GREATER GLASGOW ACUTE HOSPITAL SERVICES STRATEGY

SOUTH 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 Peter Mullen, 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 South Greater Glasgow Acute Services Monitoring Group met on 3 occasions during 2004-05 and, in addition, had one joint meeting with the North Glasgow Monitoring Group.

A summary of the main issues discussed at these 4 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:
  - Commencement of Work
    Details of the manner of working and an appreciation of support the Groups had received.
  - Baseline of Information
    Bed statistics had been received and would be reviewed annually as part of the Monitoring Groups’ role.
  - 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.
  - 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.

- 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.
3 September 2004 Meeting

♦ The role of the Board’s Community Engagement Manager attached to the Monitoring Groups was reiterated as assisting with communicating issues discussed at the respective Groups with local community groups and other interested stakeholders.

♦ There was further discussion of a paper entitled “Increase in Emergency Admissions and Outcome of Bid for Additional Monies to Open New Beds at the Victoria”. It was reported that the reason behind the increase in medical admissions was multi-factorial:
  
  - demography of the population
  - changing nature of family support
  - improved levels of chronic disease management
  - increased expectations for medical interventions

On the question of additional beds, these would be made available in General Medicine at the Victoria Infirmary following co-location of in-patient Haematology-Oncology services at the Southern General. Twenty beds previously used for patients waiting for nursing or residential home places have been funded as rehabilitation beds for the elderly. Additional funds for acute stroke services have been received, resulting in 8 additional beds for Medical Admissions. There would also be 30 additional Geriatric Orthopaedic rehabilitation beds from October 2004.

Dr Burns reported on the unacceptable waits experienced by some patients at A&E and on the steps being taken to improve the patients' experience. Mr Ritchie confirmed that trolley waits at the Victoria were no longer just a winter problem.

Dr Burns referred to the ongoing bed modelling work, the benchmarking exercise being considered on the best use of acute beds across specialties and the negotiations that will be necessary in the future with a Public Private Partnership (PPP) partner on bed numbers. The Monitoring Group would receive a copy of the agreed bed modelling exercise once completed.

♦ It was explained that the increased costs of the ACADs had been as a result of planning additional services to be provided for the ACADs, both at the Victoria and Stobhill.

♦ In relation to an item on the previous Minute entitled “Acceleration of Acute Services”, it was reported that a paper with proposals on accelerating the Acute Services Strategy was planned for submission to the October NHS Board meeting. If this happened, it was agreed that an additional meeting of the Monitoring Group would be held on 5 November 2005. The meeting was not required.

♦ The Community Council representatives on the Monitoring Groups had raised concerns about what they felt was a lack of progress on monitoring the continuity
of services and progress towards solutions. Group members, after discussion, agreed:

- that there could be advantages in holding Joint Monitoring Group meetings where specific issues/topics lent themselves to a pan-Glasgow approach
- that it was important to stay focused on the Group’s remit
- that the Groups were there to protect services for patients, sustain these services for the period of the Minister’s commitment and be involved in improving services to patients, particularly by being involved in shaping new services
- that it would be helpful to have a more direct planning input into the Group and the Head of Acute Planning would be approached without representation at future Monitoring Group meetings

♦ Mr Danny Crawford, Chief Officer of the Greater Glasgow Health Council, presented a paper which highlighted the issues of the Acute Services Strategy from a patient’s perspective.

♦ Mr Niall McGrogan spoke about the engagement process he and his team were involved in in relation to the ACADs:
  - patient surveys were being conducted on patients’ views on what services should be provided from the ACADs
  - discussions with multi-faith groups on patients’ spiritual care needs
  - ensuring the ACAD design takes account of all of the requirements of the disability discrimination legislation

♦ The Director of Public Health submitted for the Monitoring Group’s information reports on the following:
  - South Glasgow – acute services and bed activities 2004
  - Victoria Infirmary bed complement by specialty and ward: 2003 and 2004 comparison
  - Southern General Hospital – bed complement by specialty and ward: 2003 and 2004 comparison
  - South Glasgow A&E activity by hospital site (January-March 2004)

Dr Burns spoke to these reports and offered to provide members with any additional information if any data was missing.
3 December 2004 Meeting

♦ The Monitoring Group had indicated that it was keen to hear a purely clinical perspective of the NHS Board’s Acute Services Strategy and Mr Welsh, Consultant Surgeon from South Glasgow and a representative of the Area Medical Committee, addressed the Group and answered questions.

Mr Welsh made clear his full support of the Ambulatory Care Hospital in South Glasgow. He indicated his concerns at the rising pressures within the NHS created by a range of well-intentioned initiatives – the European Working Time Directive, the New Deal for Junior Doctors and the new Consultant Contract. He mentioned the year-on-year increase in emergency admissions and the reduction in bed numbers at the Victoria Infirmary due to the Health and Safety Notice, although he indicated that the upgraded wards were more attractive and better for patients.

Mr Welsh also highlighted the pressure on theatre facilities but recognised that CPOD theatres were not justified in cost terms for both sites in South Glasgow. He recognised the need to possibly split emergency and elective work and felt day surgery rates could be improved.

♦ The Community Engagement Team update of activity from 1 September to 1 December 2004 was distributed for members’ information.

♦ Mr Calderwood, Chief Executive, South Glasgow Division, stated that it was his intention to provide members with a detailed paper on bed numbers consistent with the remit of the Group. He provided a detailed verbal report on the movement of beds in South Glasgow since April 2002 – the net effect being 9 fewer beds in the South. He advised that the bed number projections were being clinically led.

