GREATER GLASGOW ACUTE HOSPITAL SERVICES STRATEGY

NORTH GLASGOW MONITORING GROUP

2005-06
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 2005/06 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, Scottish Health Council 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 2005-06

The North Greater Glasgow Acute Services Monitoring Group met on 3 occasions during 2005-06 and, in addition, had one joint meeting with the South Glasgow Monitoring Group.

The meetings were held on:

- 3rd June 2005
- 2nd September 2005 (Joint Meeting)
- 2nd December 2005
- 3rd March 2006

A summary of the main issues discussed at these four meetings is provided by this report.

UPDATE ON NEW STOBHILL HOSPITAL

The Monitoring Group received regular updates on the progress relating to the procurement process, planning and design of the new Stobhill Hospital. These reports were provided on two occasions by Mr Robert Calderwood, Programme Director – Acute, and on 3rd March 2006 by Mr Alex McIntyre, Director of Facilities.

At the meeting on 2nd December 2005 Mr Calderwood indicated that detailed planning was being considered by the City Council. If the planning application was approved by the end of January 2006 the Final Business Case would be considered by the NHS Board and then submitted to the Scottish Executive Health Department. He advised that the pre-construction enablement work would commence on the Stobhill site in January 2006 and that the new Stobhill Hospital could possibly open in early 2009.

Mr Alex McIntyre, Director of Facilities, made a presentation to the meeting held on 3rd March 2006. He confirmed that the theatre design was being revised and the existing Day Surgery Unit would be utilised and a new building housing the short-stay beds would be added after the contract to build the new hospital had been completed.

Members of the Monitoring Group raised concerns at further delays in the timetable of the proposed development and at the proposed introduction of car parking charges at Stobhill which has poor public transport links. Questions were posed regarding car parking.

Mr McIntyre explained that the NHS Board’s Car Parking Policy was approved for all sites and the charges would be determined by the Car Park Implementation Group. He confirmed there would be adequate disabled car parking close to the hospital. The delays he stated were due to there having been welcome additions to the project.

STOBHILL CASUALTY

In 2004, the Scottish Royal College Board for the Recognition of Surgical Posts, made the decision to withdraw training accreditation from the Casualty Department at Stobhill General Hospital from August 2005 and this could have led to the Department’s closure. Throughout 2005 the Monitoring Group received reports and discussed the action to be taken in an effort to extend the training accreditation for Stobhill Casualty.
At the Monitoring Group meeting held on 2nd December 2005, it was reported that the formal letter had been received from the Royal Colleges confirming that the training accreditation for junior doctors at Stobhill Casualty had been extended until December 2007. This had been achieved after considerable work, including the appointment of the additional A&E Consultants as part of a pool across North Glasgow to allow consultant cover at Stobhill Casualty.

The Monitoring Group welcomed the decision to extend training accreditation until December 2007 and recorded their appreciation of the efforts of the management and clinical teams of the North Division.

**MONITORING NAMED SERVICES – TEMPLATE**

At the joint meeting of Monitoring Groups held on 2nd September 2005 it was agreed that Professor Duncan Stewart-Tull would represent the North Monitoring Group on a working group charged with developing a template which would summarise activity by specialty to assist the Monitoring Groups in their role of monitoring named services.

Professor Stewart-Tull submitted a paper, at the meeting of 3rd March 2006, showing the activity data for 2005/06 (to December 2005) for acute hospitals in NHS Greater Glasgow.

This report resulted in questions and points being raised by Monitoring Group members. These related to the likely number of attendees at Glasgow A&E/Trauma units once, not only the Greater Glasgow Acute Strategy is implemented but also the Lanarkshire and Argyll and Clyde strategies.

The group recognised the significant effort and time Professor Stewart-Tull had committed to this task and thanked him for completing the monitoring template which would be reviewed regularly by the Group at future meetings.

**PRESENTATION ON DAY SURGERY**

Dr Brian Cowan, Consultant Anaesthetist and Medical Director of the NHS Board, gave a presentation on 2nd December 2005 on the emerging short-stay beds at the new Stobhill Hospital. He advised the Group of the intention to have overnight short stay beds at the new Stobhill Hospital as a new build. This would be about a dozen beds and would cover approximately 1500 episodes per annum. A pre-assessment process would be undertaken to determine the suitability of patients and any needs prior to admission.

Members took the opportunity to raise with Dr Cowan a wide range of questions.

**CHAIR’S MEETING WITH MINISTER FOR HEALTH AND COMMUNITY CARE**

Mr Ian Miller, the Chair of the North Glasgow Monitoring Group provided, at the Monitoring Group meeting of 3rd March 2006, feedback on his meeting with the Minister for Health and Community Care, held on 25th January 2006.
Through Mr Miller, the Minister had thanked all members of the Monitoring Group for the significant effort and time each committed to the work of the Group.

Mr Miller also advised the Minister of the openness of NHS Greater Glasgow senior managers and staff to engage with the Monitoring Group and to provide helpful and clear presentations on current and future planned NHS services.

The achievements secured were also brought to the Minister’s attention, namely, the retention of the Casualty Unit at Stobhill and the introduction of 12 overnight beds at the new Stobhill Hospital.

The Minister acknowledged the significant challenge faced in addressing transport issues. He stated that he believed the Monitoring Groups played a significant role in highlighting concerns and issues from a range of perspectives and had established good links with communities. He was mindful to ask if the Group would be willing to continue their work until up to 6 months after the new hospitals had been completed.

The Monitoring Group was in general agreement with the timetable suggested by the Minister.

