

Health News



JUNE/JULY 2012

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DEVELOPING
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THE SCOTTISH GOVERNMENT AND
NHSSCOTLAND ARE RESPONDING
IN A CHANGING WORLD TO PLAN A
BETTER HEALTHCARE SYSTEM



2020 vision

SIGNIFICANT progress has been made in recent years through impressive improvements in waiting times for access to high quality healthcare services and treatments. We have a world leading patient safety programme which is making a real difference to standards

of care and to hospital mortality.

We have made substantial progress on issues as varied as access to GPs and dentistry, support for people with long term conditions, outcomes for cancer, stroke and heart disease.

We are producing improved
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2020 vision

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outcomes for people in terms of reduced need for hospitalisation, shorter stays, faster recovery and longer life expectancy.

Through our Quality Strategy we have set ourselves three clearly articulated and widely accepted ambitions based on what people have told us they want from their NHS: care which is person-centred, safe and effective.

We are already seeing real progress in terms of positive impacts for patients.

For example:

Improvements in care for people with long term conditions have resulted in the avoidance in 2009/10 of over 125,000 bed days for people aged over 65.

Improvements in safety in our hospitals have resulted in a 7% reduction in hospital standardised mortality rates since 2007.

A reduction in the rates of Clostridium Difficile of over 70% since 2007.

We all know that the demands for healthcare and the circumstances in which it will be delivered will be radically different in future years.

Over the next few years we must ensure that - in the face of these demands and changing circumstances - we can continue to provide the high quality health service



the people of Scotland expect and deserve into the future.

In order to achieve this, we must collectively recognise and respond to the most immediate and significant challenges we face - which include Scotland's public health record, our changing demography and the economic environment.

Over the next 10 years the proportion of over 75s in Scotland's population - who are the highest users of NHS services - will increase by over 25%. By 2033 the number of people over 75 is likely to have increased by almost 60%.

There will be a continuing shift in the pattern of disease towards long term

conditions, particularly with growing numbers of older people with multiple conditions and complex needs such as dementia.

Over the next 20 years demography alone could increase expenditure on health and social care by over 70%.

Scottish public expenditure will fall in real terms in the period to 2014/15. The revenue position for the NHS has been relatively protected. However that vital protection needs to be seen in the context of the global pressures on health spending. To meet those pressures, health boards are working this year to release cash savings of £300 million to be retained locally.

We must be bold enough to visualise the NHS that will best meet the needs of the future in a way that is sustainable, and then make the changes necessary to turn that vision into reality.

We remain committed to the values of NHSScotland: the values of collaboration and cooperation partnership working across NHSScotland, with patients and with the voluntary sector; of continued investment in the public sector rather than the private sector; of increased flexibility, provision of local services and of openness and accountability to the public. We oppose the route being considered in NHS England as their response to the global challenges.

**NHSScotland and
Scottish Government**

OUR vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.

We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm.

Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

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Why we should all play a part in shaping future services

By Robert Calderwood

Chief Executive, NHS Greater Glasgow
and Clyde

THIS special edition of Health News is dedicated to setting out why we need to look beyond the immediate future and plan longer-term how we must design services to meet the changing health needs of our population.

The interviews and articles spell out the challenges we face and how we can all ensure we can play our part in shaping NHS healthcare in the future – and how it is delivered.

I see this as an opportunity to be innovative and forward-thinking in our approach to planning for the future. At our disposal will be the best evidence we can collate about our changing population profile and forecasts of developments in healthcare. We will have the best predictions about new approaches to care and how to deliver closer team working across the areas of acute medicine and primary care. Our patient forums and clinical groups will also explore new alliances between NHS services and council social care services, coupled with the voluntary sector.

As the title of this edition of our Health News says “It’s Our Future” and I am determined to ensure that all of us can play a part in shaping it.

I am encouraged that our clinicians see this as an opportunity to step back and take some time to look forward with an open mind as to how we might do things differently in 2020 to drive up quality and effectiveness and better meet patient needs and expectations.

All too often when “change” is mentioned it creates a negative response from people who want to retain the status quo. But we should be confident about the positive benefits that change brings and stride forward with blue-sky thinking and bold ambitions. Change is not new and the changes we have witnessed in recent years have all been undeniably good.

One thing that no-one can refute today is that the changes in our NHS that have taken place over recent decades have delivered fantastic improvements on patient outcomes from what used to be the case.

Right across our healthcare system patients are getting better treatments, faster treatments and better outcomes. Take cancer services as an example –
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Robert Calderwood... We're all in this together - patients of all ages and our staff.

Why we should all play a part in shaping future services

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the treatments and outcomes today are unrecognisable to those of a decade ago.

The same sorts of improvements are reflected throughout our services and a good example of that is the management of long-term chronic health conditions such as diabetes.

We can expect this remarkable evolution of health service improvement to continue apace. Our task today is to try and ensure that we shape our services



Robert Calderwood

and use our resources in the best way possible to harness what the future may bring and shape our services to the changing needs of the population a

decade from now and even beyond.

This edition of Health News explores in some detail the predicted changes that will occur in our population in the next ten to 15 years and how their health needs will change. I aim to ensure there is a real opportunity for patients, health related charities and volunteer agencies to make a difference to planning the future – let's face it, we are in this together.

Medical experts from across Glasgow and Clyde will lead seven working groups to examine ways of

developing services fit for the future.

For each of the clinical groups there will be a "Patient Reference Group" with around 30 members (individuals and organisation representatives) and a single overarching group listening to the issues and giving their input directly in to the related clinical groups.

We believe that it is important to involve you – whether you are a healthcare worker, a patient, a volunteer or someone who just has a view – in planning the

future shape of clinical services across NHS Greater Glasgow and Clyde.

Whatever your views we want to hear from you. We're in this together and this is an opportunity to share the best ideas to help plan ahead and ensure our clinical services are fit for the future.

We look forward to working with all of our stakeholders to ensure we are able to deliver the highest quality services with the resources we have to meet the population needs between 2015 and 2020.

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CANCER. DON'T GET SCARED, GET CHECKED.

If you're worried you might have cancer, your doctor wants to see you.
So make an appointment as soon as you can.

For more information go to:
nhsinform.co.uk



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Clinical teams to set goals for the future

By Dr Jennifer Armstrong

Medical Director

MUCH has already been achieved to improve clinical services and drive up standards of care within NHS Greater Glasgow and Clyde.

We have also benefited from unprecedented levels of investment and have delivered a brand new regional cancer centre at the Beatson and state-of-the-art facilities at the New Stobhill and Victoria hospitals, together with the new £842million hospital in the Southern General site which will, for the first time, bring together key services for children and adults onto one site.

However there is



still a lot to do to drive forward innovation in healthcare to ensure we continue to deliver excellent care both for patients in the community and those who require hospital treatment.

We have therefore asked some of our most experienced clinicians to work with their clinical colleagues and lead a review of our clinical services.

They will be joined

in this by public health consultants, university academics and staff and patient representatives, managers and health planning experts.

Over the next few months, these teams will examine health services across primary and secondary care within NHSGGC.

They will highlight areas where future developments will require a different approach to get the best care for patients and will also identify the many areas where we are already doing well.

They will test their emerging thinking with colleagues as they go along. Patient groups have also been set up to ensure we listen to what patients are telling us and ensure that they



The new £842million South Glasgow hospitals campus – on track for 2015 opening.

are aware of how we are developing our thinking.

We have encouraged the groups to think innovatively and draw on best practice and the latest technologies available.

I want to see the development of a flexible healthcare system which responds to each patient as

a unique individual, with care delivered by skilled staff who feel their own contribution is valued while making best use of the available resources to meet demand.

I believe that we now have the opportunity to build on our record of achievements and deliver this.

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MEDICAL experts from across NHS Greater Glasgow and Clyde will lead seven working groups to examine how our clinical services should be delivered in the future.

The groups will make recommendations on how services should be organised beyond 2015 to deliver safe, sustainable and patient-focused care that will achieve the best health outcomes for patients.

Each group will review current services and best practice in the field and examine the implications of developing technologies and predicted changes in population health and epidemiology in order to develop their proposals.

Population health

THIS group will be reviewing the health, demographics (e.g. age) and needs of the people who live in the Greater Glasgow and Clyde area, thinking about how that might change over the next few years and how our services should adapt. It will focus on the differences between those with the best and worst health and how we might close that gap.

Membership: Dr Emilia Crighton, Consultant in Public Health Medicine (Chair) pictured right

Public Health – Dr Helene Irvine, Dr David Morrison, Dr Stan Murray, Dr John O'Dowd, Dr Anne Scoular

Other clinicians - Dr Kevin Fellows
Patient representatives - Mr George



McGuiness, Mrs Margaret Millmaker
Staff representatives - Mr Graham Capstick, Mr Greg Usrey
University representatives - Professor Anna Cooper, Professor Jill Pell

Management and planning - Mr Khalid Bashir, Mrs Norma

Greenwood, Mrs Anne Hawkins, Ms Sue Laughlin

GP representatives - Dr Mark Fawcett, Dr Patricia Moultrie

Planned care

THIS group will be reviewing how best to provide planned care in the future. Planned care is the provision of routine services with planned appointments or interventions in a hospital (outpatients, day cases, planned surgery) or community settings e.g. in your GP surgery or health centre.



Membership:

Mr George Welch, Vascular Consultant and Clinical Director, Surgical Specialties (Chair) pictured right

Clinicians - Mr Joetienne Abela, Mr

Ahmed Alani, Dr Kevin Fellows, Mr Mike Gavin, Mr Gerald McGarry, Mr Dominic Meek, Mrs Lesley Meikle, Dr John Morris, Dr Anne Marie Sinclair, Mr David Wright

Public Health – Dr Helene Irvine, Dr Stan Murray

Patient representatives – Mrs Heather Gartshore, Mrs Anne McDougall

Staff representatives - Mr Garry Campbell, Ms Maureen Cullen

University representative – Professor Paul Horgan

Management and planning - Mr Jim Crombie, Ms Jackie Erdman, Mr Keith Redpath, Mr Barry Sillars

GP representative – Dr Andrew Townsley

The health of women, children and young people

THIS group will be reviewing services that provide medical care for mothers, children and young people.

They include maternity services, prenatal and postnatal care, gynaecology and inpatient and outpatient services for infants, children and young people up to the age of 16.



Membership:

Dr Linda de Caestecker, Director of Public Health (Chair) pictured above

Clinicians - Dr Jim Beattie, Mr Roderick Duncan, Dr Morton Hair, Miss Cathy Harkins, Mr Haytham Kubba, Mrs Elaine Love, Dr Alan Mathers, Dr Lesley Nairn, Dr Stuart O'Toole, Dr Allyson Ramsay, Dr Paul Ryan, Mrs Eleanor Stenhouse, Dr Graham Stewart

Public Health - Dr John O'Dowd

Patient representative - Mrs Dagmar Kerr

Staff representatives - Mrs Julie Boyd, Ms Anne Thomson

University representative - Professor Faisal Ahmed

Management and planning – Mr Gary Dover, Mr Mark Feinmann, Mr Kevin Hill, Ms Janis Hughes

GP representatives – Dr Kathryn McLachlan, Dr Georgina Brown

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Chronic diseases/long term conditions

IN recent years more and more people have been successfully living with and managing a long term condition, such as diabetes, chronic respiratory disease or heart disease. The care of chronic disease is delivered both in hospital and community settings and is often managed by patients themselves who become experts in the own condition and its treatment. This group will review how best to support patients with long

term conditions in the future.

Membership:

Dr David Murdoch, Consultant Physician and Cardiologist, Southern General Hospital (Chair) pictured right

Clinicians - Dr Stephen Banham, Ms Joyce Brown, Dr Andrew Gallagher, Dr Brian Kennon, Dr Graeme MacPhee, Dr David Marshall, Dr John Nugent, Dr Colin O'Leary, Dr Duncan Porter

Public Health - Dr Anne Scoular

Patient representatives - Mr Peter Bole, Mr Bill Cameron

Staff representatives - Mrs Marie Lowe, Ms Dorothy McElean

University representatives - Professor John McMurray, Professor Rhian Touyz

Management and planning - Mrs Jane Grant, Mr David Leese, Ms Fiona McKay, Ms Karen Ross

GP representatives - Dr John Dempster, Dr Douglas Colville



Unplanned, emergency and trauma care

THIS group will be making recommendations on how unplanned care should be provided. Unplanned care is health care which cannot reasonably be foreseen or planned in advance. It is urgent care that can occur any time and services must be available 24 hours a day seven days a week. Emergency care is for patients suffering serious illnesses such as heart attacks, strokes etc or traumatic injuries such as car accidents, assault or abuse. Unplanned care also includes accidents

that need stitches, X-rays or plastered. These may not be as urgent but can happen at any time.

Membership:

Dr David Stewart, Lead Director, Acute Medical Services (Chair) pictured right

Clinicians - Dr Norman Gaw, Dr Alistair Ireland, Dr William Leach, Mr Colin K MacKay, Professor Martin McIntyre, Dr Gerard McKay, Dr Alan Mitchell, Dr David Raeside, Dr Iain Robertson, Dr Stuart

Rodger, Dr Jennifer Tilston, Mr Gerry Wright
Public Health - Dr Helene Irvine, Dr Stan Murray

Patient representatives - Mrs Anne Marie Kennedy, Mr George Stewart

Staff representatives - Mr Paul Mathews, Mrs Cathy Miller

Management and planning - Mr Grant Archibald, Mr Andy Crawford, Ms Heather McVey, Mrs Julie Murray, Ms Jac Ross

GP representatives - Dr John Ip, Dr Jean Powell

Cancer services

THIS group will review the services that deal with the screening and diagnosis of cancers - inpatient and outpatient treatment, follow up care and prevention.

Membership:

Mr Ian Finlay, Associate Medical Director, Surgery and Anaesthetics (Chair) pictured

Clinicians - Dr Hilary Dobson, Dr David Dodds, Dr David Dunlop, Dr Karen Guerrero, Mr Grant Fullerton, Mr Douglas Hansell, Dr Helen Morrison, Dr Kenneth O'Neill, Dr

Anne Parker, Mr Khaver Qureshi, Dr Dave Sharma, Mr John Stuart
Public Health - Dr David Morrison

Patient representative - Mr Tom Haswell
Staff representatives - Mr Stuart Burnside, Mrs Frances Lyall

University representative - Professor Jeff Evans

Management and planning - Mr Jonathan Best, Ms Marjorie Johns, Mrs Karen Murray
GP representative - Dr Gordon Forrest



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Older people

THIS group will review the health services that provide care and treatment for older people in both hospital and community settings. These include acute assessment, rehabilitation, continuing care beds and elderly mental illness.

Membership:

Dr Margaret Roberts, Associate Medical Director, Rehabilitation and Assessment (Chair) pictured below

Clinicians - Dr Adam Bowman, Miss Elaine Burt, Dr George Duncan, Dr Richard Groden, Dr Graham Jackson, Dr Tricia Moylan, Dr Colin McCarthy, Dr Helen Slavin, Dr Carol Wilkieson

Public Health - Dr Anne Scoular

Patient representative - Mr Robert Smith

Staff representatives - Mr Gordon Anderson, Mrs Anne Dean, Mr Rob Gray

University representatives - Professor Peter Langhorne, Professor David Stott

Management and planning - Ms Anne Harkness, Mr Alex MacKenzie, Mr Hamish Battye

GP representatives - Dr Michael Haughney, Dr Caroline Holms

All seven groups are being supported by NHSGGC planning and policy leads, Ms Sharon Adamson and Mrs Lorna Kelly.



GPs to the fore in planning procedure

PRIMARY care health professionals are an integral part of each of the clinical groups. GPs and other community based clinical representatives will join with community healthcare staff in driving forward the work that will help shape how our services need to be developed to serve the changing needs of the

population.

Dr Richard Groden, a Glasgow GP and Clinical Director of Glasgow City Community Health Partnership said: "Delivering NHS services to best effect in the future will require more team working and collaboration between community services and acute services colleagues. There are

terrific opportunities for us to explore how we can improve the delivery of services.

"A number of GPs, community based clinical directors, community nursing colleagues and primary care health managers will be playing a full role within both the clinical groups and the patient reference groups."



Changing roles for nursing professionals

THE role of nurses and allied health professionals such as physiotherapists, dieticians and optometrists has changed dramatically over the past few decades. The range of patient interventions and direct care they deliver both in the community and within acute hospitals has increased significantly. As key and integral



members of the NHS healthcare team they will play a crucial role in the process to plan services for the future.

Our Board Nurse

Director Rosslyn Crocket said: "Perhaps more than ever before nurses have a real opportunity to help define the longer term future of health care service delivery. In Greater Glasgow and Clyde we are planning for how our services need to look to serve the changing population needs beyond 2015 and well into 2020 and beyond.

This work will require vision and bold thinking.

"The evidence of the past and the huge strides in patient care will continue apace over the next decade and I want nursing to play its full part in this and help shape services that really are fit to take us well into the future with a planned and strategic approach to change and modernisation."

How our health needs are changing

By Dr Emilia Crighton

HEALTHCARE has changed drastically since 1993 when I began my career as a junior doctor in Inverness.

Not that long ago (20 years ago), a heart attack was treated with strict bed rest for several weeks, clot-busting drugs were still on trial, almost all surgery required overnight stay in hospital and there were hardly any computers.

Today, you're likely to be out of hospital within five days of treatment for a heart attack, the vast majority of operations are carried out as a day procedure, we have electronic patient records and patients looking up their own diagnosis on the internet.

And survival rates for cancer are now significantly better thanks to advances in treatment and diagnosis.

There's no doubt that with
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Overall our health has improved and we are living longer

- Dr Emilia Crighton



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Chairman's Awards

Extra mile

Does your nurse or health volunteer go the extra mile? Have they made a difference to your care? If so we want you to nominate them for a special NHS award.

For a nomination form, telephone 0800 027 7240 or visit: www.nhsggc.org.uk/chairmansaward

Closing date for entries: 31 August 2012



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these significant technological advances in medicine, we have also witnessed increased expectations of what people get out of healthcare and increased demand on our services.

In my first year as Senior House Officer in the Medical Receiving Ward, we saw 12 or 13 admissions a day.

Within three years, while a Registrar, I was seeing nearly forty a day.

Healthcare activity has continued to rise over the past two decades and as we plan our services for 2020 and beyond we are analysing what has driven that demand so that we can predict how this will look in the future.

Today, we also know more about the other factors – the social determinants - that influence health. We know how this is influenced by your behaviours such as smoking and drinking



and by your affluence i.e. where you live, your access to green space, your education, etc.

Through regular health surveys, we've identified the levels of risk factors within the population and we are able to put in place plans to influence

change in health overall.

For instance, smoking is the main cause of lung cancer so we've made efforts to reduce smoking through the ban on smoking in public places and the introduction of NHS

smoking cessation services.

I came into public health in 1999 when the white paper, Towards a Healthier Scotland, had been published. It set up a number of projects including Bowel Screening in the east of Scotland, Starting Well in Glasgow and Have a Heart Paisley to demonstrate that the health of the population could be improved by a programme of activities which could prevent the onset of disease.

This launched the whole anticipatory care agenda with a new emphasis on disease prevention as well as cure. Now we have a number of programmes to support the population in the prevention and early detection of disease, including parenting programmes, bowel screening and the Keep Well health checks.

And as a result of all these changes – better technology, a new emphasis on disease prevention,

understanding and controlling the risk factors that can affect your health – we have better health than ever before.

Overall the health of the population has improved and we're all living longer.

But longer life also means more people living with a number of health conditions and complex healthcare needs.

Inequalities in health still persist. Men living in our most deprived communities are 16 times more likely to die from drinking the same levels of alcohol compared to men living in the most affluent areas. People living in deprived areas are three times more likely to have multiple behavioural risk factors for chronic diseases and are less likely to take up preventative services like bowel screening.

As we plan our health services for 2015 and beyond, we will need to take into account all these factors to assess

what people will need from us in the future.

Given that we know what works and that we can do so much more than 20 years ago, we have an exciting opportunity to design services to empower people to do things to minimise the risks to develop diseases and to help keep their overall health good in spite of chronic health problems.

My role will be to articulate the vision to maximise health gain ensuring issues of equality and differential healthcare needs amongst different groups in our population are taken into account and to make sure that we have appropriate and effective interventions and services targeted at specific groups.

And at the heart of our vision of the future must be a belief in the individual and their ability to look after themselves in partnership with their healthcare team.

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Why is prevention of major diseases important?

EVERYONE has the right to good health, regardless of their personal circumstances. We know that it is not possible to prevent every single occurrence of the major diseases, cancer and diseases of the heart, lungs and circulation however certain risk factors make the disease much more likely to occur and many of these risk factors are preventable.

If these risk factors changed on a big enough scale across the population, the health experience of the NHSGGC population could be transformed. Moreover, many of the diseases that cause the greatest burden of ill health share common preventable factors, offering the added advantage of reducing several diseases and health problems simultaneously.

Therefore it is vital that our prevention activities are as powerful, effective and accessible as we can possibly make them. Over half of all premature deaths, those that occur before the age of 75, in NHSGGC are potentially preventable. The table on the right shows individual and joint contribution of common preventable risk factors to premature deaths (under 75) caused by diseases of the circulation.

Disease	Contributory Risk Factors	% joint contribution to premature death
Stroke	High blood pressure (58%) High cholesterol (13%) Overweight and obesity (11%) Low fruit and vegetable intake (5%) Physical inactivity (5%) Smoking (8%) Alcohol (7%)	62-69%
Coronary heart disease	High blood pressure (45%) High cholesterol (48%) Overweight and obesity (22%) Low fruit and vegetable intake (31%) Physical inactivity (22%) Smoking (8%) Alcohol (3%)	73-82%

Smoking ban has been success

SCOTLAND'S premature birth rate has fallen by 10% since the public smoking ban came into force in 2006, according to new research.

The study analysed smoking and birth rates for all expectant women in Scotland before and after the ban. It included data for more than 700,000 women spanning a period of about 14 years.

After the legislation was introduced in Scotland, fewer mothers-to-be smoked - 19% compared with 25% before. At the same time there was a significant drop in the number of babies born prematurely or with low birthweight.

These are the latest findings into the impact of the smoking ban on the health of Scots which has

also been credited with a reduction in the number of hospital admissions of serious childhood asthma attacks (by 18% per year) and a reduction in the number of people being taken into hospital with heart attacks.

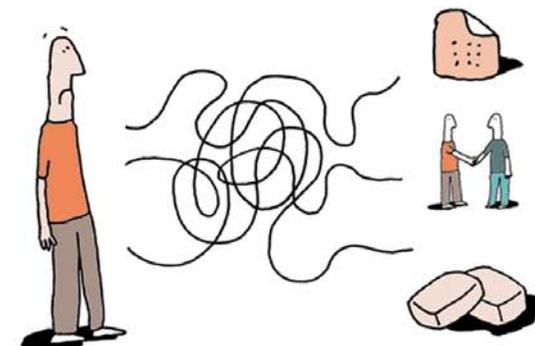
Within the first year of the ban the number of people admitted to hospital with a heart attack had dropped by 17%, compared with an average 3% reduction a year over the previous decade.

These findings mirror similar studies carried out in other countries to have introduced a ban and researchers now believe that the ban on smoking in public places could reduce heart attacks by more than a third in some parts of the world.

Find the best match to help you quit smoking

The NHS provides a range of support to help you quit. For all the information you need about NHS stop smoking services available in your local area call/visit:

Smokeline 0800 848484 www.canstopsmoking.com



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Delivering better care at home is key to older people's service

By Dr Margaret Roberts

Associate Medical Director,
Rehabilitation and Assessment

IT is always difficult to prepare for the future with any certainty; however one thing for certain is that we need to start planning now to prepare the health service to deliver care needs to a fast-growing older population.

I am convinced though that there will be opportunities for more of our older people to live far healthier lives and remain healthier for longer in the latter stages of their life, so there are many
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What is meant by older people's care?

USUALLY over the age of 60 but usually up in their eighties and who have reached a stage where they are less able to function because of the burden of disease. The role of NHS Older People's Services is to try and reduce the burden of disease and improve their function.



Every general hospital in Greater Glasgow and Clyde has immediate early access to specialist older people's medical staff

- Dr Margaret Roberts

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complex issues to be considered in how best to use the resources we have to deliver the quality of care that our patients want.

Research has already suggested that the "factors which are causing us to live longer are also resulting in extra years of life being free from disability", and there is already evidence pointing towards a decline in numbers with disability in successive generations of older people.

The complexities of planning health care services for older people are therefore not as simple as reflecting projected population size with health needs of the current population.

I have spent my entire professional career within geriatric medicine and I have seen many changes in that time. Glasgow has a proud record in this field – Sir William Ferguson Anderson who was based at Stobhill Hospital in the north of the city was the world's first professor of geriatric medicine.

We have long established services in Medicine for the Elderly which gives us a tremendous foundation on which to build as



we move forward to improve how we deliver care in the way in which patients want it.

I remember in the earlier stages of my career disabled patients had little opportunity to be discharged home. Long term inpatients all wore exactly the same clothes and were looked after in large dormitory

wards. But things have changed tremendously during my career in Glasgow.

Particularly for inpatient care the opportunities to recognise illness and support patients to make a full recovery and return home have been greatly enhanced. Today every general hospital in Greater Glasgow and Clyde provides immediate early access to specialist older people's medical staff, when this is required, whether that is in medical or orthopaedic wards - and with that development has come specialist teams of nurses and therapists to support that work.

The approach today is more in line with the wishes of patients – to help enable and support older people to stay in their own homes or be cared for in a more homely environment than an acute hospital.

Most older people would prefer to live and die, as far as possible, in their own home and we are much closer to achieving that now thanks to a closer relationship between what goes on in hospitals and what goes on in primary care and in the community. I think we have got to improve further the co-ordination of services across those three sectors

(acute care, primary care and social work) and involve the voluntary sector and the private sector too.

I don't think we can expect any 'big bangs' in medical care but there are changes in technologies that could help assist people to remain safely cared for in their own homes such as alarms and monitoring services and systems. The developments of these in social care could well be the key to enabling more specialist health care to be better refined and to be delivered at home through closer collaboration between acute, primary care and social work services.

While we need to examine what we currently provide as inpatient care and explore ways in which to deliver this in a more homely setting, it is vital to recognise that when an older patient needs acute hospital inpatient care then that is what they will be provided with.

Quality of service and respect for patients is the key. This is what adds to the value of the patient perception of what's happened to them. It's not just about "is my pain gone" but "was I valued as a person".

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Constant change delivers better outcomes for tomorrow's patients

By NHS surgeon
George Welch



WHO would have thought 30 years ago that the patients with peptic ulcers who were treated with surgery would be cured simply by medication and antibiotics?

The advances in drug treatments over the past couple of decades have been significant as have the developments of technologies. Just consider the advances in the way we can intervene via angioplasty and stents following a heart attack... and the greatly improved outcomes for patients.

It would also have been unthinkable 30 years ago that patients who came in to our hospitals for major surgery and underwent general anaesthetic and faced a 10 or 12-day hospital stay while they recovered would be treated as day surgery patients.

Today more than 80%

of our planned surgical procedures are delivered in day surgery units and the patient outcomes are vastly improved.

Information Technology has also delivered positive impacts to healthcare with instant access to electronic patient records. Doctors also now have instant access to a clinical portal... and then there is the electronic booking system which is improving patient flows in terms of their access in to the NHS service.

So what of the future and

what can we expect in the next 10 or 20 years?

It's difficult to be precise about what lies beyond the immediate horizon but we can be fairly sure that some exciting things will come from stem cell research and gene therapy. We can be fairly sure that better screening will enable earlier interventions and that we'll manage long term conditions more effectively with the help of new drug technologies.

All have the potential for radical change.

One thing that is certain is that change is inevitable. New technology is inevitable and as healthcare providers we need to take account of that and react to deliver these new technologies while making best use of our resources to the benefit of the patients we serve.

We can also expect that life expectancy will continue to rise and that people will live both longer and healthier lives thanks to reductions in

smoking and improved diets and the better management of health conditions by primary care healthcare professionals.

But increasing life expectancy will present new challenges. We will see changing disease profiles in the future and increasing numbers of patients with complex needs. I am sure that there will be a greater need to tailor treatments to those individual patients with more complex conditions and in need of more complex treatments.

One area we must consider is going further down the road of team working across the healthcare system to optimise the potential of each member of the team in the delivery of care - to deliver more multi disciplinary working, networking and more collaborative working between clinical teams across the different hospital sites.

One area we must consider is going further down the road of team working across the healthcare system to optimise the potential of each member of the team in the delivery of care - to deliver more multi disciplinary working, networking and more collaborative working between clinical teams across the different hospital sites.

Patient expectations of healthcare have increased. I see every likelihood that this

will continue in the years to come but I really do think there is an opportunity for us to better use our resources that will afford us the opportunity to better meet those expectations by freeing up resources to pay for new drugs and technologies.

In the immediate future - only three years from now - we will take delivery of a fantastic new hospital on the Southern General site. There is a tremendous opportunity here to develop new ways of working, and it's in all our interests to ensure that this new hospital, which will be capable of doing just about anything, is part of a cohesive and planned NHS that works effectively for patient pathways and is part of our longer term planning well into the future beyond the 2015 horizon and towards 2020.

The task ahead is to collaborate and integrate services to provide the best high quality outcomes for patients.

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It's our future

WE WANT TO HEAR PATIENTS' VOICES TO HELP US SHAPE OUR SERVICES

WE recognise that the needs and wishes of patients lie at the heart of the planning of NHS services for the future.

Throughout this edition there is a common theme – and that is that we are all in this together: NHS staff and patients.

The patient's voice is integral to every part of our planning process and will be captured via eight patient reference groups –

one for each of the seven clinical groups and an eighth working closely with the mental health and addictions horizon planning group.

Each Reference Group will have around 30 members. These will include members of related charities or voluntary organisations, members of Patient Public Forums (PPFs), Managed Clinical Networks (MCNs) and other patient or carer groups.

Each group will be chaired by a Community Health (and Care) Partnership Director with the Vice Chair being a Patient Public Forum member.

Dozens of leading healthcare associated charities and voluntary organisations have been invited to join the patient reference groups and their input is extremely valuable. Among the organisations taking part

are the Brittle Bone Society, Voluntary Action, Scottish Transgender Alliance and Action for Sick Children to name but just a few.

The table on the right sets out the groups and identifies the Chairs and Vice Chairs for these groups.

The first meeting of the Patient Reference Groups will have been held by mid July 2012. This will be an introductory session to look at setting the scene

and introduce some of the key players including the public participants who have agreed to join the clinical groups and provide a brief overview of current provision.

The sessions will allow us to hear what patients, carers and the public think of the key issues and challenges and to contribute their ideas to the process and will also allow us to hear any views
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Get involved and keep up-to-date with your NHS

JOIN OUR NETWORK

Text **myNHS**, your name, address and postcode to 84555, alternatively freephone 0800 027 7246 or email: stuart@axismedia.co.uk with **myNHS** as the subject.

www.nhsggc.org.uk/involvingpeople



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you have on services.

Further workshops will be held in the autumn as the review process progresses. These will explore the drivers for change; best practice from around the country and new developments in care, technology, medication etc that could affect services in the future. Emerging models and proposed patient pathways will be examined. Participants will have opportunities to ask questions, test the emerging thinking and contribute their views.

We are aware that the people of Greater Glasgow and Clyde are rightly proud of their NHS and want to have say in how it develops. The Patient Reference Groups will help to ensure that a wide range of stakeholders can contribute to the review and that the voice of patients and carers is heard.

The range and



scope of the groups is considerable but in no way can such groups capture the valuable opinions and ideas and personal expertise that exists within the community of patients and carers and other stakeholders.

That's why we have created an open and

accessible process to enable anyone with a view to make it and feed it in to the "think-tank".

Full details of how you can email or write to us and ensure your views are considered and passed to the appropriate group are on the back page of

Patient Reference Group	Chairs	Vice Chairs
Population Needs Assessment	Mrs Anne Hawkins CHP Director (Glasgow City)	Mr George McGuinness (North East PPF)
Child and Maternal Health	Mr Mark Feinmann Director (Glasgow City CHP North East sector)	Mrs Dagmar Kerr (Family Panel)
Emergency Care	Mrs Julie Murray CHCP Director (East Renfrewshire)	Mr George Stewart (Heart MCN)
Planned Care	Mr Keith Redpath CHCP Director (West Dunbartonshire)	Mrs Anne MacDougall (West Dunbartonshire PPF)
Cancer	Mrs Karen Murray CHP Director (East Dunbartonshire)	Mr Tom Haswell (Patient Representative on Cancer MCN)
Chronic Disease Management	Mr David Leese CHP Director (Renfrewshire)	Mr Peter Bole (South PPF)
Older Peoples Services	Mr Alex MacKenzie Director (Glasgow City CHP North West Sector)	Mr Robert Smith (North West PPF)

this publication.

We look forward to harnessing the views and opinions of everyone with something to offer.

And we are making it as easy as possible for you to keep pace with progress as the groups develop their ideas and discuss all the options

for forward planning our services. A special dedicated section of the NHSGGC website will host updates as we work through the months ahead and develop our ideas together.

If you would like more information or your group would

like to discuss Clinical Services - Fit for the Future you can contact NHS Greater Glasgow and Clyde's Community Engagement Team on 0141 201 5598 or **email community.engagement@ggc.scot.nhs.uk**

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IN the first stage of our review we'll be spending time thinking about what we want from our health service in the future. We are starting with a blank sheet of paper and thinking about what NHSGGC should look like by 2020.

We'd like to know what is important to you in your health service. We've put together the following questions to help us understand your thinking and your views on health and wellbeing. They are a guide but you can write anything you believe we should be thinking about.

If you have some thoughts on these questions, please let us know. Details of how to comment are on page 12.

1 Population Health

- What do we need to make sure that everyone can benefit from health services?
- How can we best support people to improve their health?

2 Maternal and Children's Health / The Health of Women, Children and Young People

- If you have had a baby recently, what parts of ante natal and post natal care did you value?
- Are there any aspects you would change?
- What could we do to improve the quality of care given to pregnant women?
- When your child is ill, what are the most important aspects of the health service for you?
- If your child needs to stay in hospital how best can you and your family be supported?
- If your child has a long term illness, what support could the NHS provide to help you

manage their condition at home rather than in hospital?

- What support do young people need to manage their medical conditions?
- What support do young people with long-term conditions need when they move into adult services and are treated in an adult setting?

3 Planned Care

- Thinking about your most recent outpatient appointment, did you know what to expect and have enough information to help you prepare?
- What is the most important piece of information you need when going to hospital for an appointment, surgery or a scan?
- If you have recently had an outpatient appointment, day treatment or surgery in a hospital, what changes would you make to the various stages of your care from the beginning when you saw the GP to the time of your discharge?

4 Unplanned Care / Emergency and Trauma

- Thinking about the last time you needed urgent help or treatment, is there anything you would change about the services you used or the information you received?
- Do you feel confident in knowing when to go to A&E, your GP or phone NHS 24?
- What is important to you when you need treatment in an emergency?
- What is important to you when you need treatment due to an accident or illness in a non-emergency situation?

5 Chronic Diseases / Long Term Conditions

- If you or a member of your family or friend has a chronic disease, what is most important to you about the support you receive from health services?
- Thinking about any recent visits to your GP or hospitals for your chronic condition, is there anything that you would want to change?
- What support could assist people to manage their own condition more effectively?

6 Cancer Services

- If you or a friend or family member had cancer, what would be most important to you about the services and treatment available?
- What would make the population more aware of cancer and help improve early detection and diagnosis?
- How should we organise or better help the support services that support patients and their families?
- What could be done to improve cancer services for patients and carers?

7 Older People

- What is most important to you about services available for older people?
- What would support older people to stay healthy and out of hospital?
- How could we organise discharge from hospital better to ensure appropriate support is in place?
- What do services need to do to respond to the increasing numbers of people with dementia?

Shaping addiction and mental health services

AN expert group has been drawn together to examine how best to shape adult and elderly people's mental health services beyond 2015 and on to 2020.

The group's remit will also take in addictions and will be headed up by Dr Michael Smith, Lead Associate Medical Director for Mental Health, and Glasgow City Community Health Partnership director Anne Hawkins (pictured right).

The challenge they face is to design services that will meet



the anticipated future needs of the population and to ensure the service model can deliver high quality and cost effective service using best practice guidance.

Dr Smith and Mrs Hawkins lead the



group which will include five senior clinicians: Dr Graham Jackson, Associate Medical Director; Dr John Mitchell and Dr Dallas Brodie, both consultant liaison physicians; Mental Health Partnership

Nurse Director Mari Brannigan; and a GP (to be confirmed).

The group will also draw on the expertise and research work from CHP Director Julie Murray, two patient and carer reps, three staff reps and a number of healthcare managers and planners.

Users of mental health and addiction services - and their carers - will input to the group's work and we are keen to get your views too.

Some of the questions you may

wish to consider when thinking about what you want to input to the forward planning process might be:

- What service models will best meet the future needs of users, while providing high quality, equitable, sustainable and cost-effective care?
- What services are best delivered in community and hospital settings?
- What services should be provided to people at earlier stages of their mental health problems?

● How would the needs of patients with multiple conditions be met?

● What's the balance between local access to services and the provision of cost effective care?

● How should care pathways be organised to deliver clinically effective interventions?

● What would be the impact of these service models and care pathways on acute care, primary care and community services?

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NHSGGC – Standing together against homophobia

It is all our responsibility to ensure that everyone who works for or uses the health service is treated fairly.

www.nhsggc.org.uk/homophobia



Get involved...

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THIS is your chance to help us shape our clinical services for the future. Please take a few moments to answer the initial specific questions we're asking you. We'll ensure your comments or views are fed into the relevant groups.

Each group has its own unique email address.

These are:

Population health:
population@nhsggc.org.uk

The health of women, children and young people:
childmaternal@nhsggc.org.uk

Cancer Services: cancer@nhsggc.org.uk

Chronic Disease Management: chronic@nhsggc.org.uk

Planned care: plannedcare@nhsggc.org.uk

Unplanned care:
unplannedcare@nhsggc.org.uk



Older People's Services:
olderpeople@nhsggc.org.uk
Mental health and addiction services: mentalhealth@nhsggc.org.uk

Alternatively, if you would like to send any other general comments, please email these to fftf@nhsggc.org.uk, or write to us at:

Clinical Services Fit for the Future, Corporate Headquarters, JB Russell House, Gartnavel Royal Hospital,

1055 Great Western Road, Glasgow G12 0XH

You can keep up to date with how plans are progressing at our website nhsggc.org.uk/fitforthefuture or by joining our Involving People Network.

Members of the Network also receive personal invitations to attend our Annual Review and receive regular copies of Health News.



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