to check progress."

Over the last six years, more

than 10,000 people have swapped the sofa for the exercise floor.

Renfrew's Jimmy Smith (56) has had triple heart bypass surgery but he could give Mr Motivator a run for his money. He has been participating in the exercise scheme for one-and-a-half years.

He said: "I feel great and enjoy coming to the classes.

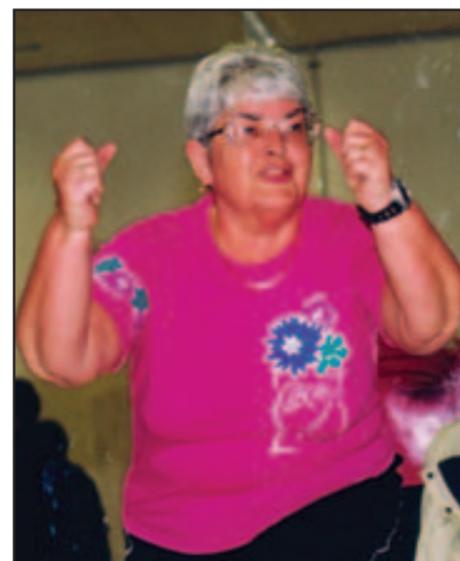
"I tend to catch a session two or three times a week, but I go to the centre's main gym at other times.

The instructors there are well trained and informed, and our rehab class leader has qualifications from the BACR (British Association for Cardiac Rehabilitation) so I know I'm in

good hands."

Fellow exercise fan Mary Brandon (65) from Ibrox agreed: "There are people here as old as 80, so I feel like a young thing! I've lost one-and-a-half stones since I was referred in November and there's been no need for a boring diet. I've not let my irregular heartbeat and asthma stand in the way. This scheme is about shaping up and enjoyment."

Hilary Dingwall, Cardiac Rehabilitation Senior Physiotherapist, added: "This scheme is an excellent follow-up for heart patients who've completed our Phase III Cardiac Rehabilitation at a hospital."



PATIENTS on the GP Exercise Referral Scheme really enjoy the workouts

Taking care of Yorkhill's sickest children



CHILDREN are brought to Yorkhill Sick Children's hospital for a variety of different reasons.

For many, a visit to Yorkhill will involve nothing more than a routine check-up, but for some, the specialist staff and dedicated paediatric facilities based here can make all the difference.

The Intensive Care Unit (ICU) at Yorkhill provides more than half of all the intensive care beds for children in Scotland. It is a 14-bedded unit and provides care for around 650 children across the country every year.

The ICU cares for Scotland's most poorly children, including those awaiting or returning from a heart operation, children with cancer, meningitis and many other life-threatening conditions.

Within the unit, each patient has at least one nurse constantly by their bedside, monitoring, caring and watching over their patient's daily progress. This one-to-one ratio is maintained 24 hours a day, seven days a week. The child is only transferred to a general ward when they are well enough to cope.

The current ICU has served Yorkhill well over the last 25 years, but with Greater Glasgow NHS Board's plans to centralise children's Accident & Emergency Services at Yorkhill in 2005/06, the time is right to plan ahead and upgrade and enhance the service for Scotland's children.

An investment of approximately £8.5m is providing Yorkhill not only with a new ICU and modernised Accident & Emergency Department, but with a type of unit never before available at the hospital - a High Dependency Unit (HDU).

The HDU will offer a slightly more intensive level of care than a general ward, and is ideal for children who don't need to be given the one-to-one care found in the ICU, but are not quite ready to go back to a ward.

Reducing waiting times

YORKHILL NHS Trust is dedicated to providing the best possible treatment for children in the fastest possible time.

A great deal of work is ongoing, both locally and nationally, to improve lengthy waiting times across a variety of different specialities.

Some of the success stories at Yorkhill include:

- A massive reduction in Dermatology outpatient waiting times from almost a year to just four weeks at the beginning of this year
- A reduction in waiting times for General Medical outpatient appointments from approximately 40 weeks to less than eight.

Significant work is also being done to tackle waiting times for non-urgent paediatric surgical outpatients consultations, with a wide range of initiatives currently in place and planned for the coming years.

For the future, Yorkhill is concentrating on meeting its waiting time guarantees, including all inpatients and day cases being seen within nine months by December 2003.

Dr John Sinclair, Consultant Anaesthetist at Yorkhill NHS Trust, said: "At the moment, around 220 children need HDU beds every year. We already have a number of HDU beds throughout the hospital, but not in a dedicated unit located so closely to our ICU and theatres. The benefit of this is that the sickest children are looked after in a dedicated area with the greatest concentration of staff and expertise close to the child."

"The new ICU and HDU will bring enormous benefits to Yorkhill,

increasing the combined number of beds from 14 to 24, bringing in additional specialist staff, increasing the space around each bed for more patient and family privacy, as well as providing dedicated family areas with a pantry and ensuite facilities."

Work has already begun to prepare for the purpose built emergency department at Yorkhill, all of which will be crucial in supporting Yorkhill's future role as the provider of Accident & Emergency care for all of Glasgow's children.

ENT services are on the move

SERVICES for children with Ear, Nose and Throat (ENT) conditions are being brought together at Yorkhill as part of the Glasgow Acute Services Review.

The transfer of inpatient and day-case ENT services from other hospitals is part of a modernisation of children's services across the city.

Its aim is to ensure all children are treated in the most appropriate environment possible, with dedicated child friendly facilities and specialist paediatric staff available

at all times.

Yorkhill has already taken on day-case and inpatient ENT services from the South Glasgow Acute Trust and additional theatre time and staff have been introduced to cope with the extra patients.

It is planned that the children's ENT services currently provided at the North Glasgow Acute Trust will also move to Yorkhill by October 2003, and plans are being developed to ensure that the transfer is as smooth as possible.



LEARNING GOOD HEALTH: Children on the Starting Well project gra

Getting the b

GLASGOW is leading the way in developing innovative approaches and solutions to improving child and family health.

Starting Well - one of four national Health Demonstration Projects - works to ensure that Glasgow families have the necessary skills and additional practical assistance to give their children the best possible start in life.

Launched in November 2000, the Project, which is led by Glasgow Healthy Cities Partnership in partnership with NHS Greater Glasgow, works with a range of other statutory, voluntary and

academic organisations and agencies in the Gorbals, Govanhill, North Toryglen and the East of Glasgow.

The Starting Well team is made up of Health Visitors, Health Support Workers (who are lay workers drawn from local communities), Community Support Facilitators and Community Nursery Nurses who work together to promote children's health and to improve opportunities for young children to socialise with other children.

In the south project area, where approximately one third of



g after them the best way we can

Planning
for the
future



in many benefits, including the chance to meet new friends!

Best start in life

Starting Well families are from an ethnic minority background, a Bilingual Worker is also part of the project team.

Starting Well work in partnership with One Plus, a well known voluntary sector organisation, which provides on-going training for the Health Support Workers.

So how does Starting Well help children and their families?

It provides intensive support to families in their own homes. A Family Health Plan is used to agree goals with the family and to keep a detailed record of all home visits. Health priorities that may

be identified as part of the Family Health Plan include child safety, encouragement of breastfeeding, nutrition and oral health.

Funding from the project has also been used to develop community initiatives including a Dad's Breakfast Club, a nursery school physical activity programme and toy libraries.

Dr Michael Killoran Ross, Project Manager said: "This project is providing us with an excellent opportunity to learn how to provide optimum services for families across Scotland."

Baby friendly is best

TWO Greater Glasgow health facilities have each won a prestigious Baby Friendly Award.

The Southern General Hospital and Anniesland, Bearsden and Milngavie Local Health Care Co-operative (LHCC) both picked up their awards for their work in supporting breastfeeding mothers.

Senior Midwifery Manager, Lynn Wojciechowska said: "We decided to join forces with UNICEF's Baby Friendly Initiative to increase breastfeeding rates and to improve care for all mothers.

"Breastfeeding protects babies against a wide range of illnesses including gastroenteritis and respiratory infections as well as allergies and diabetes in childhood. We also know that breastfeeding reduces the mother's risk of some cancers - although mums might be more interested in hearing that it's easier, cheaper and simply less hassle than bottle feeding."

Aileen Duncan, Anniesland, Bearsden and Milngavie LHCC General Manager, said: "We are delighted to become the first community health facility in Scotland to be awarded Baby Friendly."

Learning how to be healthy

The challenges facing Glasgow's school nurses

FOR many people, the job of a school nurse is linked to their own childhood memories of bumps and bruises in the schoolyard, sore stomachs and the ongoing battle against head lice.

However, in the last five to ten years, the role of the school nurse has changed dramatically following the publication of new Government documents - "Nursing for Health" and "A Scottish Framework for Nursing in Schools".

It may be surprising to learn that today's school nurses are not only leading health improvement and reducing health inequalities, but also organising immunisation programmes across schools in the Greater Glasgow area.

Yorkhill NHS Trust is responsible for the school-nursing programme in the Greater Glasgow NHS Board area. The service encompasses 309 primary schools, 74 secondary schools and 42 special schools throughout Greater Glasgow.

The school nurses are responsible for assessing the health needs of each school in their area, working with parents and children to help identify any health problems, promote healthy lifestyles, as well as support vulnerable and chronically ill children who often have very complex care needs.

In order to meet these demands, the service is currently undergoing some major changes with a whole new direction planned in the coming years.

This includes the introduction of 52 'New Community Schools' across Greater Glasgow which will address the needs of pupils by bringing together various services from teachers, social workers, community education workers, health professionals and others in a single team.

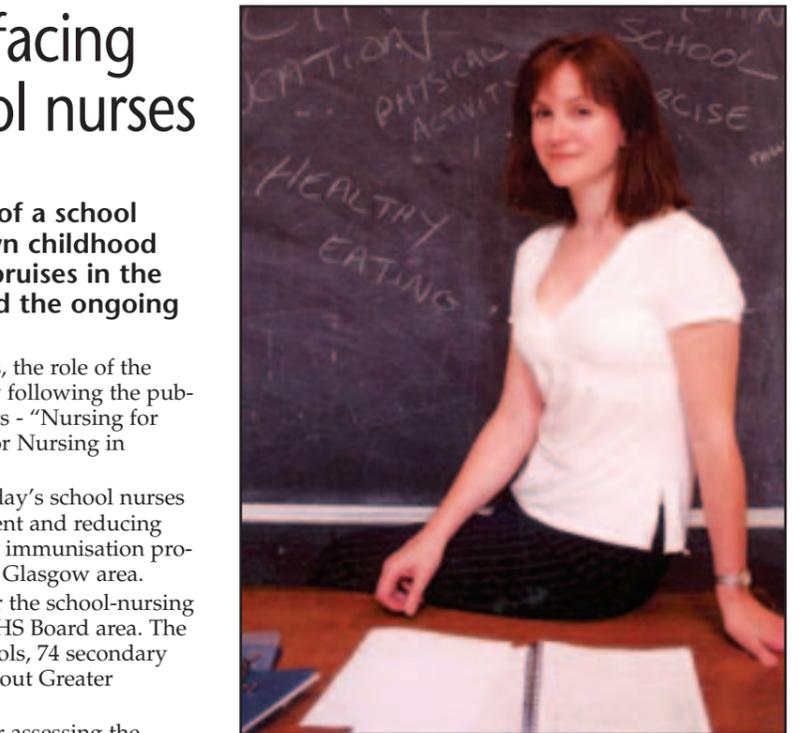
Each New Community School will have its own school nurse who will be led and supported by Public Health Nurses.

There are plans to have a total of 13 Public Health Nurses working across the New Community Schools over the next three years and their role will also include involvement in the development of health plans for their communities.

Susan Kayes is a Public Health Nurse based within Cathkin High School, Cambuslang. She said: "The new way of working for school nurses and public health nurses is definitely the way forward. We now work much more closely with other agencies such as Education, Local Health Care Co-operatives, Social Work and other agencies to support not only pupils but their families as well.

"Being based in the school has made a huge difference to our work. We are treated as a central part of the school community, allowing us to build up trust with the pupils which helps when tackling issues around mental and sexual health."

The latest changes to school nurs-



PUBLIC Health Nurse Susan Kayes believes in the new way of working.

Caring for those who need it most

FOR the 42 special schools and units across the Greater Glasgow NHS Board area, the Glasgow school nursing service provides an invaluable level of support for the teachers and families involved.

Many of the children within these schools have very complex care needs, which can be very demanding for the family, teachers and school nurses. The new direction for school nursing will give further assistance to special schools.

Mrs Mary Garvey is full of praise for the school nursing service at Broomlea School where her 11-year-old son Gerard goes every day.

She said: "It's a simple fact that without the school nursing service, Gerard, and many others in similar situations, could not go to school.

"We chose Broomlea specifically because the school nurses are based there full time. The

plans to expand the school nursing services can only be a good thing, as they really do provide an invaluable service."

Gerard has a range of complex care needs, all of which are taken care of by the school nurses whom Mary has built up a close relationship with.

"I know that Gerard is in safe hands, not only when he is at school, but when he is being taken there and back. The nurses are specially trained to take care of all his medication and other clinical needs and are there whenever I need them for advice. They know him really well as he's been at the school since he was three.

"I don't think many people are really aware of how much is involved in a school nurse's job. I can't praise them enough for the work they do and am keen to see how the service develops in the future."

ing and the planning for the years ahead is focusing the service more on health promotion, with less time spent on the traditional school nurse role of height and weight screening.

Susan explained: "We organise a lot of health promotion events such

as health fair for the pupils to try out new foods, exercise activities and much more.

"This new approach is about preventing health problems before they happen and promoting positive health."

Improved services for chronic diseases

A £22MILLION Chronic Disease Management (CDM) Programme has been launched which will revolutionise the way we care for people with chronic illnesses.

The CDM Programme will see seven diseases - some of which are amongst the biggest killers in Scotland - being tackled head on by multi-disciplinary primary care staff.

These include diabetes, coronary heart disease, stroke, epilepsy, chronic obstructive pulmonary disease, rheumatoid arthritis and multiple sclerosis.

Although many GPs already carry out CDM work, care in the seven disease groups has not been consistent citywide and the new programme will help minimise the 'postcode lottery' effect of care of these conditions in community health settings.

For the first time, practices will be given money specifically to deliver these services and staff will be trained to monitor and care for patients with chronic disease.

Patients will be able to access the programme, which is nurse led, in their own local health centres, clinics and GP practices.

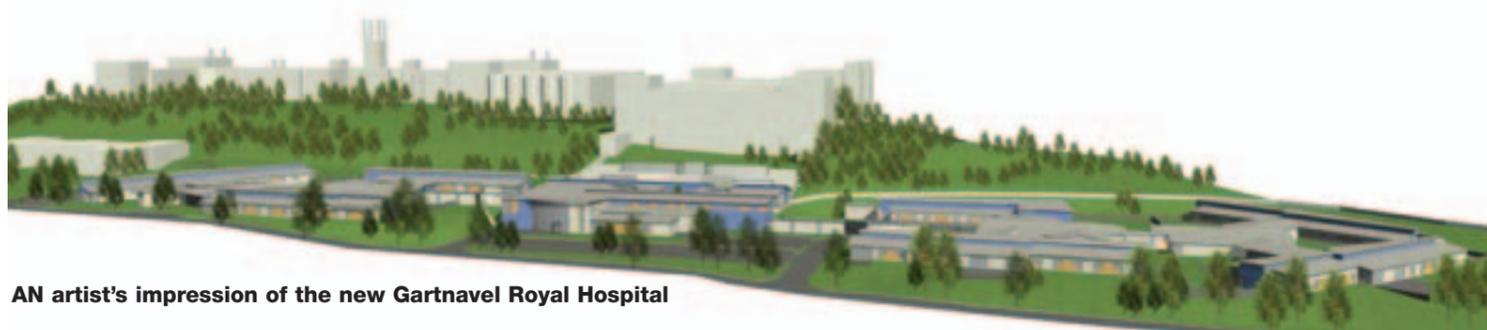
Tom Clackson, Chronic Disease Project Manager, said: "The programme is being rolled out on a phased basis, by disease, starting with coronary heart disease and stroke. The diabetes service is operational over most of Glasgow, and will also be rolled out fully by April 2004.

"Thereafter, clinics treating the other four diseases will be rolled out citywide, again on a phased basis, over the next three years. By 2006, when rollout across the seven disease areas is complete, around 110,000 patients across Glasgow are expected to benefit by being seen routinely to have their condition monitored and checked on a regular basis.

"Health professionals will co-ordinate patients being discharged from hospitals to ensure that they get the necessary follow up care following an illness. For instance, a patient who has suffered a stroke would be seen within six weeks by a nurse and will then be reviewed again six months later and then on a yearly basis to ensure that their condition is monitored by a professional who has a good knowledge of their condition and its history.

"Should patients require extra care, they will be referred to a GP or onto other services."

He/she added: "The programme will offer a more comprehensive service and will provide the highest possible standard of care for patients throughout the city - leading to longer, healthier lives for sufferers of chronic disease."



AN artist's impression of the new Gartnavel Royal Hospital

CREATING a community-based, more easily accessible service for people with mental health problems is a key priority for NHS Greater Glasgow.

With our partners, we have been putting in place a multi-million pound programme of investment to deliver the modern services our patients need and deserve.

Work has already begun. In the last year, our network of 26 community psychiatric teams for adults and older people were boosted by the creation of a further eight teams. The teams work with people with mental health problems in both community and hospital settings.

Significant improvements have also been achieved for elderly and adult patients requiring continuing care. Instead of being cared for in old psychiatric wards, many are being looked after in nursing home accommodation by NHS staff.

A new pilot service for young people who experience mental illness for the first time has also been set up. The first of its kind in Scotland, the Esteem Service provides support to young people and their families. At the moment, the team works with young people in East Dunbartonshire and North Glasgow.

So what does the future hold for people with mental health problems? Well, the Health Plan sets out a number of key initiatives that aim to improve services for patients.

This includes the opening of a new six-bed ward for mothers with mental health problems and their babies at the Southern General Hospital. Its aim is to allow babies to remain with their mothers while they are treated for their mental health problems. A community service linked to the new ward will also be developed to support mums when they return home.

ENSURING the people of Greater Glasgow have the very best sexual health services is the philosophy behind the Sandyford Initiative.

Based in Glasgow's former Eye Infirmary in Sauchiehall Street, the centre opened its doors three years ago and offers a wide range of services on all aspects of reproductive, sexual and emotional health matters.

Dr Rak Nandwani, Associate Director at the Sandyford, said: "The

Sandyford is the biggest centre of its kind in Europe, bringing together a diverse range of services including Genitourinary Medicine, Family Planning & Reproductive Health, the Centre for Women's Health and the Steve Retson Project (a service for men who have sex with men).

"As well as providing services from its base in the city centre, we also work in 28 community settings throughout Glasgow, giving around

100,000 attendances every year.

"Everyone at the Sandyford aims to provide services in a client focused, inclusive and anti-discriminatory way. People who use the Sandyford can expect a friendly welcome in a relaxed atmosphere with a wide range of one-stop, tailored health services at accessible locations.

"All the partner services provide confidential advice with direct referral if needed. We also sup-



AN aerial view of the Gartnavel Royal site

Why mental health is a key priority

The service you deserve

for another 75 to be built over the coming three years.

Another section of the Health Plan concentrates on improving mental health services for older people and includes building Older People's Community Mental Health Teams, offering specialist dementia nursing home places and developing the respite and rehabilitation services.

Over the next three to ten years, the programme of investment will bring new inpatient wards and services to Gartnavel Royal, the Southern General and Stobhill Hospitals. These will replace old psychiatric wards at Parkhead Hospital, Leverndale and the old

mental health hospital at Gartnavel.

