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 outlined a modernisation plan for Glasgow’s hospitals.

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 in September 2002 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 then Deputy Minister for Health and Community Care established the North Glasgow Monitoring Group and the South Glasgow Monitoring Group.

MEMBERSHIP

The then Deputy Minister for Health and Community Care appointed an independent Chairman, Mr Ian Miller, 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 2006/07 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 Clyde (John Hamilton, Head of Board Administration) and costs are met by NHS Greater Glasgow and Clyde.

REPORTING ARRANGEMENTS

The Minutes of meetings in 2006/07 of the Monitoring Group were forwarded to the Minister for Health and Community Care. The Minutes were posted on the NHS Greater Glasgow and Clyde website and were distributed to Community Councils, libraries, Scottish Health Council and were available on request to any member of the public.

The Monitoring Group has no relationship or accountability to the NHS Board.
ACTIVITY DURING 2006-07

The North Greater Glasgow Acute Services Monitoring Group met on 4 occasions during 2006-07 and, in addition, had one joint meeting with the South Glasgow Monitoring Group.

The meetings were held on:

- 2nd June 2006
- 15th September 2006
- 17th November 2006 (a special meeting to consider the Chemotherapy Service)
- 1st December 2006
- 9th March 2007 (Joint Meeting with the South Monitoring Group.)

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. Mr Robert Calderwood, Chief Operating Officer, Acute Services Division, provided these reports at the meetings of the North Monitoring Group, whilst Ms Helen Byrne, Director of Acute Services Strategy, Implementation and Policy, addressed the joint meeting of the North and South Monitoring Groups on the implementation of the Acute Strategy.

The reports included information relating to milestones in the development of the New Stobhill Hospital i.e. the approval, by the Scottish Executive Health Department, of the Full Business Case, the gaining of planning permission from Glasgow City Council and the cutting of the first sod on 20th November 2006 by the Minister for Health and Community Care. The Monitoring Group were advised that it was planned that the building would be handed over to the NHS Board in February 2009. Thereafter, there would be a commissioning period of three months with the incremental transfer of patients likely to commence in March 2009 up to the end of June 2009.

Members of the Monitoring Group received a copy of the finalised plans in February 2007.

Monitoring Group members took the opportunity at meetings to ask questions of Mr Calderwood and to raise concerns, details of which are recorded below.

Concern was raised about the possibility of construction traffic utilising the available staff and patient car parks. Mr Calderwood indicated that this would be discussed with the construction companies and that a further two temporary car parks were to be created, as was a separate temporary access road for the contractors.

It was noted that there were no outstanding issues with the new Stobhill Hospital from Architects – Scotland.
The Monitoring Group noted that additions to the project had led to delays. With external agencies involved the timetable was subject to matters out with the NHS Board’s control.

Mr Calderwood confirmed that ICU beds would remain at Stobhill as long as acute receiving in-patient beds continued at Stobhill.

Disappointment was expressed by some Monitoring Group members that neither the Group (apart from MSPs) nor any medical staff had been invited to the cutting of the first sod in November 2006. Mr Calderwood noted the concerns, advised that there had been a restricted invitation list and that there would be other opportunities to celebrate the investment in the new Stobhill Hospital.

At the Joint Meeting of the Monitoring Groups Ms Byrne answered a wide range of questions and provided the information below.

The premise, which underpins all the Board’s planning, is the need to work to ensure that there is a model of care in place where people who need beds are in beds and appropriate services are available in the community. On the availability of beds, planning was on the basis of an 82% bed occupancy rate which gives a statistically very high confidence level.

In relation to acute beds on the Stobhill site there were a range of factors to be considered in relation to clinical services at the Royal Infirmary and Stobhill. The Board’s commitment was not to transfer services until adequate facilities were available elsewhere and there was a need to consider how the best use of beds was achieved across NHSGG&C.

That 85% of current activity at Stobhill and the Victoria (out-patients, day cases, treatments and physiotherapy etc.) would continue to be provided at the new hospitals.

**SHORT STAY BEDS**

Mr Calderwood and Dr Cowan, Medical Director, outlined the NHS Board’s plans for the provision of 12 short stay (overnight) beds at Stobhill. The beds would initially be provided from an existing clinical area and would be from the existing bed complement. There would be a continued dialogue on the number of surgical beds, which would be redesignated for the provision of overnight beds at the new Stobhill Hospital. Account would also have to be taken of the demography of the population, including the increasing elderly population.

The size of the Day Surgery Unit and the number of associated beds to be built at Stobhill in 2010 would be determined by clinical protocols and Mr Calderwood advised members that the current plan for 12 beds could be expanded if assumptions changed by the time the new unit was being built.
BED MODELLING

The North Monitoring Group had received a copy of the paper published in July 2005 on Bed Modelling and would receive a copy of the updated Bed Model once available.

Ms. Jane Grant, Director of Surgery and Anaesthetics, Acute Services Division, responded to questions at the September meeting from members about plans to cope with increased activity during the winter months. She explained that the arrangements would be as in previous years with beds being managed flexibly across Greater Glasgow and Clyde which would allow patient transfers between hospitals including the Royal Infirmary and Stobhill.

At the meeting held on 2nd June 2006 members discussed the number of Intensive Therapy Unit (ITU) beds and High Dependency Unit (HDU) beds and the lack of medical HDU beds. Mr Calderwood advised of the review and re-design of services for critically ill patients and the need for these patients to access a bed within 4 hours of the decision to admit and treat the patient. The concept of medical HDU beds had been accepted and would be subject to being considered alongside other competing priorities.

FINAL BUSINESS CASE

At the meeting held on 1st December members were advised that the Final Business Case (except the information deemed commercially sensitive) was now available on the NHS Board’s website-www.nhsrggc.org.uk – via “Major New Improvements” - “Documents, Reports and Publications”, with a hard copy being made available to members on request.

MONITORING NAMED SERVICES – TEMPLATE

At the meetings held on 2nd June and 1st December, Professor Stewart-Tull submitted monitoring reports that outlined activity data relating to Acute Services and Accident and Emergency.

Members discussed the figures as they related to Accident and Emergency, specifically activity levels; the Board’s strategy to provide such services on a North-East / South-West split and the data that could be produced from a different split of postcode divisions.

Mr Calderwood explained that the review process, undertaken in 2005, on the planning assumptions which underpinned the Accident and Emergency proposals, had found the only change to be that the activity levels were higher than assumed for Minor Injuries Units. Changes would now be planned to ensure that these Units would have paediatric units to treat children who presented with minor injuries. This development was welcomed by the Monitoring Group. The Minor Injuries Unit would open 12 hours a day. Activity numbers and demand would determine the exact hours and whether the hours may require to be expanded. The NHS Board agreed to prepare revised maps showing the likely zoning to the new A&E Departments at the Royal Infirmary and Southern General Hospital.
The Monitoring Group was informed that the NHS Board would be testing its original planning assumptions on Accident and Emergency and discussing the findings with the Scottish Ambulance Service. The NHS Board regarded regional planning as essential as changes out with NHS Greater Glasgow and Clyde could impact on the NHS Board’s services. Mr Calderwood indicated that regional planning and the need to constantly review sub-specialities and alignments of services would ensure that planning for patient flows remained a fluid picture.

TRANSPORT ISSUES

I. National Transport Strategy

Niall McGrogan, the NHS Board’s Head of Community Engagement spoke to the National Transport Strategy, which was out to consultation. He pointed out that the proposals as presented did not meet the needs of communities and no mention was made of patient transport and access to health care facilities.

The Monitoring Group decided that the Chairman should liaise with Mr McGrogan over formulating a response to the consultation document on behalf of the North Monitoring Group.

II. Patient Transport Services – Scottish Ambulance Service

Alex Russell of the Scottish Ambulance Service gave a presentation on the Patient Transport Service to the North Monitoring Group at the meeting held on 15\textsuperscript{th} September 2006. His talk covered the difficulties in providing an effective service to all out-patients and day hospital patients and the fact that there were currently 28,000 wasted ambulance journeys.

Monitoring Group members had concerns that the ambulance services were under-funded and felt more could be achieved with greater resources.

III. Dial - A- Bus - Visitor Service

This new subsidised service was welcomed by the Monitoring Group who noted that it was currently only available in the City of Glasgow. The Group expressed some frustration that other Councils had not yet pursued this option.

IV. Steps Taken To Address The Transport Issues

At the Joint Meeting of the Greater Glasgow and Clyde North and South Acute Services Monitoring Groups held on 9\textsuperscript{th} March 2007, Niall McGrogan provided detailed presentations on the steps taken to address the transport issues and on the Glasgow Hospitals Free Evening Visitor Service which he reported was working well. It was hoped that it would be extended to the East Dunbartonshire Council area.
He advised Monitoring Group members that the NHS Board would be reviewing some parts of the Car Parking Policy with the intention of implementing the reviewed policy from a later date.