**PUBLIC TRANSPORT ISSUES**

(i) **Fare4All Enquiry into Public Transport in Glasgow**

Mr Mark McAllister, Public Engagement Manager, NHS Greater Glasgow, provided the December 2005 Monitoring Group meeting with feedback on the Fare4All Enquiry held into public transport in Glasgow. The Fare4All Steering Group was Chaired by Mr Paul Martin MSP.

Key findings of the report included: that the routes of buses provided good access to the city centre but not from one community to another; safety on buses, especially at night is a concern and health and safety issues; issues relating to disabled access and access to bus operators’ timetables.

The report and its findings were used in responding to the consultation in the National Transport Strategy. The Chair raised the report and its findings at his meeting with the Minister for Health and Community Care. The Minister acknowledged the significant challenge faced in addressing transport issues and that he would be proactive in encouraging change as a result of the Fare4All Report.

(ii) **Withdrawal of No. 8 Bus Service**

Concern was raised at the withdrawal of the No. 8 bus service which went through the grounds of Stobhill Hospital. The bus company, FirstBus, had advised that the service was no longer viable.
The Monitoring Group noted that Mr Mc Grogan, Head of Community Engagement, and Mr Paul Martin MSP, along with community representatives, were to meet with Mr Alistair Watson of Strathclyde Passenger Transport and Mr Eric Stewart of FirstBus to discuss a variety of transport related issues. The Group further agreed that a letter be sent to First Glasgow and the Transport and Health Minister about the need to provide locally accessible transport to health service establishments.

**SCOTTISH AMBULANCE SERVICE**

Mr Kirkland and Mr Robertson from the Scottish Ambulance Service attended the 3rd March 2006 meeting of the Monitoring Group to answer questions on the Scottish Ambulance Service DVD on services in Greater Glasgow.

It was reported that the DVD was currently being re-edited and a number of points in relation to Stobhill and traffic congestion would be picked up. It was noted that the Scottish Executive target of 60% of ambulance personnel trained to paramedic status had been achieved and even more staff were attending the appropriate training courses.

**INTER-DISCIPLINARY RESPONSE AND INTERVENTION SERVICE (IRIS)**


**WAITING TIMES REPORT**

A standing item on the agenda for North Glasgow Monitoring Group meetings was receipt of the Waiting Times Report which had earlier been submitted to the NHS Board.

The targets of no in-patient, day case and out-patient waiting in excess of 26 weeks by 31st December 2005 had been achieved, with the exception of one patient who, due to an administrative error, had not been sent an appointment date. The patient was seen at an out-patient clinic on 10th January 2006.

It was noted that the new Ministerial commitments of no patients waiting over 18 weeks and the abolition of Availability Status Codes were to take effect from 31st December 2007.

**STOBHILL PATIENT FORUM**

Concern was raised about withdrawal of the Patient Forum from Stobhill. The Patient Focus Public Involvement work of the NHS Board was explained. The Board has a database of 3,000 members of the public and the series of “Our Health” events were conducted regularly. The work of the Board’s Community Engagement Team was highlighted.

It was reported that the Public Involvement Group of the NHS Board were taking forward the creation of a Greater Glasgow-wide Patients Forum and the comments about Stobhill would be fed into that process.
IMPACT ON NAMED SERVICES

In December the Monitoring Group discussed concerns that the beds in the Intensive Care Unit (ICU) were to be closed and moved.

Ms Jane Grant, Acting Chief Executive, advised the Group that there were no proposals to close ICU beds ahead of the re-alignment of ITU/ICU beds as part of the overall approved Acute Services Strategy. It was possible that during the construction work the beds may be required to be moved within the Stobhill site for a temporary period.

Mr Calderwood, the then Programme Director, gave the tentative timetable for further phases of the Acute Services Strategy. In relation to the Royal Infirmary, this was planned in Phase III – the business case is being prepared with the aim of a possible start on site to develop the new services during 2008. Cardiothoracic services would, subject to Ministerial approval, move to the National Golden Jubilee Hospital and the Beatson Oncology at the Western Infirmary would transfer to the new West of Scotland Beatson Oncology Centre at Gartnavel General Hospital in 2007.

IN-PATIENT BED MODELLING

At the joint meeting between the North and South Monitoring Groups held on 2nd September 2005 Group, members received and discussed the In-Patient Bed Modelling – Discussion Paper. Members took the opportunity to pose a wide range of questions to Mr Calderwood.

STOBHILL CAMPUS

The Monitoring Group received from Mr Calderwood a presentation on the current and future developments on the Stobhill site incorporating the new Stobhill Hospital, the Local Forensic Psychiatry Unit, the Adolescent Psychiatry Unit, the Psychiatric Service from Parkhead Hospital and proposed Marie Curie development.

Ian Miller
Chair
North Monitoring Group
September 2005
GREENER GLASGOW ACUTE
HOSPITAL SERVICES STRATEGY

NORTH GLASGOW MONITORING GROUP

2005-06 MEMBERSHIP

Mr Ian Miller (Chairman)
Mr Bill Aitken  MSP (to December 2005)
Mr Paul Martin  MSP
Dr Jean Turner  MSP
Dr Jo Davis, Chair of Medical Staff Association (to March 2006)
Dr Robert Milroy, Chair of Medical Staff Association (from March 2006)
Dr Roger Hughes, Chair of Area Medical Committee
Donald Sime, Staff Side Chair of Local Partnership Forum (to December 2005)
Dr Harry Burns, Director of Public Health (to September 2005)
Mr John McMeekin, Public Involvement representative
Dr Paul Ryan, Lead GP, Local Health Care Co-operative
Dr Robert Cumming, Save Stobhill Campaign
Mrs Elizabeth King, Community Councils
Mr Duncan Stewart-Tull, Community Councils
Mr Bill Goudie, Staff Side Chair of Local Partnership Forum (from December 2005 to March 2006)