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 South 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 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, Orthopaedics, A & E, 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 2005-06

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

This annual report provides a summary of the main issues discussed at these 4 meetings and the decisions made by the Monitoring Group. The meetings were held on:

- 3rd June 2005
- 2nd September 2005 (Joint Meeting)
- 2nd December 2005
- 24th March 2006

THE NEW VICTORIA HOSPITAL

The Monitoring Group received reports, at three of its four meetings, on the progress being made on the procurement process and to plan and build the new Victoria Hospital. All three reports were provided by Mr Robert Calderwood in his capacity, initially as Programme Director – Acute, and latterly as Chief Operating Officer – Acute Services Division.

At the Joint Meeting held on 2nd September 2005 Monitoring Group members were advised that the Consortium had been appointed preferred bidder and Scottish Executive Health Department authority had been granted to move to the final stage of producing a Final Business Case, hopefully, by March 2006, which, if approved, would then allow a start on site in late Spring 2006.

The Monitoring Group was advised at the meeting on 2nd December 2005 that contracts had been let for pre-construction enabling works for the new road through Queen’s Park Recreation Ground; the re-alignment of Grange Road/Prospecthill Road; the demolition of the former school and the creation of a temporary car park. Details of the up-to-date timetable of the project were provided.

At the meeting held on 24th March 2006 members were advised that the pre-construction enabling works were well under way and should be finished in June 2006. The former Grange Road School was being demolished and a temporary car park created and the construction of the new road was under way. Construction work on the revised timetable would commence and planned to be completed in late 2008 and following a commissioning period of 14/15 weeks, the new hospital would be open in early 2009.

Mr Bingham, Chair of the Medical Staff Association, advised Monitoring Group members that he and his colleagues had been involved in designing their areas of the new hospital. Staff, he said, were looking forward to this new hospital and wanted to ensure it was a success for patients. His main concern was the need to ensure that no cost reductions are imposed on the equipment budget.

When all three reports were given over the course of the year, members of the Monitoring Group had the opportunity to ask questions and raise concerns. One concern related to the rising cost of the new hospital. Mr Calderwood advised that the costs were being driven by the additional services to be provided from the new hospitals (the Victoria and Stobhill) and additional costs would be incurred to meet the extended short-stay surgery.

Other questions and concerns raised related to the national shortage of radiologists; the opening hours of the Minor Injuries Unit and concerns raised in an Architects Scotland Report related to the limited opportunities for expansion, temperature control and fire protection and a need to review the quality of the finishes.
Mr Calderwood responded to all these points and with regard to the concerns raised by Architects Scotland, advised that the new Victoria had built into it some modest expansion, temperature controls within the building were now available and the fire precaution measures met current standards. He advised that the Architects would be responding to Architect Scotland on their comments on the finish of the building, showing how they had been addressed.

In addition to the aforementioned reports, members were shown, for their information, a DVD on the plans and services to be provided from the new Victoria Hospital.

All three reports were noted by the Monitoring Groups

**SHORT STAY BED PROPOSALS**

The Monitoring Group, at its meeting in March 2006, welcomed the decision by NHS Greater Glasgow that the new Victoria Infirmary would have 12 overnight beds (with a consequential reduction in elderly rehabilitation beds) which would result in up to an additional 1,400 patients per annum being treated at the Victoria when it opened.

Previous to that meeting the Monitoring Group had received a presentation from Dr Brian Cowan on the short-stay in-patient bed proposals for the new hospital at the Victoria and the progress being made on Day Surgery. In response to questions from members, Dr Cowan confirmed, amongst other things, that the short-stay overnight beds would be nurse-led and that Day Surgery generally had high levels of patient satisfaction. He stated that pre-assessment and better information to patients on their condition, on pain control and on being discharged, would be essential.

**MEETING WITH MINISTER FOR HEALTH AND COMMUNITY CARE**

Mr Mullen provided the Monitoring Group with feedback from the annual meeting he and the Chair of the North Monitoring Group had with the Minister for Health and Community Care on 25th January 2006. Mr Mullen highlighted the following points:

- The Minister had conveyed his appreciation and thanks to all those who served on the Monitoring Groups and had been impressed with the diversity and depth of the Group’s discussion.