Calum Macleod, Sector General Manager, Mental Health Services, said: "Health professionals are working hard to deliver new improved mental health services.

"This is being done in partnership with the local authorities, users and carers and mental health voluntary organisations.

"We're delighted with what's been achieved so far, but there's still a long way to go until we have the type of modern mental health services our patients need and deserve."

Putting all the theory

port clients with an information area which includes a fully staffed library with free email and internet facilities. This has been provided in partnership with the City Council and was the first site in the Access Glasgow project. There is even a creche for those caring for young children who want to use any part of the Sandyford."

Working in partnership with service users is at the centre of everything the Sandyford does. Staff are

continually developing new ways of delivering services to meet the needs of the people they serve. This includes coordinated drop-in facilities and specific services to meet the needs of certain groups, for instance young people, ethnic minorities and people diagnosed with HIV.

User involvement and feedback is crucial to the success of the Sandyford. Several external evaluations have described a high level of user satisfaction - which Rak says is all

...and looking after the elderly

Planning
for the
future

The need for new local mental health facilities

GLASGOW'S FORENSIC PSYCHIATRIC UNIT ...YOUR QUESTIONS ANSWERED

ONE in four Scots will suffer from a mental health illness at some time in their lives.

For the majority of sufferers, they can be successfully treated by their GPs or receive help from specialist mental health teams working in the community.

However, there are some people with mental health problems who may need more intensive care in secure surroundings.

And it's these people who will benefit from the opening of the new Local Forensic Psychiatric Unit (LFPU) which is being built at Stobhill Hospital.

SO, WHAT IS AN LFPU?

It's a specialist psychiatric hospital that provides treatment and supervision for patients with a mental illness who have committed an offence or have the potential to commit an offence as a result of their illness.

WHY IS THIS NEW SPECIALIST PSYCHIATRIC FACILITY NEEDED?

To ensure patients who need to be treated in a secure environment for their own safety and that of others are no longer treated in general psychiatric hospitals or mainstream prisons which were not designed for this purpose.

WHERE AND WHEN WILL THE NEW SPECIALIST PSYCHIATRIC HOSPITAL BE BUILT?

The 74-bed hospital will be built on the Stobhill Hospital site alongside existing general and mental health services. Work is expected to start in early 2004 and should be complete by late 2005. The hospital is expected to be fully operational by 2006.

WHAT KIND OF PATIENTS WILL STAY AT THE NEW HOSPITAL?

People who suffer from various types of mental illness, including depression, will be treated at the hospital. All patients will be

carefully assessed before they are admitted to ensure the hospital is able to provide the levels of treatment and supervision they require.

HOW WILL THE NEW HOSPITAL HELP INCREASE PUBLIC SAFETY?

Unlike the majority of people who commit crimes, patients with a mental illness who have committed an offence have done so because they are unwell. Providing improved levels of treatment and supervision in a purpose built specialist hospital will increase the chance of recovery and significantly reduce the risk of patients committing an offence again.

HOW LONG WILL PATIENTS STAY IN AT THE NEW HOSPITAL?

Patients will stay in this new hospital until they are well enough to be care for in Glasgow's other psychiatric facilities or return to their own homes. Escorted visits and leave will be introduced as part of a carefully managed programme of rehabilitation that gradually allows patients more freedom as they recover. The average length of stay for each patient will be around 2-3 years.

WILL PATIENTS BE MONITORED AFTER THEY ARE DISCHARGED?

Yes, community outreach teams will monitor patients on a regular basis to ensure they continue to stay well after they have been discharged from hospital. Patients can be re-admitted at any time if staff are concerned about their health.

WILL THE GLASGOW FACILITY BE THE ONLY LFPU IN SCOTLAND?

No, all major population centres in Scotland are required to develop their own local centres, in line with national policy. Specialist facilities exist in Perth and Aberdeen and a purpose-built facility was opened in the centre of Edinburgh a few years ago. Plans to develop a second specialist facility in the West of Scotland to serve patients from Argyll and Clyde, Lanarkshire and Inverclyde have also been

approved.

WILL THE NEW HOSPITAL TREAT PATIENTS FROM OTHER PARTS OF SCOTLAND?

No, patients will come from the Greater Glasgow area and many will already be undergoing treatment in local facilities across the city.

IS THE NEW HOSPITAL JUST A 'MINI' CARSTAIRS'?

No, the State Hospital at Carstairs is a high security hospital which is designed to accommodate severely ill patients who are considered to be a high risk to themselves and others. The new hospital will not accommodate patients who require high security levels and will therefore be very different in appearance, layout and operation to the State Hospital.

WHAT TYPE OF STAFF WILL WORK AT THE NEW HOSPITAL?

Around 230 staff will work at the new hospital including specialist doctors, specialist psychologists, specialist nurses and specialist occupational therapists. Some of these posts will be filled by existing staff though many new staff will also be appointed. Staff will work with patients to provide clinical treatment, therapy and rehabilitation to help patients recover from their mental illness and return home when they are well enough to do so.

WHAT WILL THE HOSPITAL LOOK LIKE?

Like all of Glasgow's new psychiatric inpatient facilities, this specialist hospital will have a domestic appearance with modern facilities. Although the hospital will have a number of additional security features to minimise the chances of any patient leaving the facility without consent, these will be incorporated into the overall design and fabric of the building to ensure they are not obvious or intrusive to the surrounding area.

HOW ARE PLANS FOR THE FACILITY BEING TAKEN FORWARD?

NHS Greater Glasgow is in discussion with two companies who have expressed an interest in building and maintaining the new hospital as part of a Private Finance Initiative. Bids are currently being assessed and the preferred provider should be appointed by the end of May 2003. This company will then work with staff to finalise the design and layout of the hospital in line with clinical and patient requirements.

WILL THE LOCAL COMMUNITY BE UPDATED AS PLANS PROGRESS?

Yes, NHS Greater Glasgow is committed to ensuring that local community groups and representatives are kept updated on the development of the entire Stobhill site. There are also plans to ensure that, where possible, patients and carers are involved in the planning and design of communal areas and facilities.

Cutting down on delayed discharges

ANYONE who has had a stay in hospital is glad when their consultant informs them they can go home.

Sometimes for older people this can take longer than is necessary - they are fit to be discharged but there is nowhere for them to go due to limited places in nursing homes, residential and specialist housing provision.

NHS Greater Glasgow is committed to reducing the time older people have to remain in hospital once they are ready to leave and go into supported care in

the community.

By working closely with Glasgow City, East Dunbartonshire, West Dunbartonshire, East Renfrewshire, North Lanarkshire and South Lanarkshire Councils, we aim to reduce the number of people who remain in hospital inappropriately.

Detailed plans have been drawn up to help local care systems cope with the pressure on NHS beds. New funds are being used to reduce the number of delayed discharges in Greater Glasgow hospitals.



Services for older people

CARING for older people and developing services to fit their needs has been a key priority in Greater Glasgow.

In partnership with the local authorities, NHS Greater Glasgow has been developing a strategic framework for elderly services.

This is to ensure that, by working together, we can provide the right services to the right people at the right time.

Part of this comes under the title of Joint Future, an already successful partnership between health and social care professionals which aims to provide seamless services for older people within our communities.

Older people themselves will play an important role in their care. We aim to involve them more in the development of our older people's strategies, ensuring their views are taken into account as services evolve.

Heating lifeline

OVER the age of 60? Not got central heating? Then you could be eligible for a Scottish Executive Warm Deal Grant.

The Executive is offering householders free central heating in either electric, gas, oil or solid fuel. To qualify you must be aged 60 or over, must own or privately rent your home and have no heating system.

The grant provides a free central heating system, loft, tank and pipe insulation, cavity wall insulation and draught-proofing, carbon monoxide, smoke and cold detectors; energy advice and a benefit entitlement check.

If you do have a heating system, you may still be eligible for a Warm Deal

grant which offers up to £500 of insulation for householders on state benefit including cavity wall insulation, draughtproofing and pipe insulation. Anyone aged 60 or over and not on benefit could still receive a grant of up to £125.

For more information, contact (Monday to Friday, 8.30am to 5.30pm):

- Central Heating Programme: Freephone 0800 3161653
- Warm Deal: Freephone 0800 0720150

Or you can write to Eaga, the company running the programme on behalf of the Scottish Executive, at: Freepost, Eaga, SCO 4421, Edinburgh, EH6 0BR.

into practice

down to the approach which health professionals take at the Initiative.

He said: "Staff such as doctors, nurses, counsellors and health advisers at the Initiative try to look at the 'bigger picture' when treating clients - not just thinking about the physical causes of illness, but also the psychological and social factors that can impact upon health. We don't just want to treat symptoms and disease - we want to actively promote health."

The Sandyford's success -

recently commended in the Pride of Glasgow Awards and with a Chartermark - will continue to be further developed with the publication of Glasgow's Local Health Plan and the imminent Scottish Sexual Health Strategy.

These documents set the way forward and will support the Sandyford to build upon its success in delivering effective and accessible sexual health services which contribute to reducing sexual ill health and reducing unwanted pregnancy rates.

Rak added: "Some of our immediate plans include further development of the Place - a dedicated young people's sexual health service; the phased introduction of Sandyford Health Screen (which systematically give all clients the opportunity to raise other relevant health concerns) and the introduction of new services for individuals who have been sexually assaulted. Rather than just talking about how things can be improved for people, we're trying to put the theory into practice."

C'mon, stub them out!

ENCOURAGING Greater Glasgow's smokers to stub it out is high on the agenda for NHS Greater Glasgow.

Research reveals smoking is the biggest cause of premature death in the Greater Glasgow area. That's why we're cranking up our efforts to persuade puffers to give it up.

Smoking related illnesses directly costs the Health Service around £12.5million annually, which is why helping smokers give up is a key part of our Health Plan.

SO HOW ARE WE HELPING SMOKERS STUB IT OUT?

Over the coming year, we're rolling out our pharmacy smoking cessation programme to include even more local pharmacies who will provide valuable help, advice and Nicotine Replacement Therapy (NRT).

The pharmacy stop smoking programme lasts for a maximum of 12 weeks and costs up to £18.90 - a small price to pay to stub out such a lethal habit. Some people may be eligible for free treatment.

The programme has already been successful. Of 972 smokers on the programme last year, 60% of them gave up and 23% cut down dramatically.

We recently launched our new freephone smoking helpline - advertised in a massive banner in George Square - the number is: 08000 150 122.

Principal Health Promotion Officer with NHS Greater Glasgow, Agnes McGowan, said: "Things are going brilliantly for our campaign in Greater Glasgow. More and more smokers are coming to us for help in giving up.

"Smoking cessation teams across the



PHARMACISTS like Colin Fergusson (above) have become an integral part of the campaign to help Glasgow's smokers give up cigarettes.

city have been inundated with calls for help. As a result we decided to set up our own central helpline offering smokers information on their nearest group or participating pharmacy, as well as dealing with requests for stop smoking packs."

Pharmacist Facilitator Liz Grant added: "It's encouraging to hear that on complet-

ing our three-month pharmacy programme 60% of participants have stopped smoking, while a further 23% have cut down significantly"

For more information on stop smoking pharmacies, smoking cessation groups and other help to stop smoking, call: 08000 150 122.

The method behind Methadone

THERE are many myths about Methadone and many believe it's the only way to get people off drugs and back into a stable lifestyle.

It isn't without controversy, but none of the NHS and Social Work teams involved in delivering Glasgow's Methadone programme have any doubt that it offers a way forward for many of the city's estimated 15,000 heroin users.

Methadone is prescribed for people using heroin and other opiates and can't, as some people mistakenly believe, be a substitute for other drugs like cocaine.

Terry Findlay, Primary Care Divisional General Manager explained: "Methadone is a substitute for heroin, which is taken by mouth and is long-acting. It allows people to stop injecting, move away from illicit drugs and dealers, improve their physical health and to deal with their social problems".

Methadone is offered through the Glasgow Shared Care Scheme, which unites local authority, community, primary care and hospital services.

"Its effectiveness is well-proven", said Terry, "because we have designed our programme to reach those people who have decided enough is enough and are ready to come off heroin."

For many, Methadone offers the hope of returning to a normal lifestyle.

Six thousand people are currently on the programme and it is by no means an easy option.

As Terry said: "It's a day by day thing. You have to go down to the pharmacist to get your daily dose and you must drink the, frankly, unpleasant liquid there and then. It takes a real commitment to changing your life to keep up with that."

But Methadone is not the be all and end all. Some people prefer some of the other types of treatment offered by Shared Care teams, including a straightforward supported withdrawal from heroin.

Even for those who find that Methadone helps, there can't be progress without a full package of other measures to help people put their lives back together.

Heavy heroin users won't be holding down a job, nor will their relationship with family or friends be in an altogether great state. That is why the Local Health Plan includes a commitment to expand the Methadone programme in partnership with Glasgow city Council, so that healthcare goes hand-in-hand with the chance for training and rehabilitation.

"Community Addictions Teams will take on responsibility for building a package of advice and support around individuals and be there if they fall off the wagon", says Terry, "Our plan in the next year is to expand the programme so that we can treat 7000 people". More resources have been earmarked for the expansion of the health services part of the package to complement the vocational, housing and social work services being provided by the Council. "We need to see addiction as a social problem, not purely a medical one".

When questioned what good this will do, Terry is quick to answer: "Quite apart from the possibility of transforming individual lives for the better, I'd point out to sceptics that Methadone treatment reduces crime and anti-social behaviour. If you think of the scale of the problem, 15,000 people using heroin, each with, say, 10 friends or relatives and even children affected - that's about 20% of the city's population harmed in some way. Methadone treatment is one of the best options we've got".

SENSIBLE DRINKING IS KEY TO HALTING ALCOHOL DEATHS

Seeing double standards

GREATER Glasgow doesn't have an alcohol problem ... it has lots of alcohol problems.

Jane Hasler, Co-ordinator of the multi-agency Alcohol Action Team explains: "Rates of alcohol consumption are rising, as is the ill health caused by it. We need to look at different reasons behind this, such as the increase in numbers of pubs and clubs as well as fact that drinking is now much more acceptable in many parts of our lives".

Different people use alcohol for different reasons but Jane and her team see clear links between problem drinking, poverty and deprivation, which is perhaps no great surprise to most people.

However, there are new twists to alcohol misuse: recent



GLASGOW'S alcohol problems are not recent ... as this 1857 illustration shows. (Courtesy of Greater Glasgow NHS Board Archive).

studies have shown that there are more problems with alcohol among older people than have been seen before and that young women are drinking more heavily.

These trends have meant that agencies have had to come up with some new thinking on targeting sensible drinking messages.

Between 1996 and 2001, 2,459 people in Greater Glasgow died as a direct result of alcohol and the rate is increasing.

Despite this, alcohol problems have traditionally received far less media attention than drug misuse.

Jane added: "At the heart of this, there lies a double stan-

dard and dilemma for people; alcohol is a legal, widely used and acceptable drug of choice.

"There are a lot of positive things about sensible drinking ... for many of us it is pleasant part of our lifestyle. The downside is that it is so close to home that it makes it difficult for us to face up to the harm alcohol can do".

The Alcohol Action Team's objective is to reduce alcohol related harm across Greater Glasgow by using local and national resources across a wide range of initiatives.

They have produced the Alcohol Action Plan for 2003-2006, which in turn is a key part of the Health Plan. It delivers its messages in practical ways through hospitals, GP surgeries, schools and communities.

Cryptosporidium ... the full facts

Planning
for the
future

Public health first

WHAT happens when there's an outbreak of food poisoning in Glasgow?

Who needs to know when Cryptosporidium levels in our water supply get too high?

Who's in charge of keeping an eye on general public health safety?

NHS Greater Glasgow's Public Health Protection Unit is who!

Based at Dalian House in Glasgow, the team consists of specialist medical consultants, nursing staff, research and administrative staff and emergency planners whose jobs are to protect the health of the people of Glasgow.

They work closely with health colleagues and other public protection organisations - such as Environmental Health, Scottish Water, Scottish Environment Protection Agency (SEPA) and the Scottish Centre for Infection & Environmental Health (SCIEH) - to monitor, investigate, control and prevent communicable diseases in the Greater Glasgow area.

This includes incidences and outbreaks of infections such as TB, meningitis, E Coli, Cryptosporidiosis, Salmonella, SARS, influenza and measles.

THE CRYPTO SEASON

CRYPTOSPORIDIUM is a parasite that survives easily for long periods in water in the form of 'an egg' (known as an oocyst), and can cause illness in humans.

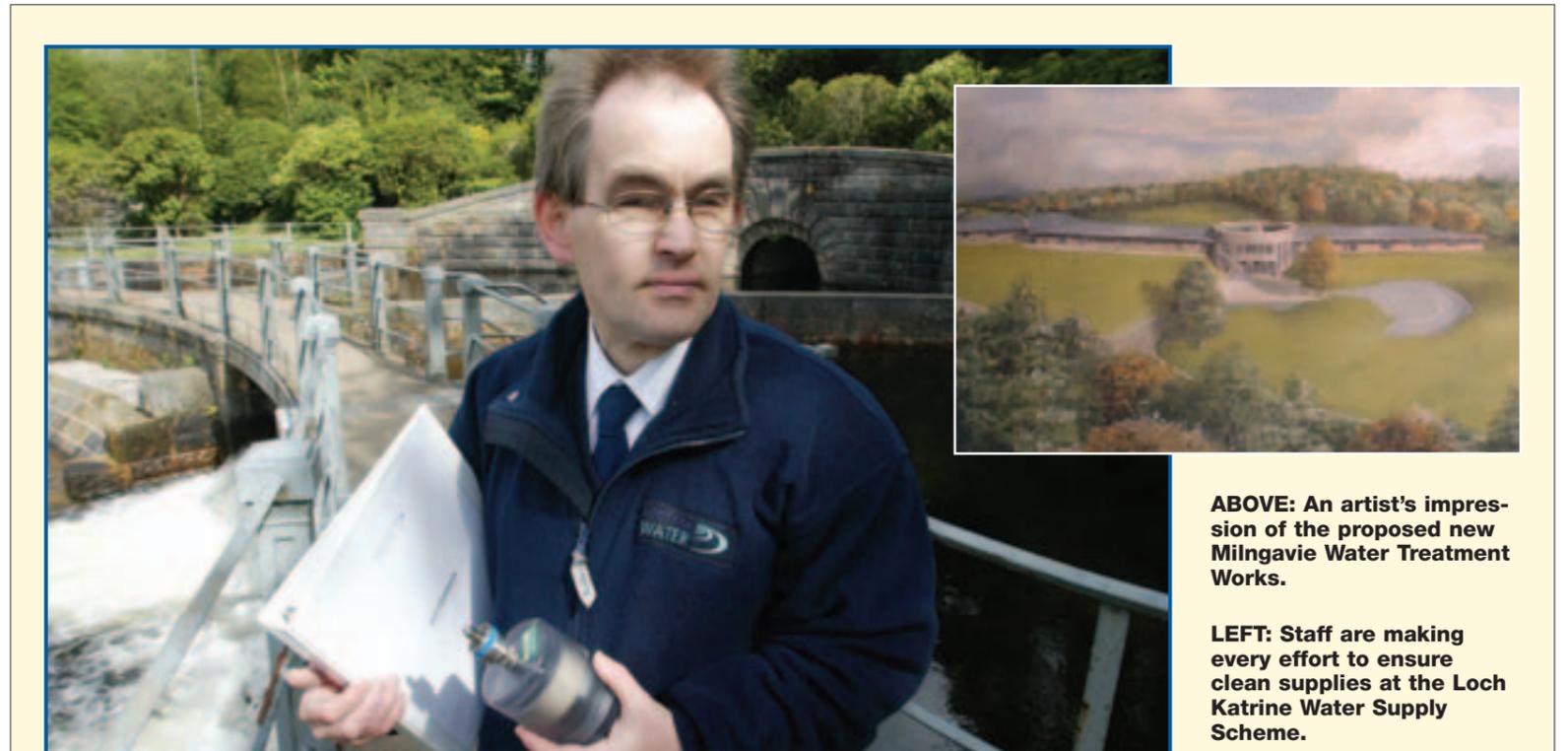
Symptoms of the illness - known as cryptosporidiosis - usually begin between one and 12 days after infection and can include loss of appetite, nausea, vomiting, fever, stomach cramps and diarrhoea.

Although it can be contracted by a number of different means, drinking unboiled contaminated water containing oocysts is the most likely cause of significant outbreaks in the UK.

It can get into our water system when heavy rain falls on infected animal droppings washing the parasite into the drinking water system.

Although the parasite is in the environment all year round, it tends to peak around the end of April and beginning of May during lambing season.

It's not just sheep that can carry the parasite, other domestic animals can too. Direct contact with farm and ill pets can therefore be a source of infection. It can



ABOVE: An artist's impression of the proposed new Milngavie Water Treatment Works.

LEFT: Staff are making every effort to ensure clean supplies at the Loch Katrine Water Supply Scheme.

SCOTTISH Water has emphasised to the people of Greater Glasgow that everything possible is being done to safeguard the water supply to 700,000 people until the new treatment works at Milngavie is given the green light.

The £100million plant has been given planning permission but Scottish Water is currently waiting for the go-ahead from the Scottish Executive.

Peter Farrer, Scottish Water's General Manager who runs the Greater Glasgow area, said: "Greater Glasgow's water supply is one of the most monitored in the UK. Tests are carried out around the clock to alert us to any problem in the system."

Scottish Water has also carried out a series of improvements to the Mugdock System after reports following last summer's cryptosporidium incident highlighted weaknesses in the process.

Dr Jon Hargreaves, Chief Executive of Scottish Water stressed: "We want to work hand in hand with the people of Greater Glasgow to modernise the whole water supply system including providing new treatment facilities and upgrading the pipes and mains that bring water into homes and businesses."

Mr Farrer explained: "We have set in place robust measures to

The most monitored water in UK

reduce the risk of cryptosporidium entering the supply system via the aqueducts. More than £430,000 has been spent to improve the system. We have also improved the turnaround times of sample tests and further measures include close liaison with local farmers to review their farming practices near the aqueducts.

"I am confident that we are doing everything we can to ensure clean, safe drinking water for the people of Greater Glasgow."

Scottish Water is being supported by public health officials in Greater Glasgow to reassure people that all possible steps are being taken to protect the water supply.

NHS Greater Glasgow Consultant in Public Health Medicine, Dr Helene Irvine said:

"The protection of public health is a key priority for NHS Greater Glasgow and Scottish Water. We are co-operating closely to ensure that Greater Glasgow's water supply is as safe as it can be."

Health professionals are currently working with Scottish Water on a new Scottish Waterborne Hazard Plan which will ensure that if a problem occurs the resources and planning are in place to identify the risk, deal with it as quickly as possible and alert the people of Greater Glasgow.

People can be confident that if there is any problem they will hear about it from a number of sources. It could be loudhailers in their street, television and radio adverts, leaflets delivered by their postman or a call to their local health centre. You can call Scottish Water's Customer

Helpline on 0845 601 8855 where Scottish Water staff are available to help you 24-hours a day.

Dr Hargreaves said: "We are sorry customers in Greater Glasgow suffered inconvenience last August. This was the biggest cryptosporidium/water related incident in the UK for nearly 10 years. I believe that since then we have taken all the right steps to both reduce the risk of cryptosporidium in Glasgow entering the water supply and to improve our ability to respond better to any future incidents."

"We will never remove the risks of cryptosporidium in Greater Glasgow until the new treatment works in Milngavie is constructed, but what we can do is ensure that we are as well prepared as possible to deal with any problem."

"Public Health is our top priority and in addition to the measures we are taking to reduce the risk of cryptosporidium we are investing heavily in major improvements to our water and waste water infrastructure."

"In fact, public health in the Greater Glasgow area will benefit greatly from our Scotland wide £1.8 billion investment programme between 2002-6, as we work hard to reduce the fragility of our water mains to curb leakage, improve supplies and reduce flooding."

also be contracted from person to person and contaminated food too.

SO HOW DANGEROUS IS CRYPTOSPORIDIUM TO HUMANS?

THERE are many different types of the parasite and not all of them will cause problems in humans. Most healthy people will recover within ten to 14 days.

HOW CAN YOU AVOID

GETTING IT?

THERE are a number of measures you can do:

- Always wash your hands before handling food, eating, feeding young children and the elderly/ill, leaving a wildlife or farm park
- Always wash your hands after using the toilet, handling animals, handling raw meat or poultry, changing nappies

- Don't drink untreated water from rivers and streams

- Avoid unpasteurised dairy products
- Wash salad items and other food to be eaten

NHS Greater Glasgow Public Health Consultant, Dr Helene Irvine said:

"People who have it may get some or all of the symptoms to varying degree and

there are those who may be infected without having any symptoms at all. The illness is unpleasant, but is usually not life-threatening and will clear up within two weeks in most healthy people. There is no treatment or cure for cryptosporidiosis, other than drinking plenty of fluids.

"Infection can be severe and life-threatening, however, in patients who have ill-

nesses or conditions which cause their immune systems not to work properly.

"Those people should be reminded of standing advice to boil all drinking water. If you're not sure, speak to your GP."

Dr Irvine welcomed the work being carried out by Scottish Water to minimise the risk of Cryptosporidium getting into the public water supply again.

Working together for better future

Monitor groups' vital role

THERE is a real revolution going on in Scotland. It's about a new approach to the way we access information and help.

It's about smarter thinking and the better delivery of everything from health and education to housing and jobs.

Under the heading Community Planning it encompasses every aspect of life including the economy and the environment and involves a shared vision and unified approach by a wide range of public, private and voluntary organisations including the local authorities, housing associations, health boards, police, schools and colleges, local business communities, Social Inclusion Partnerships and partnership initiatives.

ALL SOUNDS GREAT ... BUT WHAT'S IT REALLY ALL ABOUT?

Jim McAloon, director of Enterprise Operations at Scottish Enterprise Dunbartonshire, puts Community Planning into context and defines just how it can - and does - make a real difference to the lives we live.

He said: "This has to be done by taking account of the needs of specific communities and ultimately improving the quality of life for the people who live and work there. To deliver this, Community Planning Partnerships have been established in every Council area in Scotland."

Some progressive projects have involved the creation of a single-stop centre offering housing, legal, health, council tax, education and career advice under one roof. A GP surgery, social work office, library ... all coming together allowing people to access a vast range of services in one accessible location.

Working towards healthier communities is a job the NHS cannot tackle on its own. Decent housing, career opportunities, quality environments are every bit as key to health as GPs, dentists, opticians, health promotion, diet and quality acute and primary care services.

That's why the NHS in Greater Glasgow is totally committed to

Community Planning.

The Dunbartonshire Economic Forum now provides the economic dimension of local Community Planning across Dunbartonshire streamlining the services provided to businesses, ensuring the business community has a direct say in how services are developed and delivered.

It's aims are to "create sustainable wealth and employment for the well-being and benefit of all."

Activities have impacted as much on economic development as they have on health and social justice.

A Health Impact Assessment by health professionals will consider the many factors which contribute to good health - good nutrition and housing, rewarding employment, a secure economic environment, further education, strong social networks, availability and access to community resources, and public services.

The regeneration of Kirkintilloch promises to breathe life into the local community with new housing, transport, retail and leisure facilities. Kirkintilloch's Initiative is a partnership between East Dunbartonshire Council and Greater Glasgow Primary Care Trust that will create hundreds of jobs.

Then there's Clydebank Re-built, an organisation set up by West Dunbartonshire Council and Scottish Enterprise Dunbartonshire, to spearhead the physical, economic and social regeneration of Clydebank.

Local people will benefit from a new riverside area, new housing, jobs and public facilities where people can enjoy the environment they live in.

Community Planning has established joined-up working as par for the course and promises to yield major benefits in the years ahead...in every part of Scotland.

For more information log on to www.communityplanning.org.uk or contact 0131 244 0420.



GLASGOW Association of Family Support Groups welcomes a cash boost from NHS Greater Glasgow. L-R are GGHB's Assistant Director of Finance, Jim Hamilton, Board member Peter Hamilton, GAFSG's Assistant Administrator, Rita McClory, and Treasurer Malcolm Robb.



IT'S smiles all round as Glasgow Central Arthritis Self Help Group scoops a cheque from the Patient Advocacy Fund. Receiving the grant are Chairman Fiona Blackburn, Assistant Treasurer Kathleen Mackie and Social Secretary Janice Kelly.

Groups in the money

TWO Glasgow community support groups were in the money recently when NHS Greater Glasgow presented them with £500 cheques to continue their good work.

The Glasgow Association of Family Support Groups (GAFSG), based in Kingston, and Glasgow Central Arthritis Self Help Group, in Maryhill, were each presented with the money in April.

The grants were awarded by NHS Greater Glasgow's Patient Advocacy Fund which serves as a means of recognising and assisting worthwhile groups which contribute to patient care in the community.

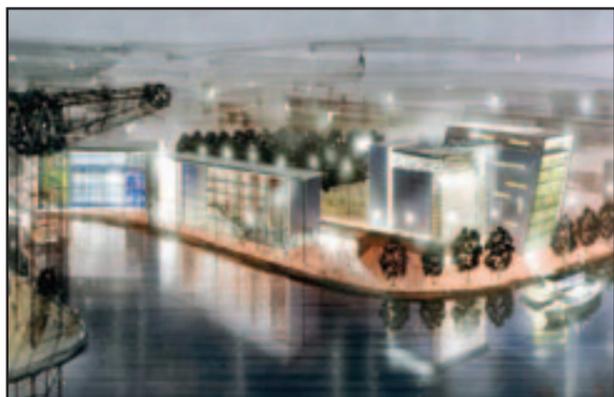
NHS Greater Glasgow Board member, Peter Hamilton, who presented the cheques to the groups, said: "The two groups receiving the awards are excellent examples of people working in the community for the community.

GAFSG consists of 39 groups spread over Glasgow, East Dunbartonshire, East Renfrewshire, West Dunbartonshire and North and South Lanarkshire, a provides a lifeline for the families of drug misusers.

Rita McClory, Association Administrator, explained: "We work hard to advise, support and counsel the parents and extended families of drug misusers.

Fiona Blackburn, of the Glasgow Central Arthritis Self Help Group, added: "It's a brilliant boost for us as we deal with sufferers aged 24-60 who really need our help to fight their problems, create a positive attitude and live life to the full."

For more information on the Patient Advocacy Fund, contact Jim Whyteside on 0141 201 4445 or email: jim.whyteside@gghb.scot.nhs.uk



AN ARTIST'S impression of the spectacular plans for the riverside development at Clydebank

TWO monitoring groups set up to oversee Greater Glasgow's hospitals modernisation plan met for the first time in March.

Set up by the Scottish Executive, the two groups (one for north Glasgow and the other for the southside) were set up to bring representatives of patients, local communities, NHS staff and clinicians together to be involved in the service redesign that flows from NHS Greater Glasgow's £700 million hospital modernisation plan.

The Scottish Executive appointed Ian Miller, former Principal of North Glasgow College to Chair the north group and Peter Mullen, former headteacher at Holyrood Secondary School to chair the southside group. Both men bring a wealth of experience from their long and active involvement in their local communities.

Other members of the groups include MSPs, such as Paul Martin and Ken Macintosh, Chairs of Medical Staff Associations from Stobhill Hospital and the Victoria Infirmary, Dr Harry Burns, NHS Greater Glasgow's Director of Public Health, Pat Bryson, Convenor of Greater Glasgow Health Council and representatives of staff partnership forums. The Scottish Executive is also in the process of recruiting additional group members from Community Councils and local health activist organisations.

Ready to involve the public

NHS Greater Glasgow's two newest Board Members have agreed to take leading roles in involving patients and the public in delivering health services.

Peter Hamilton, who for the last four years was Convenor of Greater Glasgow Health Council (the statutory body representing patients in the NHS), joined the NHS Board in April.

Peter has agreed to chair committee responsible for setting up Greater Glasgow's new Public Involvement Network, which will lead on new and co-ordinated ways to bring public and patients into decision-making.

Peter said that he welcomed his new role and added: "It is time to make public involvement a reality so that the views of patients and the public are sought and listened to. In this respect I hope we can build on our strong links with the voluntary sector."

Peter is joined on the committee by his fellow new Board Member, Ravinder Nijjar, who also took up her appointment in April. Ravinder is a primary school teacher in the southside of Glasgow and serves on the executive committees of the Glasgow Council on Alcohol, the UK Interfaith Network and the Council for the Parliament of World Religions in Scotland.