

NHS HEALTH NEWS

Greater Glasgow

WORKING FOR A BETTER HEALTH SERVICE - SPRING 2004



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She has 21st Century medicine.
We have 19th Century hospitals.

Now we're building for the future.

www.nhsgg.org.uk/modernisation



Facing up to the challenge

GLASGOW is about to witness the next stage of an NHS modernising revolution.

Key milestones have been reached to deliver a new standard of care to Greater Glasgow NHS patients.

- Work starts on the new £87m Beatson Cancer Centre at Gartnavel this summer
- Work will begin on the new £108m Victoria Hospital in spring 2005
- Construction begins on the existing Stobhill Hospital site in six months to create a new £83m acute hospital.

These new additions to Glasgow's hospitals complement the new Princess Royal Maternity Hospital and ongoing multi-million pound developments at the Royal Infirmary.

The new buildings are essential to deliver contemporary care in the 21st Century ... but our agenda for future health care is about much more than purpose-built hospitals.

The way the NHS throughout Scotland delivers services is undergoing a huge restructuring.

Using NHS resources more efficiently in a challenging financial climate is necessary in Greater Glasgow and elsewhere throughout Scotland for the continued delivery of safe

services to patients.

We are ensuring that doctors and other clinical staff have access to better training, develop more expertise and deliver better and safer procedures to patients.

It's also about reducing the need for so many patients to attend acute hospitals with new modern treatments delivered within local communities - in new style health centres.

The way the NHS has delivered services in the past is not an option in the 21st Century ... and we wouldn't want it to be.

FULL STORY - PAGES 4 AND 5

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

NHS Greater Glasgow Final phase of new cancer centre

Beatson on course for 2007 opening

THIS summer, work starts on phase two of the brand new £87million Beatson Cancer Centre.

The new building will replace existing facilities at the Western and will be ready for opening in 2007.

Built on the Gartnavel Hospital site, the new five storey building will have:

- Three floors of inpatient wards
- Patient and family information service
- A pharmacy
- Outpatient areas with state-of-the-art scanning equipment
- Clinical trial and research space
- An education suite for everything from student lectures to long-distance television links with other cancer specialists.

The new building, which will be next door to the Tom Wheldon Building (which was phase one of the new Beatson project), will be built by Miller Construction.

NHS Greater Glasgow Chief Executive, Tom Divers, said: "Patients and staff will really benefit from the long-awaited development of the new Beatson. It will be one of the finest specialist oncology units in the world."

Beatson Project Manager, Stephen Baker, added: "Miller Construction was chosen because of the improvements it offered to everything from patient access and layout, to the actual external 'look' of the building. The company has a lot of experience in hospital construction and we'll definitely benefit from that."

Stephen went on to explain that construction is scheduled to start on-site around July (after formalities and discussions with Glasgow City Council's Planning Services Department).

Isobel Neil, Beatson General Manager, said: "The inside of the new cancer centre will be designed to improve the wellbeing of patients and staff. The project team plans to appoint an artistic advisor who will help to develop therapeutic surroundings."

"This approach was taken by the



PHASE TWO BEATSON: An artist's impression of the new complex which will house the West of Scotland Cancer Centre.

Glasgow Homeopathic Hospital, also on the Gartnavel site, where it has proved tremendously successful. We know that using the right colours and furniture can create positive surroundings for patients and a pleasant working environment for staff.

"Thanks to the support of our charitable partners - including Friends of the Beatson, Teenage Cancer Trust and Macmillan Cancer Relief - we'll create a world class cancer treatment centre where comfort is inbuilt."

As the project progresses, Miller Construction will continue to work with Beatson staff and the patient user groups that helped shape the plans for the new centre.



PHASE ONE COMPLETE: The Tom Wheldon building has been operational since 2002.

Beatson Medical Director Professor Alan Rodger said: "All staff involved have worked hard to get the project to this stage and I know they will be very pleased with the end result."

"The new centre will provide a great environment for patient care and will house the most up-to-date equipment available."



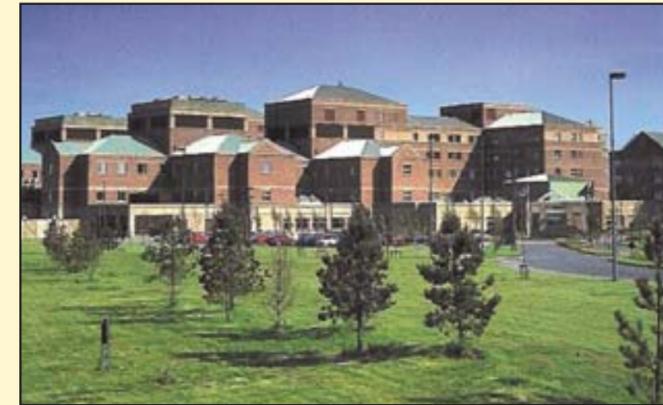
PROFESSOR ALAN RODGER

"Our staff, our patients and their families deserve the very best, and thanks to the development of the new West of Scotland Cancer Centre, they'll get that."

• **The Beatson is also known as the West of Scotland Cancer Centre as it provides cancer services for patients living in the west of Scotland.**

Jubilee proposal under discussion

Talks over new regional heart surgery centre



JUBILEE PROPOSAL: a regional single site service would free up extra acute beds elsewhere.

THERE are ongoing talks over the creation of a regional heart surgery centre in the showpiece NHS Golden Jubilee National Hospital at Clydebank.

Under discussion is a proposal to transfer existing adult cardiothoracic surgery out of Glasgow's Royal Infirmary and Western Infirmary and cardiothoracic surgery in Lanarkshire's Hairmyres Hospital, to create a single site service in the Clydebank hospital.

NHS Greater Glasgow had planned to transfer its major adult heart and lung surgery services to Gartnavel General Hospital in 2012 as part of the major modernisation plan for acute hospital services.

Now clinicians have recognised a possible opportunity to deliver this single site option years earlier ... by utilising available space in the



HIGH LEVEL TALKS: Preparing a business plan.

National Golden Jubilee Hospital.

It's far from a done deal and many issues remain to be ironed out before it could be taken to the next stage of consideration, but generally there is clinical support for the proposal that could deliver significant advantages to heart surgery patients.

As part of the preliminary consultation currently ongoing with staff, patient groups and others, is the issue of services currently being provided in Hairmyres Hospital in East Kilbride to transfer at the same time.

All of the clinical advisory groups involved in

taking the idea forward have given strong support but there remains a lot of work to be done to take this project idea to the next stage.

A business case has to be finalised - consultation is part of that process - and then presented to the Scottish Executive Health Department for consideration. This could be done by summer.

If the proposal to transfer major heart and lung surgery out of the Western, Royal and Hairmyres and into the Jubilee hospital goes ahead, the transfer will free up extra acute beds at the Royal Infirmary and at the Western and allow further planned changes in the acute services implementation plan for Glasgow to be delivered sooner rather than later.

£1m boost for methadone services

NHS Greater Glasgow is investing more than £1million in its methadone services.

Dr Iain Wallace, Medical Director NHS Greater Glasgow Primary Care Division, said: "We have just agreed a contract with GPs that continues their commitment to providing methadone services to intravenous drug users across the city."

"We are also in the process of developing and expanding the methadone programme, investing an additional £1.3m in the GP based scheme over the next year."

NHS Greater Glasgow confirmed that future services would continue to be provided by GPs and doctors employed by addiction services in community-based practices and clinics across the city. Patients will continue to have access to the same range and quality of methadone treatment currently available.

Dr Iain Wallace, explained: "We are investing more in developing this service than ever before. I would like to take this opportunity to reassure patients that, rather than seeing a reduction in service, they will actually benefit from a number of new services being introduced over the next year."

"These include services provided by new Community Addiction Teams which will work closely with GPs and addiction staff to help move patients out of the programme and onto the next stage of their rehabilitation. These teams will provide a wide range of services including home detoxification programmes as an alternative to hospital admission, treatment for mental health problems such as anxiety and depression, a counselling and support for under 18s and a parental support service for families with children who have drug and alcohol problems."

Has your child had MMR vaccine?

PUBLIC Health experts are warning parents to get their children vaccinated with the MMR jab as cases of Mumps in the city soar.

With a staggering 89 confirmed cases in Greater Glasgow from January to March 2004, (compared to only seven in the whole of 2003) health chiefs say that although the illness is mainly affecting young adults at the moment, they are worried it will spread to chil-

dren and babies.

Dr Syed Ahmed, Consultant in Public Health Medicine for NHS Greater Glasgow, said: "The upsurge in cases of Mumps has largely affected the 16-24 age group, but we desperately need parents of youngsters from the age of 13 months to get their children vaccinated."

"This illness is preventable so we need to take immediate action. Unless

younger children are protected with the MMR vaccine, sooner or later the current Mumps outbreak will affect this age group as well."

The Public Health Consultant added: "We've advised all GPs across NHS Greater Glasgow to check the immunisation history of young adults born prior to 1988 and to offer the MMR jab to those who haven't yet had it."

Help for smokers

GLASGOW smokers desperate to give up cigarettes can do so with a little help from their friends in the Health Service.

For more information, contact your local GP, call Starting Fresh on 0800 389 3210 or call Smoking Concerns on: 0800 848484.

Want to give up smoking? then we can help.
Call: Smoking Concerns on 0800 848484.



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Fast and efficient centres of excellence

Buildings for the future start now

GLASGOW is going for it ... new modern hospitals across the city.

Together we'll deliver a whole new concept in NHS care with inpatient centres of excellence and fast and efficient walk-in-walk-out hospitals designed for the delivery of this and the next generations of modern medicine.

Here we set out why the NHS is ready to invest £700million in your hospitals - and why it's time to start building now for the future health needs of Greater Glasgow.

Let's make hospitals to match modern medicine

BIG commercial businesses don't stand still ...and the business of NHS health care is no different.

Yet many of our hospitals date back to before Napoleon's time!

They were state-of-the-art then and have served generations of families well, but now it is time to create a new modern hospital service in Glasgow.

There was a time when patients were kept in hospitals for days on end for treatments that are now delivered in outpatient clinics in a matter of hours.

There was a time when young doctors were expected to work until they near dropped with exhaustion - not only is that not what we want for our medics or our patients ... it's no longer legal - and about time too.

Consultants train more and specialise in developing care that is far beyond the reach of "general clinicians". They need to be given specialist equipment and they need to be allowed to concentrate on what they are best at in centres of excellence.

Nurses are expected to deliver a lot more than ever before in the modern NHS. New career structures allow the talents of Greater Glasgow's 12,000 nurses to realise true potential in deliv-

ering high quality modern treatment to thousands of patients freeing up senior consultants and other doctors to concentrate on more complex treatments.

Our doctors, nurses and allied health care workers know the score.

It is they who have been telling NHS Greater Glasgow that modernisation is needed - and needed quickly - to allow them to continue to deliver care to the patients they are dedicated to serving.

And that's why we've already embarked on an ambitious plan to deliver what's needed. We've already seen the plan starting with the opening of the Princess Royal Maternity and phase one of the new Beatson.

Now it's time for the next stage.

NHS Greater Glasgow is currently in the process of finalising plans to build two brand new walk-in-walk-out Ambulatory Care hospitals in Glasgow by 2007. The formal contract documents for the new units will be concluded in spring 2005.

Crucial to the overall modernisation of Glasgow's acute hospitals, the new ambulatory care hospitals at the £83million Stobhill and the £103million Victoria will provide 21st century services that will see, diagnose and treat patients more quickly. Both hospital building programmes are part of a single contract and will be managed by a single NHS planning team headed up by Robert Calderwood, Chief Executive of the South Trust.

He said: "These brand new hospitals will provide a range of services in modern, purpose-built build-

ings. "As well as providing a nicer environment for patients and staff, the building of the new hospitals is also providing us with the opportunity to look at how we provide clinical services. Where possible, we aim to tailor the patient's visit so that we may carry out as many investigations or consultations as possible in one single visit, rather than repeated visits. Such services are often described as 'one-stop' services.

"The new hospitals are also allowing us to expand on the range of services we are providing locally. For instance, for the first time, kidney dialysis and an expanded range of chemotherapy servic-



NEW FACES: Joining the community engagement team are: Mark McAllister, Kate Munro and Dan Harley.

es will be available in the new Victoria Hospital where we are also improving our facilities for the elderly."

"At the end of the day, what these new hospitals will mean is basically two things - improved health services and quicker diagnosis and treatments for the people of Glasgow, and that can only be a good thing."

Information boards raising awareness of the developments will be erected in acute hospital sites in the next few weeks along with information booklets that will be regularly updated with site specific information.

spearhead a whole new concept in care



Buildings for the future start now

Three new faces join the community engagement team

HOW we communicate with you about your new hospitals at Stobhill and the Victoria was given a further boost recently with the appointment of three new members of staff.

Mark McAllister, Kate Munro and Dan Harley have joined our Community Engagement team - a team which will work with Greater Glasgow communities and health staff on some of the key issues surrounding the building of the new hospitals at Stobhill and the Victoria.

Led by the Head of Community Engagement, Niall McGrogan, the team will look at issues such as public information, transport issues, access to premises, service changes, and employment opportunities.

So, who are the new team members and what will be their jobs?

● **MARK McALLISTER** - Mark has extensive experience in working with community projects in the Eastend and, more recently, in Drumchapel.

His new role will include working with projects involving community transport, he'll be working with community groups and be looking to create employment opportunities through the building of the new Stobhill and Victoria hospitals.

● **KATE MUNRO** - Kate helped established MatNet, the maternity users network, and chairs the Mental Health Service Users Group.

Kate will be focussing on the patient experience within the new hospitals and how the buildings can be made more accessible.

● **DAN HARLEY** - Dan studied nursing in Aberdeen and latterly worked as a nurse in London acute hospitals. Part of Dan's role will be to work with older and disabled people and involving them in the changes that are happening to services as a result of the new hospitals being built.

Niall McGrogan said: "I'm absolutely delighted to welcome all three new team members on board and look forward to working with them to take forward the community engagement agenda for the new hospitals."



NIALL MCGROGAN ... welcomed trio.

WHAT WILL YOUR NEW STOBHILL PROVIDE?

COST: £83million
START BUILD: Spring 2005
OPENING: Winter 2007

THE new Stobhill ACAD will contain:

- Day surgery unit
- Treatments for blood disorders and cancers
- Investigatory treatments that require X-rays and scans including specialist imaging (CT and MRI scanners)
- Adult renal dialysis unit
- Laboratory and pathology services
- Minor injuries unit
- Elderly day hospital
- GP out-of-hours service
- Rehabilitation and therapy services including dietetics, physiotherapy, speech and language therapy, podiatry (feet) and occupational therapy

Clinic facilities for;

- Anticoagulation therapy (blood clotting)
- Audiology (hearing)
- Breast
- Chemotherapy
- Cardiology (heart)
- Colorectal
- Colposcopy
- Dental services
- Diabetic clinic and endocrinology (hormones)
- Dermatology (skin)



FROM THE OLD TO THE NEW: How Stobhill Hospital looked around the turn of the 20th Century (above) to how the new ACAD will look by 2007 (below).



- Ear, nose and throat
- Gastro-enterology
- General medicine
- General surgery
- Medicine for the elderly
- Gynaecology
- Pain management
- Plastic surgery pre-assessment
- Psychiatry
- Renal (kidney)
- Respiratory (lungs and breathing)
- Rheumatology (joints, tendons, muscles, ligaments)
- Stroke
- Urology (treatment for urinary disorders)
- Vascular (blood vessels)

WHAT WILL YOUR NEW VICTORIA HOSPITAL PROVIDE?

COST: £103million
START BUILD: Spring 2005
OPENING: Winter 2007

THE new Victoria ACAD will contain:

- Day surgery unit
- Treatments for blood disorders and cancers
- Investigatory treatments that require X-rays and scans including specialist imaging (CT and MRI scanners)
- Adult renal dialysis unit
- Laboratory and pathology



- services
- Minor injuries unit
 - Elderly day hospital and 60 new-build inpatient rehabilitation beds for the elderly

- GP out-of-hours service
- Rehabilitation and therapy services including dietetics, physiotherapy, speech and language therapy, podiatry (feet) and occupational therapy.

Clinic facilities for:

- Anticoagulation therapy (blood clotting)
- Audiology (hearing)
- Breast
- Chemotherapy
- Antenatal care for expectant mothers

- Cardiology (heart)
- Colorectal
- Colposcopy
- Dental services
- Dermatology (skin)
- Diabetic clinic and endocrinology (hormones)
- Ear, nose and throat
- Gastro-enterology
- General medicine
- General surgery
- Medicine for the elderly
- Gynaecology

- Pain management
- Plastic surgery pre-assessment
- Psychiatry
- Renal (kidney)
- Respiratory (lungs and breathing)
- Rheumatology (joints, tendons, muscles, ligaments)
- Stroke
- Urology (treatment for urinary disorders)
- Vascular (blood vessels)



He has 21st Century training. We have 19th Century hospitals.

Now we're building for the future.



www.nhsgg.org.uk/modernisation

Glasgow's X factor



Special Report
by Dr Harry Burns,
Director of Public Health

STRANGE BUT TRUE ... BUT WHY?

If you live in the West of Scotland and smoke 20 cigarettes a day you are three times more likely to die of lung cancer than if you live in England and smoke 20 cigarettes a day.



If you are depressed and negative about your future you are two to three times more likely to die of cancer or heart disease than your next door neighbour who is optimistic about his or her future.

If you have finished school and got some qualifications, you are less likely to get high blood pressure, heart disease or have a stroke than the guy who sat next to you at school and left without qualifications!



such as "The Health of the Nation."

With almost 40 years of activity aimed at improving health, it would be surprising if health had not improved - and it has. However, health has not improved as fast in Scotland as it has in the rest of Europe and it has not improved as fast in Glasgow as in the rest of Scotland.

At present, it would be fair to say that it is generally understood that a variety of influences such as employment, education, housing, genetics, early life experiences, smoking, diet and exercise all contribute to health.

What is not well understood is how these circumstances and behaviours act together to create or damage health. Nor is it known how best to influence this complex environment in ways that might support the creation of health. This is the task set for the new Glasgow Centre for Population Health.

Supported by the Scottish Executive, three of the major public sector organisations in the city - NHS Greater Glasgow, Glasgow City Council and the Universities in Glasgow - have given their commitment to work together in a sustained way, to change Glasgow's place in the health league table. It is

anticipated that the initial partners will be joined by other organisations that are keen to contribute to the Centre.

From the outset, the Centre will seek to be inclusive and to draw on the experiences and insights of people from diverse walks of life. It will not simply be an organisation carrying out research. Its prime task will be to make a difference to the health of the most disadvantaged in our community.

It will work closely with voluntary organisations and individual communities to improve understanding of what works in improving health. In learning how to do this for Glasgow, lessons will be learned that can be applied to Scotland and beyond.

Initial discussions have already thrown up some exciting new insights. There is every reason to think that this new approach to health improvement will put Glasgow on the international map, not just as the city with the worst record in many areas of health, but the city that actually found out how to improve its health.

SPOTLIGHT ON WOMEN'S HEALTH
PAGES 11,12 and 13

Scotland's sickest city fights back

WHY does a middle-aged man, who watches his diet, exercises on a regular basis and lives in a middle class area of Glasgow, have a shorter life expectancy than his counterpart in Perth?

Why is a woman in her early 20s, with a higher than average income, a healthy lifestyle and living in the Southside, more likely to have some form of cancer than someone living in London?

These are the startling facts for people born and raised in Glasgow.

Glasgow continually lags behind the rest of Europe in the health stakes and the huge challenge of trying to improve Glasgow's health, and pinpoint exactly why Glasgow's health remains a problem, is high on the agenda for the Centre for Population Health.



Dr Carol Tannahill

But what is the Centre for Population Health and what does it do?

Dr Carol Tannahill, Project Manager for the Centre, is busy making sure local people are aware of the role the Centre of Population Health will play in Glasgow. She said "There are huge challenges to be addressed in moving Glasgow up the health league table, but the Centre for Population Health has already provided a focus for new thinking.

"This is a very exciting opportunity to understand why Glasgow continues to have the worst health record. The Centre will look at ways to improve Glasgow's health and work on new ways to narrow the health gap between Glasgow and the rest of Scotland.

"With premises about to be secured in the city centre and staff being recruited, the Centre will be leading the way in pinpointing why Glasgow's health continues to be a problem."

Spotlight on heart disease

HEART disease is one of Scotland's biggest killers and in Glasgow it causes around one fifth of deaths in women.

Let's look at the main reasons people get coronary heart disease and how you can reduce your chances of getting it.

If you've already got heart disease, let's also look at how you can reduce the risk of suffering a heart attack.

The main risk factors are smoking, high cholesterol, high blood pressure and obesity/diabetes.

The most important health step a smoker can take is to give it up.

There is an increasing amount of evidence that smoking may harm women at an earlier stage than men and that they may find it more difficult to give up. Currently more teenage girls than boys are taking up smoking. There is also plenty of evidence that the earlier you take up smoking the greater your risk of getting heart disease in later life.

Avoiding obesity will largely protect you from the kind of diabetes that has its onset in later life. A third of women over 55 have waists broader than their hips (or over 35 inches), a convenient measure of obesity. If you fall into this category, you are at twice the risk of developing diabetes, with subsequently twice the risk of heart attack, than a slimmer person.

Regular exercise will probably make you live longer and health-

Let's halt high risk lifestyles



By Dr Adrian Brady, consultant cardiologist at Glasgow Royal Infirmary

THE STORY OF ROS - PAGE 12

ier.

There are equal numbers of men and women living lifestyles where they rarely get any exercise. But women are less likely than men to hit the target of 30 minutes of moderate physical activity on most days of the week. Physical activity of course includes work, housework and leisure activities.

Cholesterol levels rise with age and about three quarters of women aged 45 have cholesterol levels which are undesirably

high. Changes in diet and weight loss will help substantially. Valuable information is available from the British Heart Foundation (www.bhf.org.uk) and the American Heart Association (www.americanheart.org) on their websites.

Some people might not manage to get their cholesterol low enough this way and statin drugs might be an option if they already have coronary heart disease or other risk factors as well.

Blood pressure also rises with

age. By age 50 about a third of women will have high blood pressure. By age 75, two-thirds of women will. Blood pressure is also related to weight.

Roughly speaking, every kilogram over your correct weight will put your blood pressure up by 1mm. These elevated blood pressures can be reversed by weight loss.

Some people will need treatment to get their blood pressure down, but they'll need less if they lose weight as well.

We can't change our family history, but a close relative with heart disease before the age of 55 is an important indicator of increased risk. Many women know there may be threat to men in the family, but do not realise this extends to themselves as well.

We used to think HRT was protective for heart disease. This is definitely not the case and in fact slightly increases risks. Prolonged use is not recommended although short-term therapy at the onset of the menopause may still be useful for some women.

So what can you do?

You can talk over all these things with your GP or practice nurse. If you've already got coronary heart disease then you can go to one of the cardiac rehab programmes - these are not only for people who have had a heart attack.

Whether you have coronary heart disease or not then you can get lots of advice about how to get help with stopping smoking, eating for heart health and getting more active.

NHS Greater Glasgow is committed to helping people lower their chance of getting coronary heart disease and helping those who have it to get the best out of life, and to lower their chance of having a heart attack, or another if they've already had one.

You can save a life - your own!

TURN TO PAGE 13

Putting men's health firmly on the agenda

THREE years of hard work have paid off for a Scottish forum focusing on Men's Health Issues.

At a national conference held at Glasgow Royal Concert Hall in March, the Men's Health Forum Scotland celebrated the Scottish Executive's announcement that they will dedicate £4million to developing men's health clinics across Scotland.

This investment signals that men's health is no longer a neglected area of Scotland's health thanks to the Forum's success in raising personal, public and policy makers' awareness of men's health issues.

The conference aims included sharing current evidence on the

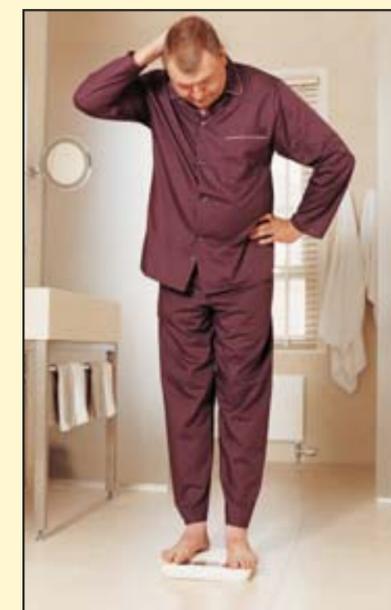
state of men's health and well-being in Scotland, developing a vision for the future of men's health in Scotland, and involving and including men in developing appropriate responses to their own health needs.

The new Scottish Executive investment will support MOT Clinics for men.