COMMUNITY ENGAGEMENT

Niall McGrogan, the NHS Board’s Head of Community Engagement presented to the Group’s September meeting, a report on the activity undertaken by his team in recent months. He and his colleague, Mark McAllister, answered questions from Monitoring Group members.

The strong community attachment with Stobhill Hospital was acknowledged, as was the fact that the NHS Board appeared to be listening much more to the views of the community. Monitoring Group members stressed how important it was that processes were in place to action the comments received and feed back to the community on the outcome and Mark McAllister described how this is being achieved. Mr McGrogan highlighted the ongoing dialogue with NHS 24 and their intended future involvement with the Community Engagement Team.

COMMUNICATIONS

Emma Gregory and Annalena Winslow from the NHS Board’s Communications Department gave members of the North Glasgow Monitoring Group a presentation on the Board’s Communication Strategy for both internal and external communications. Following the presentation and the answering of questions, members congratulated the Communications Department for the significant improvements made by the NHS Board in communications and in the difference that has been made to ensure a more informed media. The Group felt that the message was reaching the communities and was now much better understood.

STANDING ITEMS

The North Monitoring Group at each meeting gave consideration to a number of standing items and a summary of some of the discussions which took place on these issues is given below.

a) Members Comments on External Impacts on Named Services

i. Radiologists

Due to an increase in the number of CT scans being performed there had been increased pressure on radiology services. Members received reports on the action being taken by management to identify radiology staff to address this problem.

ii. Modernising Medical Careers

The Monitoring Group members had an ongoing concern about the impact of the new Modernising Medical Careers arrangements from August 2007.
iii. Endoscopy

It was reported that a third Endoscopic Room was opening to assist with meeting access targets. The moveable equipment would be transferred to the new hospital in 2009.

b) Waiting Times Reports (including Availability Status Codes)

The North Glasgow Monitoring Group received for information the Waiting Times Report (which included Availability Status Codes) which had been, shortly before, considered by the NHS Board.

The Report set out the waiting times targets and the NHS Board’s progression towards meeting the targets across NHS Greater Glasgow and Clyde. It also included the number of Availability Status Codes, and plans to abolish these by December 2007.

CHEMOTHERAPY SERVICES

The North Monitoring Group held a special meeting on 17th November 2006 to which Professor Alan Rodger, Medical Director, and Mrs Isobel Neil, General Manager, Beatson Oncology Centre were invited to discuss the future provision of Chemotherapy Services north of the River Clyde. Concern had been raised at a previous meeting at the centralisation of chemotherapy services for the north of the River Clyde in the new Beatson Oncology Centre, Gartnavel, and the impact this would have on patients from the north-east of the city and beyond.

Professor Rodger explained that following a Review of Cancer Services across the West of Scotland in 2002 by his predecessors, there was an identified need, due to an increasing demand, for sub-specialisation in cancer services. He stated that the safety of chemotherapy services to patients and the correct staffing mix covering medical, nursing and pharmacists was critical and therefore elements of centralisation, of such services, was essential. More locally delivered care was desirable as long as it was delivered to patients safely (this would be the case for colorectal, breast, lung and urology cancer services which would be retained in local centres across the West of Scotland).

Professor Rodger commended the West of Scotland Plan for Cancer Services and advised that the review was driven by a need to bring about better services for patients and improve their future care. He explained why he believed that the clinical and non-clinical services to patients would improve with better outcomes and access to specialists.

June 2007
GREATER GLASGOW ACUTE
HOSPITAL SERVICES STRATEGY

NORTH GLASGOW MONITORING GROUP

2006-07 MEMBERSHIP

Mr Ian Miller (Chairman)
Mr Paul Martin MSP
Vacancy
Dr Jean Turner MSP
Dr Robert Milroy, Chair of Medical Staff Association
Dr Roger Hughes, Area Medical Committee Representative
Frances Lyall, Co-Chair, Acute Services Partnership Forum
Mr John McMeekin, Public Involvement Committee Representative
Dr Paul Ryan, Medical Director, North Community Health and Social Care Partnership.
Ms Mary S Muray, North Glasgow Action Group
Dr Robert Cumming, Save Stobhill Campaign
Mrs Elizabeth King, Representative of Community Councils
Prof. Duncan Stewart-Tull, Representative of Community Councils

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