Momentous occasion as new hospital campus takes shape

WORK on Glasgow’s New South Glasgow Hospitals Campus has taken a significant step forward with the completion of the structural frame of the new adult and children’s hospitals.

Cabinet Secretary for Health and Wellbeing, Alex Neil, marked the milestone by performing a ‘topping out’ ceremony on the top floor of the new adult hospital.

When completed in early 2015 the £842million publicly funded ‘super campus’ will deliver a gold standard of healthcare on the Govan site with maternity, children’s and adult acute hospital and laboratory services all together on one site for the first time in Glasgow.

Cabinet Secretary for Health and Wellbeing, Alex Neil, said: “The new adult and children’s hospitals will provide the very best locations and state-of-the-art equipment for both staff and patients across the West of Scotland.”

NHS Greater Glasgow and Clyde Chairman Andrew Robertson said: “Today’s ‘topping out’ ceremony takes us to the final stages of a journey which started back in 2001 and is a truly momentous occasion.”

The project - which is the largest single NHS hospital building project ever undertaken in Scotland – is on track to be delivered on time and on budget at the beginning of 2015.
The final piece in a modern jigsaw

This is a once in a generation opportunity to embrace new and enhanced ways of working which will deliver huge patient benefits.

“The completion of the South Glasgow Hospitals Project in 2015 will be the final piece in the jigsaw of our modernisation strategy for Glasgow.

When we laid out our vision in 2001 we used the strapline “21st century staff – 19th century buildings” but the crucial thing that underpinned that was our clinical strategy which relied on separating same-day outpatient care from emergency inpatient and planned inpatient care.

The New Stobhill Hospital and the New Victoria Hospital – what we refer to as walk-in, walk-out same day hospitals – has created the basis for a new model of acute hospital care allowing us to segregate outpatient consultations, investigative diagnostic work, an ever-increasing proportion of elective care and a developing minor injury services.

Our strategic approach was that this would allow us to create more effective and streamlined healthcare delivery buildings and
services. We said in 2001 that between 85% and 90% of people who attended traditional hospitals would be retained locally by access to ambulatory care hospitals and that the balance, the 10% that needed complex care, would get much higher quality care in these new centres of excellence which were for Greater Glasgow based round the redeveloped Glasgow Royal Infirmary and the £842m South Glasgow Hospitals Project.

Now as the new South Glasgow Hospitals Project moves into its final phase it’s quite a momentous point in time. It represents, in a physical sense, the delivery of that strategy and vision.

We are now at the dawn of a debate and an engagement with our staff about how we move into this new configuration and how we embrace all the opportunities it offers.

It’s about taking the opportunity to redesign the whole workforce to work out of this new building and all of the design concepts in it to meet the patients’ needs in a much more sustainable way and with much higher quality and with a much greater degree of safety than we were able to achieve in the old configuration.

This is not simply an amalgam of four existing Glasgow Hospitals – the Western Infirmary, Royal Hospital for Sick Children (Yorkhill), Southern General and Victoria Infirmary including the Mansionhouse unit.

I see this as a once in a generation opportunity to change the way we deliver patient care, improve patient access and outcomes and organise ourselves. It is an opportunity we cannot afford to miss to deliver our services more efficiently and effectively."
Hopping on the bus to the new south Glasgow hospitals

Location, location, location

Key to planning transport to the new south Glasgow hospitals is better using its existing location and links with major public transport interchanges.

Niall McGrogan, the Board’s Head of Community Engagement and Transport explains: “The new hospitals sit beside Scotland’s biggest motorway, and between two of Greater Glasgow’s major transport assets – the subway and Braehead bus station.

“The old Southern was unable to take full advantage of its location due to the congested nature of the site. This situation was made worse by the lack of information, signage and good design which meant that passengers arriving at Braehead or Govan Subway didn’t know how to get to the hospital. What should be a straightforward hop onto an onward bus for a five minute journey became a matter of wandering around trying to find the right connection.”

Getting buses through the site

Even today there are more than 40 buses an hour which run from Govan Subway to Braehead, but few enter the site. This is due to the constricted nature of the road and the unpredictable nature of the old hospitals emergency access.

“One bus company boss told me that he tried to route a bus through our site, but it got stuck on the through road behind a helicopter, and he vowed - never again.”

The new hospital addresses this problem by having a helicopter pad on the roof – allowing critically ill or injured patients to be flown directly to the roof and brought down to theatre or critical care in a lift. A new road system further segregates quality public transport – the Fastlink fleet – from other traffic, allowing an unimpeded flow to the front door.

Fastlink – the backbone of the new transport network

Fastlink is the name given to the £40m investment that will see a step change in the quality of public transport serving the new hospitals. By creating dedicated bus lanes and using modern technology to keep the new Fastlink vehicles moving, the corridor will connect up the main interchanges vital to accessing the new hospitals. When complete, the service will connect the three central interchanges – Buchanan Street, Queen Street and Central Stations with Govan Subway, through the site of the new medical campus to the front door of the adult hospital and onward to Braehead. This will bring a host of advantages over the current set-up.

We know that nearly 40% of parents and children coming by public transport to the Royal Hospital for Sick Children at Yorkhill currently arrive at one of the city centre’s three main transport hubs. When they get there, many parents currently take a taxi for their onward journey because they don’t know or can’t find the right onward bus. Fastlink will solve that problem forever, making it obvious and easy for people to come from the city centre out to the new hospitals.

Fastlink will also be integrated into the redesigned Govan Subway and bus station. This provides great connectivity to bus and train services coming into Partick Station – one of Scotland’s busiest transport interchanges.

We want to make it easy for people to come off the subway, come up the escalator and step straight on to a Fastlink vehicle that will bring people straight to the hospital.

The Fastlink vehicles will be fully accessible and NHSGGC is working closely with SPT and Glasgow City Council to make sure that the vehicles can also accommodate wheelchairs and buggies.

Other bus services

Many people coming to the new hospitals will be coming from the south of the city. Working closely with SPT, the NHS is examining how access to the hospitals can be improved from the Southside. £2.25m has been put aside by the hospital development to improve bus services and interchanges and develop new routes to help people get to the new hospitals.

Govan Subway

As described elsewhere, Govan Subway is not only a critical stop on the Fastlink route but provides valuable connections in the West and the South of the City. As part of the modernisation of the Govan Subway stop, SPT is modernising Govan Bus Station and creating a fully integrated transport interchange.
Fastlink from city centre to Braehead

Arrival Square

ARRIVAL SQUARE will be the new hospital’s very own transport interchange. With patient drop-off zones, access to the Fastlink fleet and other bus services, a boardwalk connecting the adult and children’s hospitals and a taxi stand, Arrival Square will offer well lit, secure and accessible facilities for passengers arriving and departing the hospitals.
How the hospital campus will look in 2015

1 Adult Hospital
When it opens in 2015, the new adult hospital will have 1109 beds, with each general ward consisting of 28 single bedrooms with en suite facilities. This will assist in addressing hospital acquired infection (HAI), mixed sex, privacy and dignity issues. Each single room will have a view of the outside and each will have large windows installed in the door and corridor walls.

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2 Arrival Square
Central to the design of the hospitals will be a new arrival space. Arrival Square will be adjacent to the main entrances to the adult and children's hospitals and will incorporate a new transport interchange. With patient drop off zones, access to the Fastlink fleet and other bus services, a walkway connecting the adults and children's hospitals and a taxi stand, Arrival Square will offer well lit, secure and accessible facilities for passengers arriving at, and departing, the hospitals.

3 Car Parking
The new hospitals will have a total of 3500 car parking spaces on site. This will include three new multi-storey car parks, a deck car park and surface car parking.

4 Children’s Hospital
A brand new children’s hospital, with a separate identity and entrance, will be adjoined to the adult hospital. With 256 beds over five storeys it will replace the existing Royal Hospital for Sick Children. The new Children's Hospital will provide state-of-the-art medical care to children in a safe, happy, child-friendly environment.

5 Laboratory
The new £90million laboratory, which opened in November 2012, is equipped with state-of-the-art technology to deliver diagnostic services for biochemistry, haematology, microbiology, genetics and pathology, creating a multi-disciplinary approach to laboratory medicine which will benefit patients now and in the future.

6 Langlands Building
The modern 186-bedded Langlands Building, which provides specialist rehabilitation services for older people will be retained along with the associated Physical Disability Rehabilitation Unit.

7 Maternity Unit
The refurbishment of the Southern General Maternity Unit was completed at the end of 2009. The state-of-the-art development, which includes a large three storey extension to the pre-existing maternity unit, offers mums and their babies the very best in terms of accommodation and access to the latest equipment and technology. The Maternity building will be physically linked to the new children's and adult hospitals via a walkway bridge.

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8 Institute of Neurosciences
The Institute of Neurological Sciences provides Neurosurgical, Neurological, Clinical Neurophysiology, Neuroradiological and Neuropathology facilities for the West of Scotland. The Institute has recently undergone a major upgrade to incorporate ENT and Oral & Maxillofacial and is now equipped with additional facilities including the development of a new ward, four additional theatres, ICU, HDU and a new outpatient department. The Institute will remain on site in its current location.

9 The Queen Elizabeth National Spinal Injury Unit
The Queen Elizabeth National Spinal Injuries Unit, which opened in October 1992, has 48 beds. The Unit provides a spinal injuries service to the whole of Scotland. This is housed in a purpose-built facility attached to the Institute of Neurological Sciences. The unit will remain on site in its current location.

10 Teaching and Learning Centre
A new Teaching and Learning Centre will replace facilities on the Western Infirmary, Victoria Infirmary, Southern General and at the Royal Hospital for Sick Children hospital sites which will close following the transfer of clinical services to the New South Glasgow Hospitals in 2015.

11 WestMARC
WestMARC, the West of Scotland Mobility and Rehabilitation Centre, will continue to be based on the South Glasgow site. The centre provides wheelchairs to people of all ages who have a long term disability that affects their mobility and lifelong prosthetics care for individuals with amputation and/or congenital absence of a limb.
Celebrating the 65th birthday of the NHS!

The NHS celebrated its 65th anniversary on July 5th 2013 and to mark this momentous milestone NHSGGC created a website recording how things have changed since it began.

For the Diamond Anniversary we created a superb history covering the first 60 years – and now we have updated that site to record some of the major achievements in Glasgow and Clyde during the past five years which can be found at www.nhsggc.org.uk/anniversary

Our website also links to the national NHS Scotland anniversary site www.ournhsscotland.com

Chairman Andrew Robertson said: “In Greater Glasgow and Clyde we have been able to make great strides during the past five years and will be building on this as we open the new south Glasgow hospitals in two years time and move towards ever closer and more effective integration of health and social care.

“Our ability to deliver ever better services for our patients is entirely due to the professionalism and dedication of our workforce, of whom the Board is immensely appreciative.”
Spotlight on the new adult and children’s hospitals

THE new South Glasgow Hospitals will deliver a gold standard of healthcare with maternity, children’s and adult acute hospitals and laboratory services all together on the one campus. It will also have the biggest critical care complex and one of the biggest emergency departments in Scotland.

So what can you expect if you are admitted to one of the new hospitals?

NEW ADULT HOSPITAL

THE 12-floor adult hospital which also includes a basement and helideck is due to be completed by early 2015. It will be one of the largest acute hospitals in the UK and home to major specialist services such as renal medicine, transplantation and vascular surgery, with state-of-the-art critical care, theatre and diagnostic services.

For the first time in Glasgow, an NHS hospital will be built with almost 100% provision for single rooms. Each single room will have large windows installed in the door and to the corridor. This will allow nursing staff to observe patients and give patients a view to the corridor. Each room will have an en suite shower and toilet.

All rooms will also have a large window offering views to the outside. The bedrooms will provide a therapeutic and healing patient environment that is safe, clean, private, quiet and comfortable. The design will also provide areas for patients to meet and socialise and wards will have security entry to maximise

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The new Emergency Department takes shape.

HOSPITALS LINKED TOGETHER

WHILE each part of the new South Glasgow Hospitals campus will have its own distinct identity and dedicated specialist staff each aspect is completely integrated with linkages for patient transfer, diagnostic services, emergency care and even a rapid access lift from the emergency helicopter pad on the roof of the hospital.

This means that the new children’s hospital will not only be linked to the adult hospital but also both the adult and children’s hospitals will be linked to the redeveloped maternity hospital and to the Neurosciences Institute.

The new campus also sees the construction of co-

NEW CHILDREN’S HOSPITAL

A BRAND new children's hospital, with a separate identity and entrance, will be adjoined to the adult hospital. With 256 beds over four storeys and incorporating a plant room it will replace the existing Royal Hospital for Sick Children.

The children’s hospital will provide a large number of specialist services to the West of Scotland and the wider population of Scotland in addition to the full range of secondary care services to people of Greater Glasgow and Clyde. Specialist services include: cardiology and cardiac surgery, renal and bone marrow transplantation.

Stunning designs include a part covered roof garden where young patients can enjoy a range of activities in the fresh air including their own stage where they can put on theatrical productions. It will be possible to bring children out to the roof garden in their beds.

The children’s hospital will be a mix of four-bedded and single-bedded accommodation as it’s been shown that a child’s health benefits from being around other children.

security and safety.

The atrium of the new hospital will house retail shops and a coffee shop. There will also be a large restaurant/coffee area on the first floor of the hospital with a balcony and views out onto the landscaped area in front of the hospital.

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Work is progressing well on the new Children’s Hospital.

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located adult and children’s emergency departments, with clear separate
entrances but superb linkages through to the
main hospital and wider support services.

A subterranean link will connect the new adult and children’s hospital to
the brand new laboratory to ensure round the clock support.

SPECIAL DESIGN FEATURES
THE building includes two important design features.

The whole of the emergency floor has been designed to stream
patients to the most appropriate area for rapid treatment.

If a GP sees you at home and considers that you need to be seen as
an emergency by a hospital specialist, then in the New South Glasgow
Hospital you will go straight into the 118-bedded acute receiving unit
rather than be admitted to the emergency department.

The acute receiving unit will be staffed with a dedicated team of
acute care physicians who have developed a more extensive range of
diagnostic and acute skills. They’ll be supported by a team of diagnostic
staff, radiographers, laboratory support and nursing and allied health
professional staff.

The aim is to investigate and treat you in the acute receiving unit with a
view to getting you home… not to stabilise you and admit you to hospital.

The second key feature of the adult hospital is having 100% single en
suite rooms in every general ward. Every room is flexible and every room
is designed to meet your needs with the clinical team coming to you.

This means that the hospital can respond to fluctuations in demand
for different specialties, such as at the peak winter period when high
numbers of medical emergencies are traditionally admitted.

Currently because of the way hospitals are designed, in times of peak
demand, it is often necessary to move patients on to other wards where
they will receive less specialised care and which often results in delays to
their care.

With the flexibility of single rooms, no patient will find themselves
‘boarded’ out into another ward.
NOVEMBER 2012 saw the official opening of a new £90million laboratory on the south Glasgow campus... the first step in realising the gold standard of health care on the Govan site.

The new facility has over 700 staff including medical, clinical scientists, biomedical scientists, technical assistants, administrative and clerical staff.

It brings together a whole range of services under one roof and provides a modern purpose-built facility which will play a key role in supporting the new hospitals.

So how do you go about transferring hundreds of staff and many different laboratories into their new home?

Gordon Lowther, Head of Service, Genetics, explains...

"THE huge white laboratory building with its black ‘bar-coded’ windows and green copper ‘pod’ at the front is a sight to behold.

Those of us who had been involved with the planning and interior layout of the building for the last four years could scarcely believe it. Though for me that belief was put on hold until we actually transferred our services to the new building and were successfully delivering them from our new home. From planning to building takes such a long time I was slightly apprehensive that we had got the internal configuration of the building right and that it was still fit for purpose - four years on from when it was planned!

This bold initiative has resulted in the co-location of most of the laboratory services delivered by Greater Glasgow and Clyde to this Southern General Hospital site. Pathology, Microbiology, Virology, Blood Sciences (Biochemistry and Haematology), Genetics and the Mortuary, as well as Facilities Management for the whole new site now rub shoulders in the building.

The actual move I think is best described as ‘exciting’. The 
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excitement of the new, tempered by a very different sort of ‘excitement’ in trusting that all the vast amount of planning which had gone into the logistics of the actual moving patient services, would go smoothly, and, hopefully it would be seamless for our service users and patients alike. With hindsight I think we can say we achieved this. No mean feat – and it is to the credit of all staff involved that the moves went so well.

As the genetics service already existed as one cohesive unit based at Yorkhill, it was decided it would be the first service to move, and so it was in April 2012 that our planned move started. The other disciplines followed. In many ways they had a harder task as not only were they moving services, but also they were combining existing units from different hospitals. Their planning was the more rigorous and detailed and involved organisational change between groups of staff as well as a move! By the end of July we were all installed in our new premises.

Along with the move came some new ways of working and delivery of testing. Blood Sciences now have a huge automated robotic track in their laboratory, which takes the sample tubes up, transports them to the correct analyser and gets on with the analysis ready for the healthcare scientist to report. We all had shiny new laboratories and analysis areas as well as many new pieces of equipment we had to get used to.

So here we are one year on. Older, wiser, slightly more frazzled at the edges - but we survived and more to the point so did the patient samples and the services. But what next?

Yes, our staff pushed the boat out when it was needed (as they always do!). Yes, we're still delivering our services. Yes, we continue to have patients at the centre of our service delivery – but is that all?

This move has already challenged us and it continues to do so. Being co-located with other laboratory disciplines gives us the opportunity to look at whole new ways of working, and re-designing care pathways for patients. The easier facilitation of meetings and discussions that this building affords – indeed just meeting and making new acquaintances, even in the break-out areas (the new name for tea-rooms!) has already led to discussions about where the same types of testing are occurring in two different groups and the possibilities of combining them into one. More such discussions will inevitably lead to efficiencies both in terms of time and resource and will indirectly improve patient care.

Within my own specialty of genetics, technology and testing is developing very rapidly and what we know, understand and are able to test for expands day by day. Using genetic testing we can predict which patients will benefit from a particular drug and, more importantly which won’t, so not wasting expensive drugs on patients who will not benefit from them.

- Gordon Lowther, Head of Service, Genetics

Technology and testing is developing very rapidly and what we know, understand and are able to test for expands day by day. Using genetic testing we can predict which patients will benefit from a particular drug and, more importantly which won’t, so not wasting expensive drugs on patients who will not benefit from them.

We are rapidly moving in to the era(s) of Personalised Medicine (PM) and Stratified Medicine. As genetic testing becomes ever more sophisticated and we understand more about disease process and progress, we have the ability of sub-typing diseases (particularly in the field of cancer) and this allows a much more focused approach to treatment. For instance it is well recognised that not all patients derive the same benefits from a particular therapeutic regime.

Now, using genetic testing we can predict which patients will derive benefit from a particular drug and, more importantly which won’t, hence we will be able to make informed treatment decisions and not waste expensive drugs on patients who will derive no benefit from them. Indeed the information we gain may mean that we can target a different drug to that patient – one from which they will derive benefit.

Linked to this we will see genetic testing of patients ‘mainstreaming’ within patient care pathways. That is to say, genetic testing will move further towards the beginning of patient care as we will want specific genetic information regarding the specific genetic cause of their condition in order to deliver the most beneficial course of treatment. Such changes will have major logistic consequences for a large and diverse organisation such as the NHS. Changes in treatment strategies which will have clear benefit to patients will mean that resources will have to be differently distributed and cost efficiencies in more targeted therapy will have to be directed to areas where testing occurs.

These functions take place in different ‘compartments’ of the NHS at present and our challenge will be to make the appropriate links to allow these changes to happen and the benefits be realised. To use an analogy (like I did at the beginning) this will be like trying to get an oil tanker to perform a u-turn in the Clyde. It beholds us all to rise to the continued challenges of personalised and stratified medicine, we may not quite have control of the tanker – but at least we have the flagship from which to guide it.”
The world-class hospital campus will also feature significant investment in research and development and in teaching and learning facilities.

This bold four-storey building will house three floors dedicated to teaching and learning which has been taken forward in partnership between NHSGGC and The University of Glasgow to ensure the highest levels of support and development of staff and students.

The joint Teaching and Learning Centre will replace facilities currently at the Western Infirmary, Victoria Infirmary, Southern General and at the Royal Hospital for Sick Children, which will all close following the transfer of clinical services to the new site.

The fourth floor of this purpose built centre will be dedicated to what is known as “Stratified Medicine” which is the term used to describe a key strategic approach to personalising diagnosis and treatment for patients.

In essence this work redefines the way we will use drugs and combined treatments in the future – essentially replacing the “one-size-fits-all” blockbuster drug with precision medicines designed specifically for the individual patient and that individual’s multiple or complex conditions.

Tailoring treatment and patient pathways to those who will benefit most increases cost effectiveness and selecting out those who will predictably experience adverse reactions promotes safety of interventions.

The Glasgow Stratified Medicine Innovation Centre is part of the vision for Scotland to be a world class centre of research, innovation and commercialisation in stratified medicine – bringing together excellence in the academic, industrial and NHS communities to create an infrastructure that will act as a springboard to allow Scotland to be at the forefront of the field.

Elsewhere on the campus will be a Clinical Research Facility. The University of Glasgow and NHS Greater Glasgow and Clyde together provide an outstanding environment for basic and clinical research with a strong focus on “translational medicine” – which is, in effect, taking research theory and putting it to practical use.

This new modern, multidisciplinary facility will be co-located with critical care and imaging facilities and will focus on experimental medicine, phase one and phase two clinical trials and biomarker development (the identification of molecules and their growth to measure or track the progress of disease).

The presence of such world class research and development facilities will allow us to fully exploit the exciting opportunities of the New South Glasgow Hospitals to deliver benefit to patients locally, nationally and internationally.
Hundreds of jobs created by Scotland’s biggest hospital building project

THE South Glasgow Hospitals campus project, which is well on target and within budget, has had a major impact on the local community in terms of jobs and regeneration.

As part of our commitment to employability the project has been able to offer local people employment, training and work experience.

To date more than 460 jobs have been created, including 95 apprenticeships in a range of jobs including joinery, general construction operatives and scaffolding.

A further 196 work experience placements have also been provided and more opportunities are planned in conjunction with local schools, colleges and universities.

Robert Calderwood, Chief Executive, NHS Greater Glasgow and Clyde said: “The contractors on the project have embraced our commitment to employability and the importance of apprenticeships and training.

“They have created opportunities for individuals to re-enter the employment market and we will endeavour to continue with employment opportunities throughout the duration of the project.”

Mike Sharples, Director for Brookfield Multiplex Construction Europe Ltd who are building the hospital for NHSGGC, said: “There is great partnership spirit at the New South Glasgow Hospitals Project amongst our key supply chain and this is having a major impact on the local community in terms of jobs, business opportunities and regeneration.

“One of the partners has already delivered on their community engagement targets and with the continuing support of Glasgow’s Regeneration Agency there will be further opportunities.”

Calum Graham, CEO, Glasgow Regeneration Agency (GRA), said: “In an economic environment where young people are facing major challenges in accessing the labour market, GRA are delighted that the New South Glasgow Hospital Project is contributing fantastic job opportunities through apprenticeships to so many young people.”

Health News concept and production: NHSGGC Communications Directorate. Editors: Ally McLaws, director of communications and Sandra Bustillo, associate director of communications. Health News is published four times a year. It is inserted in The Herald and the Evening Times newspapers and also distributed throughout hospitals and health centres. It is also available to read online or in audio format for the visually impaired at www.nhsggc.org.uk. Health News was the 2010 winner of Best Newspaper – CIPR Scotland PRide Awards and Best Stakeholder Newspaper – Institute of Internal Communication Scotland.

Written, edited and published by NHS Greater Glasgow and Clyde Communications, JB Russell House, Gartnavel Royal Hospital Campus, 1055 Great Western Road, Glasgow G12 0XH. Tel 0141 201 4443. www.nhsggc.org.uk

Design: Alistair Nicol PR & Design, Ayr. Tel 07810673994

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