- The Minister was keen to extend the timescale of the Monitoring Groups until the new hospitals at the Victoria and Stobhill had been completed.

- The Minister had asked if there were any obstacles to completing the development of the new hospital which he could assist with – none were identified.

- There was recognition that many of the successes and proactive stories from the NHS were not always covered in the media and that remained a challenge.

- Transport remained a major challenge for the population and was a key and central issue when moving to the new arrangements.

- Mr Mullen had raised with the Minister whether funding the NHS from general taxation was sustainable in the future – the Minister advised that there were no plans to change policy on that matter.

Mr Mullen felt it had been a good and productive meeting and looked forward to continuing to Chair the Group until the new hospital had been completed. Issues arising from the meeting with the Minister and discussed by the Group are detailed below:-
a) Public Transport

The issue of transport remained a major concern to the Monitoring Groups. It was reported that from April 2006 the Regional Transport Partnership would have obligations from April 2006 to develop a strategy for access to health care premises. The concern remained that the bus companies’ first priority was to shareholders and therefore only profitable routes would remain. It was felt that more central direction from the Scottish Executive in terms of the National Transport Strategy and the Regional Transport Partnership could bring about significant improvements.

b) Public Relations

There was a recognition that the whole external communications role within NHS Scotland needed to be improved.

c) Audit Scotland

The role undertaken by Audit Scotland to support an ongoing monitoring and review process on an annual basis was discussed by the Monitoring Group. Mr Calderwood advised that Audit Scotland had arranged for the NHS Board’s external auditors, PricewaterhouseCoopers (PwC), to undertake the annual independent audit of the delivery of NHS Greater Glasgow’s Acute Modernisation Strategy. PwC have reported annually to NHS Board Members on various key aspects of delivering the Acute Strategy.

The Chairman’s report of his meeting with the Minister for Health and Community Care was noted by the Monitoring Group.

MONITORING OF NAMED SERVICES

During the year meetings were held involving, initially, Mr Calderwood, Dr Burns, Mr Sandeman and, subsequently, Professor Duncan Stewart-Tull representing the North Monitoring Group, to agree a template and set of definitions to assist monitoring activity in named services.

This work formed the basis of discussion at all meetings of the Group. At the meeting held on 2nd December 2005 Mr Calderwood advised the Group that, since the Parliamentary debate in September 2002, the services at the Victoria Infirmary had received:

i) investment to ensure that the Ministerial target for Scotland of all patients receiving their outpatient appointments and in-patient admissions or day care surgery within 26 weeks of being put on the waiting list were achieved by 31st December 2005;

ii) £6 million investment in infection control and patient amenities;

iii) additional staff, new services, CT scanners and more patients treated.

He stated that the only beds that had been moved were those which had been part of an agreed strategy and in fact these beds had moved to better accommodation elsewhere in NHS Greater Glasgow.
At that meeting the Chair reminded the Group that the Minister had set up the Group to ensure that the named services at the Victoria Infirmary were not run down by NHS Greater Glasgow and all evidence to date had suggested that this had not happened.

At the meeting held on 24th March 2006 Mr Sandeman presented a single page of activity data for the Victoria Infirmary and for the Southern General Hospital in relation to the Group’s remit to monitor named services, along with a summary page. Mr Sandeman expressed his gratitude to Mr Jim Crombie and his staff for their assistance and efforts in pulling together the data presented.

Mr Calderwood tabled a paper on the activity data. The discussion which took place highlighted a difference in interpretation between Mr Sandeman and Mr Calderwood.

The Chair thanked Mr Calderwood and Mr Sandeman for providing the information to allow this full discussion and particularly thanked Mr Sandeman for the amount of time and effort he had put into extracting and presenting this activity data in line with the Group’s remit. Mr Mullen noted that the national targets were being met at the Victoria Infirmary and that the two staff from the Victoria on the Monitoring Group (Mr Bingham and Ms McCreadie) had advised that staff had not believed that services were being run down at the Victoria Infirmary.