Ian Anderson, a typical visitor to an MOT clinic, said: "I am one of those men who never went to their doctor unless I could not walk or was seriously ill, and that seemed to be the case of lots of guys. A lot of people who went for the MOT discovered that there was something wrong with them that they did not know about."

The Men's Health Forum Scotland works to improve the health of Scotland's men by bringing together and working with the widest possible range of people and organisations. They support the development of local and national networks by organising seminars, training and demonstration projects throughout Scotland.

Alistair Low, Health Promotion Officer with NHS Greater Glasgow, said: "Men traditionally do not visit their GP unless they have a serious illness. We are trying to change that way of thinking and making men more aware of health issues which affect them."



SCALING up investment in men's health.

Heart disease kills four times more

A WORKING mother of four, Ros was shocked to discover she had coronary heart disease at the age of 45! She wrongly believed that because of her sex and age, she wasn't at risk. Here's her story in her own words...

IN 1996 I was 45-years-old, had four growing children and had just worked my way back to an interesting full-time job. From getting up in the morning to falling to bed late at night, I worked a 16 hour day between work and family.

Out of the blue it seemed, I began to feel unwell. It was quite gradual over the early months of that year: in January I was a bit out of breath at climbing the slight hill at the top of our street; by early May, I was quite exhausted.

And I thought I was just unfit.

I went to my GP and told her I felt a bit breathless. That and the fact I had a small heart murmur, was enough to refer me to a cardiac clinic where I was told my symptoms may be due to the menopause.

The next few weeks I seemed to get worse every day. I couldn't speed up my walking pace at all and had to rest if I climbed stairs. I wouldn't have described what I felt as pain - I had given birth to four children and the labours were painful, these sensations were not, just a bit unpleasant.

I began to become frightened, although I didn't really see how I could have a heart problem: I had never smoked, didn't think I was particularly overweight at 10 and a half stone and I was a 45 year old woman - they weren't supposed to be at risk from heart disease until they were over the menopause and I hadn't even started.

I attended the cardiac clinic. I was very frightened by now and was torn between being talking down the probability of me as a non-smoking, active woman having heart disease and convincing myself that I had a heart problem.

While I was sitting in the hospital waiting room I noticed a poster on the wall, it read: "Did you know heart disease kills more women under 50 than anything else?"

I was stunned, I had always believed that women were not at risk of heart disease until they were over 50 and here I was reading this in a cardiac clinic waiting room! A fat lot of use it was here. Why wasn't it on the side of buses?

Everything happened very fast after that. I had a battery of tests. After about 30 seconds on the treadmill I started to feel the usual sensations and I told the doctor. He asked me to try and do another minute. He stopped me after that and told me that I should sit down.

There was a major problem with my coronary arteries, he said.

I was very shaken and frightened. I had almost convinced myself that I was imaging these symptoms. I went in for an angiogram within a week and was told I needed a double bypass. The hospital staff were great and helped a lot to reduce the fear factor. They



Picture posed by model

THE STORY OF ROS

Why does everyone think it only happens to men?

even had a pre-op information day for myself and my husband - though everyone else in the waiting room thought he was the patient!

The operation seemed to go really well - I certainly made a rapid and full recovery and felt better than I had for months even within two weeks of the op.

The cardiac rehab programme was excellent. I can't thank this service enough. After my surgery I really felt I had been given my life back. I had loads of energy and could cycle swim and walk miles. I lost a couple of stone and enjoyed being slim and fit again. The exercise I worked at increased the supply of blood to my heart. This kept me alive and minimised the damage when I had my heart attack four years later.

I had just celebrated my 50th birthday. I felt really exhausted and thought I might be going down with a virus. I was vaguely aware of an uncomfortable feeling around the inside of my left elbow, but I didn't give any thought at all to that. I had a cup of tea and went to bed.

I was still feeling unwell the next day, so I called my GP and was offered an appointment at 11am. I didn't want to wait that long, so the receptionist put me through to the doctor. He told me to come straight in and see him. I wasn't really able to concentrate or think logically and I had no pain. When I got to the doctor's, he told me he thought I had unstable angina, reassured me it was good that I had no breathing problems or pain and he called an ambulance.

I was sitting at the door in the doctor's room and my husband was over next to the doctor. When the door opened, the paramedics nodded to me, walked straight past and went up to my husband and asked how was he feeling now. They just assumed he was the patient.

After that things happened quickly. I was moved to the Coronary Care Unit at my local hospital and I began to feel a bit better - very tired, but I could talk. At 11.30 one of the cardiac nurses that I knew from rehab four years before came to talk to me and said they were really sure I had had a heart attack.

I spent a week in coronary care and the care and dedication of the staff was first class. I was so thankful that I had been in hospital, but, to be honest, I don't think I would even have considered I was having a heart attack if I hadn't had a previous history because of the bypass.

After that it was home to recover. It was a longer recovery than after the bypass, but I made myself get on with it and worked hard to build up my strength. I had done it before and was really boosted by being able to go back into cardiac rehab.

So, now it is more than three years since the heart attack and seven since the bypass. Only three of my arteries are open - one is completely closed but the other three work well. I try to rest when I can and exercise three times a week. I watch what I eat and take my tablets without fail. I still work full-time. I enjoy lots of walking and I can manage seven to eight miles at a stretch. I have seen my youngest son grow up and start university - something I feared I might not see when I was ill in 1996.

Life is sweet and I try to enjoy every day for what it is - a fresh start.

women than breast cancer

MANY women are not aware that Coronary Heart Disease (CHD) is the single biggest killer of women in the UK.

One in six women die from the condition...four times more than women who die from breast cancer, although most women believe that breast cancer is a greater danger to their health...and many more are living with the effects of heart disease and the impact that has on their quality of life.

Although deaths from heart disease have been falling since the 1970s, the actual number of people living with the disease has not.

This is because more people who suffer from heart disease are getting help to live longer through the various medications that are offered, and because they change the way they live - stopping smoking, eating less fat and more fruit, veg and oil rich fish, and getting a bit more active, as well as keeping their alcohol consumption within reasonable limits.

Physiologically there are differences between women and men in the development of heart disease. To some extent women are protected until oestrogen levels start to drop after the menopause.

Typically, women are ten years behind men when it comes to having CHD. So the proportion of women aged 65-74 who have CHD is roughly the same proportion of men aged 55-64. It's the same for the chance of dying from CHD - at least until you're 75 - after that age there is less difference between women and men.

Comparing Scotland with other places shows an uncomfortable picture.

- Women in Scotland are 81% more likely to die of heart disease than those in East Anglia;
- Women living in Belfast and Glasgow have the highest rates of coronary events (fatal and non fatal heart attacks) of all 35 cities surveyed in a World Health Organisation project across 21 countries;
- Women of South Asian origin (India and Pakistan) in the UK have a 51% higher death rate than average (for men this is 46%). This may partly be due to the greater incidence of diabetes in this group

However we shouldn't feel too depressed. The World Health Organisation study that showed us we had such high rates of coronary events, also showed that in Glasgow we have made some of the biggest changes to our risk factors of any of the places studied - in Europe, North America, Australia, New Zealand, Russia and China. We started at the back of the pack, but we're running as fast and faster than most places in terms of lowering our coronary heart disease risk - still plenty to

It's time to think about your heart



do but we're on the right track.

We know that some women are failing to spot the symptoms of heart disease when it does occur and are referring late to health services.

This may be because the symptoms in women are not always those thought typical of a heart attack (crushing chest pain or discomfort, often felt in the arm as well, along with nausea and a general feeling of being very unwell), or of angina (a dull ache in the chest or arm brought on by exertion or emotion and relieved by rest). For men and women - but much more often for women - the symptoms can be a flu like feeling, breathlessness, sweating, flushing or like indigestion.

Since Glasgow now has good services for diagnosing coronary heart disease such as rapid access chest pain clinics, direct access for GPs to refer their patients for echocardiography and soon, through lottery funding, direct access for GPs to send their patients for diagnosis of an irregular heart beat or palpitations, women should be sure to tell their GP about any symptoms that might indicate a heart problem -

they can either be re-assured rapidly or get the right treatment as soon as possible.

Women need to think now about protecting their hearts. Not smoking, eating healthily and being physically active reduce the risk of contracting CHD considerably.

Here are a few ideas to help you get your healthy lifestyle kickstarted...

Lifestyle

Stopping smoking, taking regular exercise and having a healthy balanced diet can reduce the risk of developing heart disease and can improve the health of your heart if you already have heart disease.

Smoking

Even light smoking doubles CHD risk, but from the moment you stop, the risk of heart attack reduces and is halved after one year.

And stopping smoking in pregnancy reduces a baby's future CHD risk (low birthweight babies have a greater risk of

developing CHD in adult life).

Giving up smoking isn't easy and many people have made several attempts before they succeed in giving up for good. Glasgow has excellent services to help smokers wanting to quit, including Smoking Cessation Group Sessions.

Groups run for seven weeks in total. During this time, Nicotine Replacement Therapy is used to deal with the participants' addiction while group members offer each other encouragement and support in giving up smoking.

To find out more about groups in your area, contact Smoking Concerns on: 0141 201 9825

The Starting Fresh programme runs in 114 local pharmacies across Glasgow. Individuals participating on the scheme receive one-to-one advice and support from a pharmacist together with Nicotine Replacement Therapy (NRT). To find out more information, or for free help and advice, call the Starting Fresh information line free on 0800 389 3210 (9am-9pm).

Hearty eating

Women also need to curb heavy drinking and being overweight and eating the wrong things are an increasing risk for girls and women.

If you are having difficulty changing what you eat and feel that you need some help then Glasgows' hearty eating groups may be for you.

Groups meet for one hour each week for three-to-six weeks, and activities include cook and taste sessions and food shopping trips to look at food labels and prices. You will also receive information and tips on how to plan and cook your meals. For more information speak to your practice nurse at your local health centre/GP surgery or contact hearty eating on 0141 531 6819.

Live Active

Keeping physically active can lower your chance of having a heart attack (or another one if you've already had one).

Glasgow's Live Active exercise referral scheme aims to help individuals who are currently not doing enough activity, to become more physically active.

Live Active physical activity counsellors, based in 23 leisure centres across Glasgow, provide participants with advice and support on becoming more active. If you are interested in the scheme, contact your GP, Practice Nurse or physiotherapist and, if the scheme is appropriate for you they will complete a referral form and send it to your local exercise counsellor.

If you would like more information on the Live Active scheme, contact Fiona Hamilton on 0141 201 4756.

Scotland's first health and social care centre opens

SCOTLAND'S first health and social care centre for the homeless has opened its doors in the Gallowgate.

Run by Glasgow's Homeless Partnership, the new custom-built £700K centre brings together Glasgow's health and social care services for the homeless under one roof for the first time.

Not only that, it also includes a new dedicated GP service specifically for homeless people.

Kate Benson, Primary Care Homeless Service Manager, said: "Health staff have been working in Glasgow to improve and develop homeless health services for many years, but this is the first time we have been able to bring together services in an integrated, custom-built centre."

She continued: "We'll be seeing around 160 people at the centre each week and offering a wide range of services, including nurse treatment clinics, methadone clinics,

psychiatry, physiotherapy and dietician assessment, podiatry sessions, mental health services and resettlement assessments as well as child immunisation and chronic disease management clinics."

The opening of the centre is part of a bigger plan to improve services for homeless people. In the future, the Homeless Partnership aims resettle homeless people into local communities where they will be able to access the same health services as

everyone else.

When this happens, health staff based in the centre will be transferred to work in local health services in communities to assist staff already working in health centres and GP surgeries.

Outreach services will continue to deliver care and treatment in the 62 clinics across the city, including in the city's hostels and at the premises of voluntary organisations.

THERE'S been a lot of concern in different parts of Scotland about out-of-hours GP cover following changes to their contracts effective from this month.

NHS Greater Glasgow has agreed with GPs to transfer their independent Glasgow Emergency Medical Services (GEMS) into the management of the NHS from July this year.

This agreement will ensure you continue to have access to the same high standards of out-of-hours medical care currently available, delivered by the same doctors and nurses.

In this article, we hope to provide you with a brief summary of the new contract, explain why it is being introduced and, more importantly, highlight what it means for you.

What is the new contract?

THE new General Medical Services (GMS) contract is a new contract for GPs that is being introduced across the UK as part of a wider NHS modernisation programme.

Why is it being introduced?

IT'S being introduced to improve the quality of care for patients and improve working conditions to help tackle the serious problem in recruiting and retaining GPs across the country.

What are the key changes?

- Increased investment in primary care services over the next three years - the largest increase since the NHS began
- A new payment system which rewards GP practices for improvements in the quality and range of services they provide, the way the practice is organised and managed and the level of patient satisfaction
- A new assessment system that measures performance against nationally agreed standards
- New flexible working arrangements to help GPs achieve a better work/life balance
- New initiatives to modernise GP premises and IT systems
- New development opportunities for practice staff such as practice nurses and receptionists to help free up more GP time for patient care.

How will it affect existing plans to improve local health services in Greater Glasgow?

THE new contract will reinforce and build on many of the developments and priorities already being taken forward in Greater Glasgow through the Primary Care Strategy. This strategy, which is the first of its kind in Scotland, aims to develop and improve a wide range of services including those for elderly patients recently discharged from hospital, patients with chronic disease such as diabetes, heart disease and arthritis and those with mild to moderate mental problems such as stress and anxiety.

What happens if my GP decides to opt out of providing a particular service?

UNDER the new contract services are classed in three main categories - essential, additional and enhanced. All GP practices will have to provide the full range of essential services but can opt-out of providing additional or enhanced services on a temporary or permanent basis. If this happens then alternative arrangements will be put in place to ensure patients can continue to access these services.

For Greater Glasgow the good news is that the vast majority of practices will continue to offer the same services they currently provide and, in many cases, will actually increase the quality and range of

services available.

This will lead to improvements in a number of areas including chronic disease and minor surgery services.

What will happen to out-of-hours medical services in Greater Glasgow?

NHS Greater Glasgow has approved plans to transfer Glasgow Emergency Medical Services (GEMS) - the independent co-operative run by Glasgow GPs which currently provides general medical out-of-hours services across Greater Glasgow - into the NHS from 1 July 2004.

Will I still be able to see the doctor of my choice?

YES, although under the new contract you

A dedicated out-of-hours GP service



Dr Iain Wallace
... good news

will register with a practice rather than an individual doctor, you will still be able to ask to see a specific doctor, if you prefer.

Dr Iain Wallace, medical director for NHS Greater Glasgow's Primary Care Division, said: "The new GMS contract is good news for doctors and patients and will help us build on the wide range of work already underway to develop and improve community health services across Greater Glasgow."

He added: "The contract won't change things overnight but over time, patients should see improvements in the range, quality and consistency of care available within their local community."

Dr Norrie Gaw, of Woodside Health Centre, agreed: "We just want to reassure our patients that the changes won't have a negative effect on the treatment they receive."

"We'll still strive to bring quality care and a reliable service to the people out there who need us."



DOCTOR Norrie Gaw discusses the new GP arrangement with a patient.

New body to champion 'public voice' in the NHS

PLANS are ongoing for the setting up of a new independent organisation that will allow you to have more say in how your healthcare is given.

The Scottish Executive is in the process of setting up a new Scottish Health Council which will be given the job of ensuring NHS Boards are actively involving patients and the public in decisions about NHS services.

It is one initiative among a series of changes contained in the NHS (Scotland) Reform Bill.

The Scottish Health Council (SHC) will be a national organisation, but, most of its work will be done around the country through local offices, including one in Greater Glasgow.

Each office will have a Local Advisory Council. Its members will continuously monitor and assess the performance of the local NHS Board in involving patients and the public in decision-making and design of health services.

The network of SHC offices and advisory councils will replace existing local health councils, including the Greater Glasgow Health Council. The main reason for this is that the Minister of Health and Community Care wants to move away from the notion of the 'patient's voice' being heard via only one organisation and instead make sure the NHS itself reaches out to its patients and communities via a variety of different arrangements.

The SHC will check that NHS staff are listening to and involving people in helping decide how we spend our money and how we provide services.

The new organisation will not be tied to NHS Boards. It is proposed that it will operate alongside NHS Quality Improvement Scotland, which makes sure that NHS medical and surgical care is up to scratch.

The SHC will tell NHS Boards if their arrangements for Public Involvement need to be improved and will make sure that something is done if they do. The SHC will offer support and advice to NHS Boards about best practice in Public Involvement and help to develop local arrangements. If, for example, it decides that there is evidence that consultation on changes to services wasn't handled correctly, it will have the power to step in and ask the Health Minister to instruct the NHS Board in question to start the process again.

The SHC will be up-and-running by the end of this year and an open public appointments process will take place to recruit local advisory councils. The SHC will not take up its duties formally until April 2005.

Hospitals help the unemployed

Pilot scheme is just the job...

A HOSPITAL-based pilot project which helps jobless people back into the workforce has been so successful, nine out of the first 15 trainees have been offered employment in the Health Service.

The new Working for Health in Greater Glasgow project offered unemployed people a chance to gain practical experience working as support workers in city hospitals.

The NHS recruited through local organisations and Job Centres before Christmas, but there was so much interest in this scheme, the project was oversubscribed.

The pilot was broken down into two six-week training courses with 15 people completing the first course and 19 taking part in the second.

NHS Greater Glasgow's Mark McAllister, who is part of the project coordination team, said: "We're delighted this pilot project was so popular. The trainees have been on placements throughout Glasgow hospitals, shadowing health workers and picking up the vocational skills they need to get jobs in the NHS."

Led by a team of professionals from NHSGG, JobCentre Plus and the Local Economic Development Companies' Network, the Working for Health programme has been developed with Human Resources and Training & Development departments across NHS Greater Glasgow.

So how did it work?

Trainees were given six weeks training which saw them developing the necessary skills to take up a variety of posts including catering, portering, administration, nursing assistants and medical laboratory assistants. Training was provided on-the-job and by training provider, the WISE Group.

They were then guaranteed an interview for any support worker vacancies that may arise throughout NHS Greater Glasgow...and, so far, nine have been offered jobs.

Mark said: "The success of this programme can be measured on the number of people being offered employment at the end of the six weeks. From the first session alone, nine out of the 15 were offered jobs, compared to other employment initiatives, that's a very high percentage."

He revealed the initiative isn't just



DAWN Fyfe enjoyed her time training in the recruitment department at the Southern General.

about getting unemployed people 'job ready' nor is it about filling empty posts.

He said: "Returning to work after being out of a job for a long time can be difficult for candidates, but Working for Health operates to dispel the barriers and improve employment opportunities for participants."

Another one of the aims of the project is to improve participants' overall wellbeing.

Mark said: "Employment is an excel-



JAMES Alford is shown the ropes within the catering unit at the Southern General.

lent start towards good health. The project brings together workforce planning and health improvement. Being in employment is the first step towards physical and mental wellbeing."