♦ In relation to the possible acceleration of acute services, it was noted that the matter had not been before the NHS Board and that discussions were ongoing with clinical staff and proposals are unlikely to come before the NHS Board before Spring 2005.

♦ The fluctuation of projected costs for the ACAD was raised and, in response, it was stated that the Ambulatory Care Hospital was designed and costed in 2002; this was refreshed in 2003 and, as a result of the NHS Board’s decision to add 60 beds from the Mansionhouse Unit to the Ambulatory Care Hospital, the design and cost had again been revised.

♦ The Monitoring Group received a presentation from Mr Calum Kerr, Head of Emergency Services, Scottish Ambulance Service. Mr Kerr spoke on the latest developments in emergency ambulance services and the impact of the NHS Board’s Acute Services Strategy, and answered questions.

In response to a question, Mr Kerr advised that the Scottish Ambulance Service was comfortable with the proposals to move to 2 A&E/Trauma Units within Glasgow, an Acute Emergency Receiving Unit at Gartnavel and Minor Injuries
Units as part of the Ambulatory Care Hospitals. Mr Kerr indicated that the Ambulance Service was included in discussions and was able to raise any issue relative to the provision of ambulance services at the point of the formation of policy.

Feedback was provided by the Monitoring Group’s representatives attending the A&E workshops arranged to test the validity of planning assumptions. Mr Sandeman indicated his dissatisfaction with the process, which he felt was a charade.

Other members who had attended the workshop, representing other interests, did not agree with Mr Sandeman’s perspective and it was felt that there should not be an assumption that the South Monitoring Group supported Mr Sandeman’s perspective.
4 March 2005 Meeting

♦ The Monitoring Group received for its information a paper entitled “Review of Assumptions Underpinning the June 2002 Decision on Accident and Emergency Services”. This paper had been considered and approved by the NHS Board at its meeting on 22 February 2005.

Mr Sandeman reiterated that he felt the process was flawed. It was stated that the NHS Board would consider the recommendations of the Kerr Report once published.

♦ Mr Alex McIntyre, ACAD Project Manager, made a presentation and answered questions on the updated position with regard to the development of the ACAD in South Glasgow.

The ACAD would include 60 rehabilitation in-patient beds and would provide endoscopic day surgery for South Glasgow. Detailed discussions on the final shape and design were ongoing. The car parking spaces available would number 436, of which 300 would be underground (the numbers determined by the planners), and car park charges would be in line with the NHS Board’s recently approved Car Parking Policy. Members had expressed concern at the net loss of car parking spaces during construction and the NHS Board had written to the City Council about the possibility of utilising the ‘nose’ of the site.

It would normally be the case that patients from South Glasgow would attend the ACAD at the Victoria Infirmary for clinics/treatment/day surgery and would attend the Southern General Hospital for in-patient care. Members were pleased to hear that the redevelopment of the Southern General would include single rooms with en-suite facilities.

Ms Hinds raised her continued concerns about day surgery patients attending the ACAD becoming critically ill and requiring transfer to the Southern General Hospital. Mr Calderwood, Chief Executive of the South Glasgow Division, referred to Dr Howie’s previous response that clinical staff were well set to manage critically ill patients and the combination of the care immediately available, the arrival of the critical care teams, the facilities within the ambulances and then the transfer of patients once stabilised was a regular feature of current services in the NHS.

♦ The Group agreed that the Public Involvement Committee be asked to nominate an individual to replace the Local Health Council representative on the South Monitoring Group.

♦ There was submitted a paper which indicated that the Haemato-Oncology in-patient beds would be at the Southern General Hospital, and day surgery and out-patients would continue to be provided from the Victoria Infirmary. This transfer had led to an additional 12 medical beds being available at the Victoria Infirmary.
Dr Margaret Roberts gave a presentation on the Stroke Centre and answered questions on the stroke services for patients and their evolvement over recent years to the present model of care.

There was submitted a copy of the South Monitoring Report prepared by Robert Calderwood. The Group accepted that an agreed start point, the use of consistent figures for comparison purposes, the incorporation of the Southern General figures and the inclusion of day surgery figures, would lead to a more acceptable basis for future monitoring. In addition, Mr Ritchie advised that trolley waits overnight were a major problem. The number of medical admissions as well as the number of surgical admissions should be recorded and monitored.

The Monitoring Group agreed:

- that a meeting be arranged between Dr Burns, Mr Calderwood and Mr Sandeman to agree an acceptable template for future monitoring purposes
- that Dr Cowan be invited to the next meeting on 3 June 2005 to discuss day surgery issues and rates now and in the future.
GREATER GLASGOW ACUTE HOSPITAL SERVICES STRATEGY

SOUTH GLASGOW MONITORING GROUP

2004-05 MEMBERSHIP

Mr Peter Mullen (Chairman)
Mrs Pat Bryson, Local Health Council
Dr Harry Burns, Director of Public Health
Ms Margaret Hinds, Health Service Forum South-East
Ms Janis Hughes  MSP
Mr Ken Macintosh MSP
Ms Nicola Sturgeon  MSP (until September 2004)
Mr Stewart Maxwell  MSP (from September 2004)
Ms Catherine Fleming, Community Councils
Mr David Ritchie, Chair of Victoria Infirmary Medical Staff Association
Ms Ann Simpson, Friends of the Victoria Infirmary
Dr Donald Blackwood, Area Medical Committee
Ms Jane McCreadie, Staff Side Chair
Dr Ken O’Neill, Local Health Care Co-operative
Mr James Sandeman, Community Councils