The Monitoring Group agreed that Mr Sandeman study the tabled paper from Mr Calderwood and consider a response to be submitted to the next meeting of the Group which is to be held on 9th June 2006.

**PHASE 2 – ACUTE SERVICES REVIEW**

In September 2005 Mr Calderwood gave a presentation on the steps being taken and the timescale associated with the second phase of the Acute Services Review. He referred to the Ministerial commitment that a new Children’s Hospital with co-location with adult acute services and maternity services would be provided in 5 years and that the Calder Group was beginning its work to oversee the option appraisal exercise to identify the most suitable site for the new Children’s Hospital.

**UPDATE ON NEW SOUTH GLASGOW HOSPITAL**

Both at the meeting held in June 2005 and the meeting in December 2005 Mr Calderwood was asked to provide the Monitoring Group with an update on the plans to re-develop the Southern General Hospital. A site visit to the Southern General Hospital was undertaken by the Group on 3rd June 2005.

Mr Calderwood reported on the work being done to produce the Outline Business Case and indicated at the December 2005 meeting that the technical design team had been appointed and the bed model, which had been consulted upon, would be re-visited by the Working Group. Following re-consideration, the bed model would be re-issued early in 2006 for further discussion with clinical staff prior to the final bed model driving the specialties and bed numbers for the new South Glasgow Hospital. Some members expressed concern about the impact changes to Argyll and Clyde services could have on bed modelling and projections.

This issue was also discussed at the Joint Meeting of the North and South Glasgow Monitoring Groups on 2nd September 2005.
FARE4ALL AND CONCESSIONARY FARES SCHEME

Ms Kate Munro, Community Engagement Manager, NHS Greater Glasgow, attended the meeting held in December 2005 and spoke to the Fair4All Interim Report into Public Transport in Glasgow and spoke of the Board’s comments to the Scottish Executive on the extension of free concessionary travel.

The key findings of the report included the conclusion that buses provided good access to the city centre but not from one community to another and that safety on buses, especially at night, as well as disabled access and access to timetables are major issues. These findings were to be fed into the consultation on Scotland’s National Transport Strategy and discussed with local bus operators and Strathclyde Passenger Executive.

The Monitoring Group noted the report.

KERR REPORT ON ACUTE SERVICES IN SCOTLAND

Professor David Kerr’s report, “Building a Health Service Fit for the Future” was published in May 2005 and the question was raised at the June 2005 Monitoring Group meeting as to whether or not it would require Greater Glasgow’s Acute Services Strategy to be re-visited.

Mr Calderwood stated that the findings of the Kerr Report were consistent with NHS Greater Glasgow’s strategies.

MONITORING GROUP STRUCTURE

There was a suggestion from one member that a single Monitoring Group be established to replace the two Monitoring Groups set up by the Deputy Minister for Health and Community Care.

Members saw the advantage of retaining the two Monitoring Groups to allow each Group to discuss local issues, bus routes and specific matters pertaining to local services. It was felt best to hold ad hoc joint meetings when considered relevant.
APPENDIX 1

GREATER GLASGOW ACUTE HOSPITAL SERVICES STRATEGY
SOUTH GLASGOW MONITORING GROUP
2005-06 MEMBERSHIP

Mr Peter Mullen (Chairman)
Mrs Pat Bryson, NHS Board Patient Forum
Dr Harry Burns, Director of Public Health (until September 2005)
Mrs Margaret Hinds, Health Service Forum South-East
Ms Janis Hughes MSP
Mr Ken Macintosh MSP
Mr Stewart Maxwell MSP
Mrs Catherine Fleming, Community Councils
Mr David Ritchie, Chair of Victoria Infirmary Medical Staff Association (until June 2005)
Mr Brian Bingham, Chair of Victoria Infirmary Medical Staff Association (from June 2005)
Mrs Ann Simpson, Friends of the Victoria Infirmary (until June 2005)
Mrs Enid Penny, Friends of the Victoria Infirmary (from June 2005)
Ms Jane McCreadie, Staff Side Chair (until March 2006)
Dr Ken O’Neill, Local Health Care Co-operative
Mr James Sandeman, Community Councils