So what did the trainees think?

As the second largest employer in Greater Glasgow, NHS Greater Glasgow particularly appealed to two candidates James Alford and Dawn Fyfe, who took part in the first

training session at the Southern General Hospital.

James (43) trained in hospital catering and found out about Working for Health through the Gorbals Initiative. He has a personal interest in catering, since cooking is his hobby and he revealed that the project has boosted his self-esteem.

He said: "This placement has given me a great insight into the NHS. You don't need any qualifications or experience to get on to this course and I've really enjoyed it. An unexpected benefit from this course is that I've started to eat more healthily."

Twenty-six-year-old Dawn aspires to be an auxiliary nurse and is keen to work with children, so the project was an excellent opportunity for her to find out about working in the NHS.

Through the project, Dawn has had the chance to refresh skills from a previous computer course at college.

She said: "The placement is important for me because I have two children and prefer to be in secure employment. I will definitely pursue a career in the NHS."

Working for Health was open to people who are eligible for New Deal or Training for Work. Although just a pilot, it is hoped that this type of initiative will eventually become part of the mainstream means of recruitment and training in NHS Greater Glasgow.



A New Year, a new start

IF GETTING back to work after a period of being off work sick is a worry for you or a family member or friend, then HealthyReturn may be able to help.

HealthyReturn is a Glasgow-based project delivering a free boosted service to people currently off work sick. It is part of a UK research trial that aims to test what benefit, if any, there is in offering additional help to those people currently off work sick. Those who are eligible have a three in four chance of receiving extra help completely free of charge and quickly.

So far, our team of qualified specialists have worked with more than 250 people in the Greater Glasgow area, providing them with additional health and work focussed services aimed at helping them back to health and back to work. In 2004 we want to work with many more people.

Taking part is simple

ALL you need to do is answer yes to the following questions:

- Have you been off work due to illness, injury or disability for between six weeks and six months?
- Do you live and work in the following postcode areas: G1 to G84, PA1 to PA14, ML1 to ML9, FK1, FK4 and FK6?
- Do you work for a minimum of 16 hours per week?
- Do you want to get better and back to work?

If you, or anyone you know, can answer yes to these questions; simply freephone 0800 052 1012 and you could receive extra help.

Infant nutrition

STAFF from across NHSGG turned out in their droves recently for the launch of new guidelines on infant nutrition.

The event, held at Glasgow Caledonian University, let everyone from mums and babies to top docs and community midwives find out more about NHSGG's 'Infant Feeding Policies and Guidelines for Health Professionals'.



Community Health Partnerships

NH S Greater Glasgow has unveiled initial proposals on the boundaries and principles for developing new Community Health Partnerships (CHPs).

So what are Community Health Partnerships (or CHPs) and what will they mean to you and your community?

Well, the new CHPs will see community based health staff working even more closely with their hospital-based colleagues and your local council to improve patient care.

Responsible for managing a wide range of community-based health services and possibly other care services along with local authorities, the new CHPs will mean better health services for the communities they serve.

Ian Reid, joint chair of the Greater Glasgow CHP Steering Group, said: "The creation of CHPs is one of the most fundamental changes outlined in the recent health White Paper 'Partnership for Care' to further improve the way local community health services are organised and managed.

"CHPs will build on the work of the existing Local Health Care Co-operatives (LHCCs), which are currently responsible for managing local health services, but will be larger organisations with wider responsibilities and greater influence."

The proposals, which have been developed by NHS Greater Glasgow and its six partner Councils, include plans to develop eight CHPs in the following areas:

- Five in the area served by Glasgow City Council (Eastern, Northern, Western, South East and South West Glasgow)
- One in the area served by East Dunbartonshire Council
- One in the area served by West Dunbartonshire Council
- One in the area served by East Renfrewshire Council.

NHS Greater Glasgow is also working with North and South Lanarkshire Councils to develop boundary proposals for the CHPs which will cover the Rutherglen/Cambuslang and Stepps/Moodiesburn areas of Greater Glasgow. As these Lanarkshire CHPs and the proposed West Dunbartonshire and East Renfrewshire CHPs also cover areas which are served by neighbouring health boards, they would be developed in partnership with NHS Lanarkshire and NHS Argyll & Clyde.

Once initial principles and boundaries have been finalised more detailed plans on how CHPs will be organised and resourced will be developed. This work will be done in consultation with staff and partner agencies with the aim of having the new CHPs in place by April 2005.

As well as working closely with independent health contractors, such as GPs, dentists, pharmacists and opticians, it is proposed that CHPs will take over the management of all existing services provided by Local Health Care Cooperatives (the organisations which currently manage community health services). These include health visiting, district nursing, community-based oral health, physiotherapy, dietetic, speech and language and footcare services.

In addition, it is proposed that CHPs should take over responsibility for managing school nursing services and local community-based health promotion teams which are currently managed by Yorkhill NHS Trust and the health promotion department of NHS Greater Glasgow Board respectively.

Proposals on how CHPs should work with a number of other related services, which are currently managed within other parts of the NHS or within joint health/social care partnerships with local authorities, will be developed once boundaries have been finalised. These include

community child health, adult and older people's mental health, learning disability, physical disability and homeless services.

Catriona Renfrew, the other joint chair of the Greater Glasgow CHP Steering Group, said: "CHPs will develop closer partnerships with local authorities and hospitals to break down some of the barriers that have traditionally existed between com-

munity health, social care and specialist health services.

"This will create new opportunities to develop additional health services at a local level and make it easier for patients to access all of the health and social care services they require, regardless of whether these are provided by their CHP, hospital or local authority. It will also help develop stronger relationships between community

health and other local services such as housing, leisure and education.

"Local communities will be given a greater say in the way their local health services are provided through the creation of new Public Partnership Forums (PPFs) which each CHP will be required to develop. These PPFs will build on existing forums for service users, carers and other patient representative groups."

These initial proposals have been discussed with a wide range of stakeholders over the next few months as part of a formal consultation. A summary leaflet was also widely distributed to community groups and voluntary organisations to raise awareness of the proposed changes and encourage feedback.



MAPPING OUT THE FUTURE: Initial proposals are for eight Community Health Partnerships in the Greater Glasgow area.

'Closer links will mean better care'

OUR PARTNERS

NHS Greater Glasgow works with a number of partner local authorities, charities and other organisations such as Strathclyde Police and NHS 24. Our main partners are:

