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
Beatson on course for 2007 opening

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

NHS Greater Glasgow Chief Executive, Tom Divries, said: “Patients and staff will really benefit from the inside of the new building. The company has chosen because of the improvements it offered to everything from patient liaisons to long-distance television links with other cancer specialists.

The new centre will provide a great new environment for patients and carers - a place they can feel safe and comfortable. We are really pleased with the results of the planning behind the new centre.”

Isobel Neil, Beatson General Manager, said: “The inside of the new building is going to be fantastic. The company has done a lot of hard work behind the scenes to make sure that a lot of work will be done to the new building. The company has chosen because of the improvements it offered to everything from patient liaisons to long-distance television links with other cancer specialists.

The new building will replace existing facilities at the West of Scotland Cancer Centre which will be opened by the Beatson project (which was phase one of the new development of the new Beatson project), will be built by Miller Construction.

The new five storey building will have:

● A pharmacy
● Outpatient areas with state-of-the-art imaging equipment
● Clinical trial and research space
● An education suite for everything from student lectures to long-distance television links with other cancer specialists.

As part of the preliminary consultation currently being provided in Hairmyres Hospital in East Kilbride to transfer at the same time. All of the clinical specialty groups involved in the Beatson project (which was phase one of the new development of the new Beatson project), will be built by Miller Construction.

PHASE TWO BEATSON: An artist’s impression of the new complex which will house the West of Scotland Cancer 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 and services available.

PHAUTURE: A regional single site service would free up extra acute beds elsewhere.

For more information please call Smoking Concerns on 0800 848 4844.  

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 Smoking Concerns on 0800 848 4844.
Buildings for the future start now

Fast and efficient centres of excellence

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

Together we’ll deliver a whole new concept in NHS care with integrated 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.

Let’s make hospitals to match modern medicine

BIG commercial businesses are starting to understand 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 it’s 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 dropped with exhaustion - not only is that not what we want for our medics or our patients - it’s no longer legal - and not what we want for our medics.

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 to be able to work as a name in London acute hospitals.

Part of Dan’s role will be to work with older and disabled people and involving them in the planning that is happening to services as a result of thisbold change.

Niall McFadzean says: “I am absolutely delighted to welcome all these new team members on board and look forward to working with them to take forward the community engagement agenda for the new hospitals.”

WHAT WILL YOUR NEW STOBHILL PROVIDE?

COST: £83million

START BUILD: Spring 2005

OPENING: Winter 2007

THE new Stobhill ACAD will contain:

- Emergency unit
- Day surgery unit
- Health and social care coordination
- Complex needs unit
- Children’s inpatients and outpatients
- Minor injuries unit
- Radiology and pathology services
- Elderly day hospital
- GP out-of-hours service
- Rehabilitation and therapy services including dietetics, physiotherapy, speech and language therapy, podiatry (feet) and occupational therapy

The 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’s community services and health staff on some of the key issues surrounding the building of the new hospitals at Stobhill and the Victoria.

The key to this is Community Engagement, Niall McFadzean, the team leader, says: “We are going to approach this with a commitment to open-ness, access to information and, employment opportunities.

So, who are the new team members and what will they be doing?

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

- NIALL MCFADZEAN - Niall has served generations of families well, before Napoleon’s time!

- DAN HARLEY - Dan studied medicine in Aberdeen and latterly worked as a name in London acute hospitals. Part of Dan’s role will be to work with older and disabled people and involving them in the planning that is happening to services as a result of this bold change.

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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 in 2007 (below)....
Scotland’s sickest city fights back

Why does a middle-aged man, who watches his diet, exercises on a regular basis, and has a middle class area of Glasgow, have a shorter life expectancy than something happening in London?

These are the starting facts for people born and raised in Glasgow. Continuously lagging behind the rest of the UK in the health rates and the huge challenge of trying to improve anything, health, and prevent exactly why Glasgow’s health outcome problem, is high on the agenda for the Centre for Population Health.

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

Dr Carol Tannahill, Project Manager for the Centre, is busy making the Centre what it is. The role of the Centre of Population Health will play in Glasgow. She said: “There are huge challenges to be addressed. I have to figure out what’s going up the health league table, but the Centre for Population Health is already provided a focus for new research.”

“This is a very exciting opportunity to understand why Glasgow continues to be at the bottom of the health league record. In this case, we will look at ways to improve Glasgow’s health and work on new ways to narrow the health gap. We will also consider research on wider aspects of health.”

Initial discussions have already sparked some exciting new insights. There is every reason to think that this new approach to health improvement will push 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

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I had just celebrated my 50th birthday. I felt really well and I was running down a year with a vengeance. I was aware of a small lump on the side of my face, just visible to me. I had no breathing problems or pain and I could talk. At 11.30 one of the carers came in and the doctors were over the menopause and I had started. I was referred to the cardiac rehab. Although I felt a bit anxious, I didn’t really see how I could have a heart attack.

I was sitting in the hospital waiting room when I had my heart attack. I had a history of chest pain. It was quite common for me. I had been referred to the cardiac centre but I had been feeling unwell the next day, so I went to 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 in straight away and see him. I wasn’t really able to concentrate and I was so tired, but I had no pain. When I got to the doctor, he told me that I had an umbilical hernia, measured me and it was good; I had no breathing problems or pain and he called an ambulance.

I was referred by the doctor’s surgery to the cardiac rehabilitation department. When the door opened, the para medics came in and we went straight past the waiting area and up to my room and the doctor had asked how he was feeling. He told me that he had just had an umbilical hernia operation that had happened quickly and I was referred to the rehab unit.

I spent a week in cardiac rehab and the care and guidance of the staff was first class. I was referred to the cardiac centre but I had been feeling unwell the next day, so I went to 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 in straight away and see him. I wasn’t really able to concentrate and I was so tired, but I had no pain. When I got to the doctor, he told me that I had an umbilical hernia, measured me and it was good; I had no breathing problems or pain and he called an ambulance.

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What new GP contract means to you...

What do you think?

A dedicated out-of-hours GP service

New body to champion public voice in the NHS

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

A hospital-based pilot project which helps jobless people back into the workforce has been so successful, nine other practices are looking into whether they can offer employment in the Health Service.

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

NHS GREATER GLASGOW HEALTH NEWS

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 or last worked six months ago. A UK research trial that aims to test what benefit, if any, it may be offering additional help to those who were unemployed.

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

Taking part is simple

All you need to do is answer the following questions:

Have you been off work due to illness, injury or disability for between six weeks and a year?

Do you know the main reason for being off work?

Do you work for a minimum of 15 hours a week?

Do you want to get better and back to work?

If yes, or anyone you know, can answer yes to any of the above questions simply freefone 0800 032 1502 and you could receive extra help.

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

The event, held at Glasgow Caledonian University, aimed to help everyone from mums and babies to top doctors and nurses find out more about NHSGG’s ‘Infant Feeding Policies and Guidelines for Health Professionals’.

Staff in the hospital help the unemployed...
NHS 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 Ayrshire & 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 homelessness 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 community 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 has also been widely distributed to community groups and voluntary organisations to raise awareness of the proposed changes and encourage feedback.

‘Closer links will mean better care’

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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: