GREATER GLASGOW ACUTE HOSPITAL SERVICES STRATEGY

NORTH GLASGOW MONITORING GROUP

2004-05
ANNUAL REPORT
INTRODUCTION

In August 2002, after extensive consultation had been carried out with the public and staff by the Greater Glasgow NHS Board, the Minister for Health and Community Care approved the Board’s Acute Services Strategy. The Strategy outlines a £700 million modernisation plan for Glasgow’s hospitals, to be completed by 2012.

Subsequently, on 12 September 2002, the Minister’s decision to approve the Strategy was endorsed by the Scottish Parliament. The motion agreed to by the Parliament resolved:

“That the Parliament welcomes the proposed £700 million investment in the modernisation of Glasgow’s hospitals; accepts that the status quo is not an option and that improvements and modernisation must be progressed as soon as possible in order to enhance the quality of care; recognises that this is a long-term plan which must be flexible enough to take account of changing service demands and developing medical practice; supports an on-going monitoring and review process that includes external independent audit by Audit Scotland on an annual basis; endorses a commitment to keep named services at Stobhill and Victoria over the next five years and to have this locally monitored; gives high priority to the acceleration of ambulatory care and diagnostics developments in consultation with local communities; recognises the particular concern over the number of accident and emergency departments and supports a review of this in two years’ time that involves staff, patient and community groups, Glasgow Health Council and the Scottish Royal Colleges, and welcomes current developments in the Scottish Ambulance Service which will include the near doubling of paramedics in Glasgow by 2005 and one paramedic in the crew of each front-line ambulance”.

The Minister, in the debate, gave an assurance to Parliament that named services will not be moved in the next 5 years from Stobhill General Hospital or the Victoria Infirmary, other than for clinical safety reasons.

To give effect to the decision to have locally monitored the commitment to keep named services at Stobhill General Hospital and the Victoria Infirmary, the Deputy Minister for Health and Community Care, in April 2003, established the North Glasgow Monitoring Group.

MEMBERSHIP

The Deputy Minister for Health and Community Care appointed an independent Chairman, Mr Ian Millar, and decided that membership of the Group should comprise of local constituency and list MSPs, professional and NHS staff representatives and Local Health Council and community representatives. The membership of the Group during 2004/05 is detailed in Appendix I.
REMIT

The remit of the Monitoring Group is:

♦ To monitor that named services (General Medicine, Coronary Care, Intensive Therapy, General Surgery, High Dependency, Medicine for the Elderly [Assessment] and Diagnostic Support Services) are being sustained, through direct evidence brought by the Group and prepared by the Secretariat and to participate in discussion about proposed changes to named services provision if this was required for reasons of clinical evidence

♦ To report annually on the Group’s monitoring role

♦ To raise with the NHS any concerns arising from regular monitoring by the Group, that the continuation of named services is threatened

♦ To create an opportunity for stakeholder involvement in service design and other key implementation aspects of the Acute Services Plan

SECRETARIAT/EXPENDITURE

The secretariat supporting the Monitoring Group is supplied by NHS Greater Glasgow and costs are met by NHS Greater Glasgow.

REPORTING ARRANGEMENTS

The Minutes of meetings of the Monitoring Group are forwarded to the Minister for Health and Community Care. The Minutes are posted on the NHS Greater Glasgow website and are distributed to Community Councils, libraries and are available on request to any member of the public.

The Monitoring Group has no relationship or accountability to the NHS Board.
ACTIVITY DURING 2004-05

The North Greater Glasgow Acute Services Monitoring Group met on 4 occasions during 2004-05 and, in addition, had one joint meeting with the South Glasgow Monitoring Group.

A summary of the main issues discussed at these 5 meetings are outlined below.

4 June 2004: Joint Meeting of North and South Monitoring Groups

♦ Information provided on the bed complement in South Glasgow (1747 beds) and the estimated timescale for the completion of bed model across each specialty and sub-specialty.

♦ The Chairs submitted a short report on topics they had discussed with the Minister for Health and Community Care at a meeting on 17 May 2004. The areas covered at the meeting with the Minister and reported to the Groups were as follows:

  o Commencement of Work
    Details of the manner of working and an appreciation of support the Groups had received.

  o Baseline of Information
    Bed statistics had been received and would be reviewed annually as part of the Monitoring Groups’ role.

  o PR and Communication Issues
    The Monitoring Groups’ communications had been established and support was to be received from the NHS Board to improve links with community groups in the future. The issue of the NHS Board and Divisions needing to promote their services better was raised with the Minister, as was the view that often the NHS Board had been unable to get its message across effectively.

  o Capital Charges
    The process of capital charges being paid by the NHS Board for its property and the fact that it leads to a revenue cost was highlighted.

    The joint meeting discussed aspects of the 10 year financial plan.

  o Revenue Raising Opportunities
    The Chairs had encouraged the Scottish Executive Health Department to consider any options which could raise revenue for the NHS.

  o Acceleration of Acute Strategy
    The Chairs advised that the Minister understood and accepted the drivers for change and the possible need to accelerate elements of the Acute Services Strategy. Proposals to accelerate the Strategy were reported to
being worked up by the NHS Board officials and the Minister had indicated that he would look carefully at any specific and detailed proposals put to him.

Some members of the Monitoring Groups expressed concern about the shift in name from Ambulatory Care and Diagnostic Centre (ACAD) to Ambulatory Care Hospital. The Chairs agreed to raise this matter with the NHS Board and Minister if necessary.

♦ A presentation was received from Mr Robert Calderwood, Chief Executive, South Glasgow Division, on the progress in implementing the Acute Review and the impact of the emerging pressures. Members of the Monitoring Groups took the opportunity to question Mr Calderwood and raise points.

♦ The Monitoring Groups agreed to exchange Minutes and agreed arrangements to approve draft Minutes by correspondence in order to distribute Minutes expeditiously to community groups.
16 July 2004 Meeting

♦ A presentation was received from Mr Tim Davison, Chief Executive, North Glasgow Division, and Mr Willie Tullet, Clinical Director – Accident and Emergency, North Glasgow Division, on the background which had led to the Royal Colleges’ decision to withdraw training accreditation from the Casualty Department at Stobhill General Hospital from August 2005, and the options being considered.

The Group agreed a number of action points, including that an audit trail of the recruitment process for A&E Consultants would be presented to the next meeting and the Royal Colleges ought to be invited to a future meeting.

♦ Concern was raised by Community Council representatives indicating that they felt there had been a lack of progress on monitoring the continuity of services and progress towards solutions. They also set out some proposals for future meetings, including more joint meetings and the quality of information presented.

After discussion, the North Monitoring Group agreed it was satisfied that all information, consistent with its remit, which had been requested had been provided by NHS Greater Glasgow. It further agreed that meetings are held as often as the Group required; occasional joint meetings had benefit and voting was not necessary as consensus had been previously agreed with any disagreements being minuted.

Any evidence that the 5 year commitment would not be met should be submitted to the Minister for Health and Community Care.

The Chairs of the Monitoring Groups would meet with the Chief Executive of the NHS Board about possible changes which impact on the 5 year Ministerial guarantee.
3 September 2004 Meeting

♦ Mr Tim Davison, Chief Executive, North Glasgow Division, spoke to a paper presented to the Monitoring Group members on the recruitment process for A&E Consultants in the North Glasgow Division.

He reminded members about the requirements sought by the Royal Colleges following their accreditation visit to Stobhill Casualty in April 2004. These were:

- an additional middle grade staff member (completed)
- improve the equipment within Casualty (ordered and will arrive shortly)
- refurbishment work to separate the waiting area from the clinical area (planning under way)

The Chief Executive stated that he and his colleagues were considering all options to see if the Royal Colleges would extend the withdrawal of training accreditation status from the Casualty Unit from August 2005. He emphasised that the current service was now better for patients and the junior doctors than it had ever been but it was still a poorer service than that provided by other A&E Departments.

Concern was expressed about the recruitment process followed by the North Glasgow Division for the 2 A&E Consultant posts and the fact that there was not a major recruitment effort from January 2004. The Chief Executive apologised if he had misled members, but he had deferred the recruitment process until there were candidates available for the posts to be advertised.

♦ Mrs Jane Grant, General Manager, Division of Surgery, North Glasgow Division, gave a presentation on early thoughts of how services could move to accommodate the closure of the Casualty Unit.

The Monitoring Group agreed that the North Glasgow Division provide a map of patient travel as a result of the options for proposed moves associated with the intended closure of the Casualty Unit, Stobhill Hospital, planned for August 2005.

♦ Ken Fleming, Health and Safety Adviser, North Glasgow Division, had been invited by the Monitoring Group to address the Group. He confirmed that he and his staff had been involved in providing input into the plans for the new development. He explained his duties which covered health and safety, fire prevention, conflict management and training for staff in these areas.

♦ The following standing items were considered by the Group:

- ACAD update
- members’ comments on external impacts on named services
- waiting times

♦ The Director of Public Health presented a paper which provided data on the North Glasgow acute hospital services:
- acute services and bed activity 2004
- bed complement by specialty 2003 and 2004
- A&E activity by hospital site January-March 2004
- Stobhill bed complement by specialty and ward – 2003 and 2004 comparison

There was received a note of the Monitoring Group’s work to date, together with a suggested forward work programme.
3 December 2004 Meeting

♦ With regard to the paper considered at the September meeting on proposals to accelerate acute services, including possibly closing Stobhill Casualty, an interim paper on progress had been submitted by the Chief Executive, North Glasgow Division, on a map of patient travel as a result of the options for proposed moves associated with the intended closure of the Casualty Unit at Stobhill Hospital.

Concerns were raised about the accuracy of figures and at the non-availability of buses in the evenings.

♦ The Group received a paper on trolley waits and A&E waiting times generally.

♦ It was agreed that the results of the week-long survey undertaken in November 2004 be reported to the Monitoring Group once available and the impact of the rapid response and admission (IRIS) avoidance and Discharge Lounges be audited and reported to the Monitoring Group.

♦ Mr Alex McIntyre, ACAD Project Manager, gave a presentation of the progress in the development of the ACAD at Stobhill Hospital and there was an opportunity for members to ask questions and make comments.

Mr McIntyre was thanked for his very informative presentation.

It was agreed that a report be submitted to the next regular meeting of the Group on how local groups would be engaged in the process of the design of the ACAD and access issues.

♦ Dr Margaret Roberts attended and discussed the criteria and process followed to determine accreditation for training purposes. Dr Roberts was representing the Royal Colleges of Physicians and Surgeons and is Chair of the Scottish Group which monitors the training of Senior House Officer posts.

The Chief Executive of the North Glasgow Division also submitted a paper which enclosed the conclusion and recommendations of the accreditation team following their visit to Stobhill Casualty in April 2004, and set out the progress against the recommendations of the accreditation report.

After discussion, the Monitoring Group agreed that if the Scottish Royal College Board for the Recognition of Surgical Posts decided at its meeting on 16 December 2004 to turn down the North Glasgow Division’s request to extend the training accreditation beyond August 2005, then a special meeting of the Monitoring Group would be held on 7 January 2005.

♦ The Monitoring Group noted the feedback from the Group’s representatives who attended the A&E workshop which had been held as part of the process to review the underpinning assumption which had led to the decision to move to 2 A&E/ Trauma Units, an Acute Emergency Receiving Unit and Minor Injuries Units incorporated into the 2 ACADs.
The Monitoring Group received the following:

- the Waiting Times Report
- information on the Community Engagement Team activity from 1 September to 1 December 2004
Mr Tim Davison, Chief Executive, North Glasgow Division, reported that the Royal Colleges had now agreed, in principle, to consider the extension of training accreditation beyond the summer of 2005.

Mr Davison emphasised that the Ministerially-approved Acute Services Strategy remained; however, with further reductions in medical staff working hours there had to be consideration given to accelerating the Strategy to possibly get to 3 adult acute sites in order to maintain safe services to patients. The Monitoring Group had been tasked with monitoring named services at Stobhill until 2007 and to participate in discussion about proposed changes to named services if this was required for reasons of clinical evidence.

It was reported that, to date, the NHS Board had committed £300,000 of additional money to support the efforts of sustaining the casualty service at Stobhill.

It was agreed the Chair write to the NHS Board expressing the Monitoring Group’s pleasure at the outcome of the extension to training accreditation at Stobhill Casualty and for this to be reported to the NHS Board, and also seeking the NHS Board’s support to keep the Casualty Unit open.

The Monitoring Group received the following 3 reports from the Chief Executive of the North Glasgow Division:

- Trolley Waits Report – Survey of November 2004
- Report of the IRIS Service
- Report on Discharge Lounges

After discussion it was agreed that the results of future surveys in 2005 on trolley waits be submitted to the Monitoring Group and that the paper on the IRIS service be placed on the agenda for discussion at the next meeting.

Mr Niall McGrogan, Head of Community Engagement, NHS Board, gave a presentation to the Group on the work underway to include patients’ input to the access and development of the ACAD.

The Monitoring Group received for its information a copy of a paper approved by the NHS Board on the review of assumptions which had underpinned the decision reached in June 2002 on the future arrangements for A&E services.

Members, who had attended the workshop held as part of the process, criticised the report. It was, however, emphasised that the process had been about reviewing the assumption which had led to the decision not to revisit the whole argument about future provision of A&E services.

The approved Car Parking Policy for NHS Greater Glasgow as submitted for discussion.
The Waiting Times Report, submitted to the 22 February 2005 NHS Board meeting, was circulated to the Monitoring Group for information and discussion.

Ian Miller  
Chair  
North Monitoring Group  
September 2005
APPENDIX I

GREATER GLASGOW ACUTE HOSPITAL SERVICES STRATEGY

NORTH GLASGOW MONITORING GROUP

2004-05 MEMBERSHIP

Mr Ian Miller (Chairman)
Mr Bill Aitken  MSP
Mr Paul Martin  MSP
Dr Jean Turner  MSP
Dr Jo Davis, Chair of Medical Staff Association
Dr Roger Hughes, Chair of Area Medical Committee
Donald Sime, Staff Side Chair of Local Partnership Forum
Dr Harry Burns, Director of Public Health
Mr John McMeekin, Greater Glasgow Health Council
Dr Paul Ryan, Lead GP, Local Health Care Co-operative
Mrs Elizabeth King, Community Councils
Mr Lex Gaston, Save Stobhill Campaign
Mr Duncan Stewart-Tull, Community Councils