The wait is almost over! The first phase in the creation of a pan-Greater Glasgow ‘intranet’ system, called StaffNet Communications, will be delivered in July.

Staff using their local intranet system will be greeted by a new start-up screen, which will consist of a list of headlines and information relevant to everyone in NHSGG. A separate set of links on the same page will allow staff to access existing intranet pages, which will carry on in their current format for the time being.

Director of Communications for NHSGG, Ally McLaws, explained: “Up to now it has been difficult to get information about key strategic issues, decisions and initiatives like Agenda for Change to staff. The Divisions had inherited completely different internal communications systems from the former Trusts and we’ve had to work on a make do and mend basis.

“The new StaffNet Communications is a first step to a completely unified service and will allow instantaneous access to press releases, core briefing documents, breaking news, Scottish Executive releases and a whole host of other material.

“At a time when there are fundamental shifts in service design and a massive reorganisation, it is vital that staff have the swiftest possible access to information.”

The second phase in the roll out of StaffNet - which will mean a completely new and harmonised intranet across the whole of NHSGG – is expected in the autumn of this year. See page six for more on the implementation of the complete StaffNet.
Staff, patients, members of the public and representatives of various organisations have responded positively to NHS Greater Glasgow’s smoking consultation.

And while there has been general agreement to the questions asked, the survey has also generated some very blunt opinions.

Evelyn Borland, Director of Health Promotion at NHS Greater Glasgow, said: “The majority of comments supported the policy, e.g. of those staff who responded 80% agreed, with definition of smoke free to include buildings, grounds, car parks and vehicles. Around 20% feel it is too stringent.

“There was slightly less support from respondents who are members of the public, just over 60% of respondents agree, with 37% saying it is too stringent.”

Evelyn went on: “Many are supportive of the policy in general, but have concerns about our ability to enforce it properly.

“Several respondents suggest that unless it is strictly enforced then it will ‘break down’ and make very little difference.

“Some had worries about staff having to take abuse from patients and visitors when asking them to stop smoking.

“However there were also fears that having no designated smoking provision will increase illicit smoking and increase the risk of fires.”

She added: “It seems the overwhelming majority of staff and public agree we need to make a change and support us becoming smoke free - what needs more consideration is how far and how quickly the new ‘smoke free’ environment is put into effect.”

Thanking everyone who took part, Evelyn said: “I am delighted that so many people took the time and effort to respond.”

Everyone who took part shared similar views. The majority agreed with the draft policy which proposes to ultimately ban smoking on all NHSGG property, although they were happy to include exceptions.

This includes when the premises are regarded as a patient’s home, such as residential and psychiatric in-patient facilities.

Even then the evil tobacco can only be indulged in designated smoking rooms, not patients’ own rooms, an alternative, separate non-smoking provision must be made.

The majority also agreed that where staff provide a community service in a patient’s home, the patient should be asked in advance not to light up during the visit.

Those who commented revealed a mixture of views, ranging from this staff member who said: “This is very positive and demonstrates the NHS’ commitment to a smoke free environment.

“It is also consistent with the new legislation banning smoking in public places.”

This member of the public was a little more sympathetic: “People are quite often under a lot of stress when on NHSGG premises - perhaps visiting very ill friends/relatives, being given results of tests which may be devastating, and then you are saying to these people that they can’t go outside and have a cigarette.

“OK, it’s not a very good way of relieving stress, but in the short term what else can they do?”

Plans to prohibit staff smoking on NHS Greater Glasgow sites after a year’s grace of allowing people to puff away in the grounds, was given short shrift by one worker: “Staff will smoke. Smokers will always do. Anyone who says different is not being realistic.”

In general, with a few qualifications, staff welcomed the long term goal of a smoking ban and the health benefits it will bring for both themselves and patients, although public reaction was split.

The Corporate Management Team will study staff and public feedback before going to the Board with a revised version of the draft policy.

The successful smoking cessation service operating in more than 200 pharmacies in Glasgow has won the UniChem Community Pharmacy/Primary Care Award 2005.

NHS Greater Glasgow has developed an innovative and comprehensive service which is having a positive impact on patient care in Glasgow.

The award, an engraved crystal trophy, was presented to Scott Bryson, Liz Grant and June Waugh from NHS Greater Glasgow, at a recent ceremony in the Moat House Hotel in Glasgow. Douglas Smith, Senior NHS Accounts Manager for Scotland and the

Scott, June and Liz accept the award on behalf of NHS Greater Glasgow.

North East, Pharmacy Alliance, the Pharmaceutical Care Division of UniChem presented the award on behalf of UniChem.
We’re now well into year two of NHSGG’s two year Financial Recovery Plan with significant progress clearly showing in the original £58m challenge.

The challenge remaining for year two is estimated at £16.4 million. Further savings of £6.4 million have already been identified, leaving a further £10 million to be found.

The amount of savings to be found is not insignificant and remains an urgent priority – but in the context of NHSGG’s £1.2 billion funding package it is less than 1% of budget and reflects the huge success already achieved in the Recovery Plan.

In some parts of the system, staff may feel unaware of the changes that have delivered the efficiency savings – in other areas, many have been directly involved in re-organisation, restructuring and re-design of services.

Support services in particular have been at the forefront of many initiatives and this will continue throughout 2005/2006. Key changes toward single system economies of scale are being achieved in finance, laundry, equipment sterilisation, HR, laboratory services and communications.

Other key areas where efficiencies have been made include prescribing and centralised procurement.

The need to accelerate NHS modernisation and deliver single system efficiencies was in part driven by the need to fund the modernising pay agenda and the consequences of working time directives and out-of-hours GP cover arrangements.

Overall NHS spending in Greater Glasgow continues to increase as planned. The Health Plan – while including cost efficiencies – continues to focus on developing services to patients and health improvement.

NHS Scotland in the news

£50million to cut waiting times

In June, Health Minister Andy Kerr announced a new, three-year package of investment in cutting diagnostic waiting times.

The announcement was made during the Minister’s visit to Gartnavel General and the Beatson’s Tom Wheldon building, where he promised that by the end of 2007 no patient will have to wait more than nine weeks for an MRI or CT scan.

Some other tests will also be subject to an eighteen-week maximum wait by the end of 2007.

No More Long Waits

The drive to cut patient waiting times took another leap forward in June, when it was announced £10 million of brand new funding is to be poured into the NHS in Scotland.

Health Minister Andy Kerr is targeting the investment towards reducing the longest waiting times – and is trying to encourage closer working links between the NHS and the private sector to bring the lists down.

£10 million has already been spent on using independent facilities to cut waiting times for NHS patients. This time around, NHS Greater Glasgow is getting £1.85 million.

WHO backs Scottish smoking ban

The World Health Organisation has backed Scotland’s plans for a ban on smoking in public places.

Several weeks ago they announced the new legislation would be “an important step to reduce the death toll from tobacco-related disease” here. The WHO’s International Agency for Research on Cancer called it “a great example for other countries” and “a historic opportunity for Scotland.”

Smoking is blamed for Scotland’s lower life expectancy and higher premature death rates, with tobacco being behind the deaths of thirteen thousand Scots every year.

The new law is expected to take effect early next year.
In May this year, the Health Minister announced that Argyll & Clyde Health Board is to be disbanded. Responsibility for the services provided to the people of Argyll and Clyde is to be shared between NHS Greater Glasgow and NHS Highland.

A Project Board and supporting Project Team - comprising of representatives of all three NHS board areas affected (including NHS Argyll & Clyde) and the Scottish Executive Health Department - have been set up to manage the move. In addition, a four-month public consultation starts this month seeking the views of patients, staff and the public on which communities would be best served by NHS Greater Glasgow and which should be managed by NHS Highland.

Here we tell you how this announcement will affect staff and services within NHS Greater Glasgow.

When will the changes take place?

The four-month consultation on the options to re-draw the boundaries of NHS Greater Glasgow and NHS Highland will be followed by a further specific consultation process for Argyll & Clyde staff. It is likely that this second consultation will run for a period of three months with the new management arrangements being implemented from April 1 next year.

Will my job be affected by these changes?

No. There is no need for NHS Greater Glasgow to be disbanded as part of this exercise. Staff from NHS Greater Glasgow will therefore not have to transfer into a new larger organisation that will be created when NHS Argyll & Clyde is dissolved.

What’s the point of a consultation if the decision has already been made to split the Board between NHS Glasgow Greater Glasgow and NHS Highland?

The decision has not yet been taken on where the boundaries are to be drawn between NHS Greater Glasgow and NHS Highland. This will only be decided through the consultation process when the Minister will take into account views expressed by public, staff and patients.

Will this delay implementation of NHS Glasgow’s hospital modernisation plans?

No. The Minister has already made clear that the proposal to re-draw NHS Greater Glasgow’s and NHS Highland’s boundaries will not re-open the debate on decisions that have already been taken about clinical services. We will therefore continue to implement NHS Greater Glasgow’s agreed modernisation plans.

What about the plans for NHS Argyll & Clyde?

This is not a consultation about the future of hospitals or local services in the NHS Argyll & Clyde area. As with NHS Greater Glasgow, Argyll & Clyde Health Board will continue with its modernisation plans in the lead up to April 1, 2006.

How can I find out more about the consultation?

The consultation is being taken forward by the Scottish Executive. They will ensure that the consultation is advertised widely throughout the three health board areas and that public meetings are held to ensure that the public have every opportunity to give their views. We will publicise these dates throughout NHS Greater Glasgow. You can also download the consultation document from the intranet.
A t the end of June Health Minister Andy Kerr announced the formation of the independent Calder Group which will work with NHSGG to identify the most appropriate site for the new children’s hospital alongside adult and maternity services.

Welcoming the announcement Tom Divers, NHSGG’s Chief Executive, said: “We look forward to working with the Calder Group and to exploring all of the site options available to identify the most appropriate location for this world-class new children’s hospital.”

Mr Morgan Jamieson, Medical Director, Yorkhill, said: “We welcome the announcement on the membership and remit of the Calder Group and are eager to begin the process that will provide us with facilities and services that are fit for the 21st Century.

“Being able to combine child, maternal and adult services on a single site will allow our staff to offer the best model of modern care to all our patients.”

Sir John Arbuthnott, Chairman of NHS Greater Glasgow, added: “We can now get on with a process that will allow us to build a flagship hospital for the people of Glasgow for generations to come.”

It is anticipated that the new hospital will be built by 2009-10. Check out future editions of Staff News for updates on the process to identify a preferred site for the hospital.

Top design award for Glasgow Health Centre

T he new Community Centre for Health in Partick has clinched a top design award - coming second only to the new Scottish Parliament building.

The £3m new Centre, which is built on the site of the former Sandy Road Clinic in Dumbarton Road, won a commendation for Best Publicly Funded Building at the recent Scottish Design Awards.

Tony Curran, Head of Estates for Primary Care Services, said: “We are delighted that the new Centre has won this prestigious award despite being pipped at the post by the new Scottish Parliament building”.

He added: “The innovative design aims to promote awareness of healthcare in the community and the open features of the entrance and interior help make the building welcoming and spacious”.

How it looks – the award winning design

Harry Burns becomes new CMO

NHS Greater Glasgow’s Director of Public Health, Dr Harry Burns, has been named Scotland’s new Chief Medical Officer.

Succeeding Dr Mac Armstrong, Dr Burns moves on from Glasgow after twelve years in charge of Glasgow’s public health policy. Since his appointment in 1993, he has closely studied the links between poverty, ill-health and premature death. He’s now taking up the challenge of improving Scotland’s health: “NHS Greater Glasgow has identified a clear way forward, secured massive investment and launched an ambitious renewed drive to improve health through a range of initiatives including forward thinking Community Health Partnerships and the Glasgow Centre for Population Health.

“I now have the opportunity to work with Ministers and colleagues from across the whole of Scotland to influence further improvements in the health of Scots and to develop the best healthcare for the 21st Century and drive forward Scotland’s health record. I am looking forward, very much, to these challenges.”

A delighted Chairman of NHS Greater Glasgow, Professor Sir John Arbuthnott, congratulated his colleague: “Building on his career as a surgeon and as an exceptional Director of Public Health for Glasgow, Scotland is fortunate to have appointed someone of his calibre and knowledge of Scotland’s health”.

Dr Burns will remain with NHS Greater Glasgow until September.
Latest on heart and thoracic surgery proposals

The proposed West of Scotland heart and thoracic surgery centre would transfer to the Golden Jubilee.

An update on the Board’s decision on heart and thoracic surgery will be given in the next Staff News.

NHS Greater Glasgow’s consultation on a proposal to establish a West of Scotland Heart and Thoracic Surgery Centre at the Golden Jubilee National Hospital ended in May.

Sixty five responses were received from members of the public, staff and other interested parties. These included a wide range of thoughtful and constructive comments that are currently being considered. A report with all responses will be taken to the next meeting of the Board in July.

NHS Lanarkshire, who were separately consulting on a proposal to transfer thoracic surgery from Hairmyres Hospital to the Golden Jubilee, have also completed their 12-week consultation exercise. NHS Lanarkshire Board considered the outcome of this in May, when it agreed to support the inclusion of the transfer of the Lanarkshire thoracic surgery service as part of the development of a regional centre.

More than 500 staff work in Glasgow’s heart and thoracic surgery and interventional cardiology service. This service would transfer to the Golden Jubilee if the proposed West of Scotland heart and thoracic surgery centre were established.

An update on the Board’s decision on heart and thoracic surgery will be given in the next Staff News.

StaffNET coming soon to a monitor near you!

As you’ll have seen on page one, an interim pan-NHSGG intranet page will be up-and-running soon. But what will the final version of the system look like?

If you’ve ever struggled to find a telephone number for someone in another Glasgow hospital, or wished all the clinical policies, guidelines, reports and documents you need could be easily found in one place, then the new integrated StaffNet could be the answer to your prayers.

Across the many NHS Greater Glasgow hospitals and sites, there are a number of Intranet systems providing a wide range of information. A single Intranet system will be created bringing together all the best bits of the existing systems in a fresh, up-to-date and easy to access site. The new system will include everything from a pan-Glasgow telephone directory, the latest NHS Greater Glasgow news, policies, minutes, discussion boards through to local headlines and information for the hospital or site that you work in.

StaffNet will be created around the new single system structures soon to be introduced across the city, covering everything from Community Health Partnerships to hospital based services and more.

Since StaffNet will be driven by local editors, training is now taking place across the city for those people interested in being responsible for updating their own departmental sites.

It is anticipated that StaffNet will be launched in the autumn of this year with many key areas in place, however it will take time, and YOUR help, to make StaffNet an indispensable tool for your day to day business!

Look out for more information on StaffNet soon!
Sir Kenneth Calman, FRSE, PhD, BSc, FRCP, FRCS (Ed), FRCGP holds the distinction of not only of having been the Chief Medical Officer for Scotland but also holding that position in England and Wales too.

However, Sir Ken remains at heart a ‘Vicky’ medic having practised there as a young man. There was no surprise, therefore, that he was guest of honour recently at the launch of a new exhibition charting the history of the Victoria Infirmary. But his status as one of the most famous clinicians in the country did him no good as a perspiring Community Involvement person accelerated pinkly up to a NHS Board Member spluttering “For God’s sake it’s about to start! Has anyone seen that Sir Kenneth bloke? No one knows what he looks like and I can’t find him!” With remarkable composure, the Board Member pointed to the person she had been talking to before being so rudely interrupted. “Meet Sir Kenneth Calman”, she said.

As regular readers of the Endoscope will know, the second biggest impediment to a successful NHS behind those pesky patients is the public. This was borne out by the experience of some senior NHS staff who were doing their best to explain, in painfully earnest terms, strategic thingys as to why services must change. All was going well until some strange and persistent noises (other than cries of ‘Rubbish!’ or ‘Do what the people want!’) intruded into the proceedings.

It transpired that the source of the muffled growls and slabberings was a lady’s Chihuahua, happily ensconced in her handbag, which had just chanced upon an unfinished packet of Starburst chews.

Problems with pooches also featured prominently in the life of one of Glasgow’s senior sexual health people.

Taking on board years of practical experience gained in family planning and STD clinics, he observed to his mother-in-law that her two young canines, a bitch and a dog (presumably named ‘Itchy’ and ‘Scratchy’), might soon cause a few unwelcome problems if the male weren’t, ahem, ‘seen to’. His wife’s mother was nonplussed – “Yes of course I’ve thought of that – it’s all very easy, I’ll go to the vet and get him sprayed.”

Rumours that staff from the Sandyford Initiative have since been visiting veterinary surgeons across the city in order to find a magical aerosol that will dramatically reduce the underage pregnancy rate have been strenuously denied.

An assessment process is currently underway to appoint staff to the new top level posts agreed within the new organisational structure. Details of the key timescales are shown below:

<table>
<thead>
<tr>
<th>Step</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start of first phase of assessment process</td>
<td>6th June</td>
</tr>
<tr>
<td>End of first phase of assessment process</td>
<td>mid-July</td>
</tr>
<tr>
<td>Announcement of appointments from first phase</td>
<td>29th July</td>
</tr>
<tr>
<td>Start of second phase of assessment process</td>
<td>beg Aug</td>
</tr>
<tr>
<td>End of second phase of assessment process</td>
<td>end Aug</td>
</tr>
<tr>
<td>Announcement of appointments from second phase</td>
<td>September</td>
</tr>
<tr>
<td>New management arrangements in place</td>
<td>Oct/Nov</td>
</tr>
<tr>
<td>Migration of remaining staff to new structures</td>
<td>by end 2005</td>
</tr>
</tbody>
</table>

What happens next?

Details of the appointments from the second phase will be announced during September and the new management arrangements are expected to be in place by October/November 2005. It is important to restate that there are no plans to assess and reappoint all remaining staff. The vast majority of staff will migrate across to the new organisational structures through a carefully managed process of transition, led by those appointed to the senior posts. This process should be complete by the end of year.
There are concerns about the distances that people will have to travel for inpatient care. There are also concerns about the consequences of providing stand-alone day surgery if a patient develops a complication during day surgery. “As such, it is crucial that we explain clearly what these new hospitals will do and reassure the public that they will continue to receive the vast majority of their healthcare locally and safely. “To date, we have only had limited success in this. The initial names given to the hospitals - ‘ACADs’ and ‘Ambulatory Care Hospitals’ - have not proven to be successful. ‘Ambulatory’ is not an everyday word; it has served to cloud - not help - people’s understanding of major role to be played by these new hospitals. “I am confident that our new campaign – making full use of the new images and explaining in detail the full range of services to be provided and what happens if a patient develops a complication – will help deal with those concerns.” The campaign is being rolled out at the same time as two major new exhibitions commemorating more than a century’s tradition of healthcare in
the in the north and south east of Glasgow.

“The Past, Present and Future of the Victoria” and “The Past, Present and Future of the Stobhill” chronicle the history of the much-loved hospitals and celebrate some of their pioneering clinicians, including Dr Ebenezer Duncan, who first proposed the building of the Victoria in 1878.

The exhibitions also look forward to the future of the hospitals when the old buildings will be replaced by new multi-million pound hospitals with well-equipped treatment areas, state-of-the-art theatres and modern, airy waiting areas.

For further information, including full details of the exhibitions, please contact Nial McGrogan on 201 4902.
With around a quarter of NHSGG job types now subjected to job matching and evaluation, Agenda for Change is well on its way.

The introduction of new, national terms and conditions to replace Whitley Council and local arrangements is dependent on staff job descriptions being either matched to national profiles or evaluated locally to agreed standards.

Progress has been slower than hoped but the management/staffside team leading the process is making moves to get the schedule back on track. Dedicated staff will be appointed to sit on job matching and evaluation panels and power through the workload during July, August and September.

Matters haven’t been helped by initially sluggish submission of job descriptions. Staffside representative, Caroline Fee, remarked: “Staff and managers should do their best to avoid any delay in submitting job descriptions”.

The latest information about Agenda for Change can be seen at www.nhsgg.org.uk/agendaforchange.

Get in the know on prescribing?

A new website is helping medical staff choose the right drugs for their patients.

NHS Greater Glasgow’s Area Drugs and Therapeutics Committee (ADTC) produces a Glasgow formulary – a list of drugs which provide effective and cost-effective options for most clinical situations. The committee is made up of doctors and pharmacists from across acute and community practice and reviews information on new drugs and develops or approves policies related to prescribing.

If you want to keep up with information on prescribing check the ADTC’s website at www.show.scot.nhs.uk/gghsb/adtc or look on your local intranet for the latest edition of Postscript, the committee’s bi-monthly newsletter. You can also subscribe to an electronic mailing list which will alert you when each new edition becomes available. You can do this by sending a blank e-mail to postscript-subscribe@smartgroups.com.

Postscript Primary Care is a monthly newsletter aimed mainly at GPs and community pharmacists. You can also view this on the ADTC website or join the mailing list to receive every edition as soon as it is published by sending a blank e-mail to pspc-subscribe@smartgroups.com.
Irene runs an Adaptation course, enabling overseas nurses to gain their NMC registration and making sure they’re well prepared for life in Glasgow. 

Q) Irene, how did your Adaptation course get started?

We’ve run two Adaptation courses so far. The first group of 30 came from the Philippines in September 2003 and the second group of 16 was recruited from the Philippines in September this year. The first group of 30 came from the experienced nurses within the city.

Recruiting overseas nurses is part of our strategy to tackle the shortage of professional qualifications. It’s been an attractive to them. A few have actually taken part in Irene’s Adaptation course, and

Irene was running and I jumped at the chance to get my registration and work in the NHS.

Three staff nurses from the Mansionhouse Unit at the Victoria have also been telling Staff News about how they see life on the wards in Scotland.

Suja Joseph from Kerala in India works in Stroke Rehabilitation:

Suja: When I first came to the UK I worked in a nursing home in Oban. Then I found out about the Adaptation course and I was running and I jumped at the chance to get my registration and work in the NHS.

Irene’s Adaptation course may be copied nationwide by September.

Ghanaian nurse Grace Bempong works in a Care for the Elderly ward:

Grace: The one big difference I see between working with older people here and working with older people at home in Ghana is the culture. Here at Mansionhouse we do things that families would do back in Africa; like personal care and washing the patient.

It’s been a surprise to see how much work goes into caring for older people here. The OTs and the Physios come into the ward here, which was something I hadn’t seen before. At home they’re based downstairs! The discharge planning that we do for patients was a real shock, because at home there’s no such thing as nursing homes. And I’d never seen Parkinson’s Disease before either.

Another thing I had to get used to was the equipment, because there’s lots of things here that we just don’t have at home, and I had to learn how to use things.

Jay Galang from the Philippines works with Grace in an Elderly Care ward:

Jay: I was one of the first nurses to take part in Irene’s Adaptation course, and it was a big help but I think it still took me a while to get settled. I’m still learning now, but I began to feel comfortable after about three or four months.

We’re allowed to do much more here than in the Philippines. Back there, every single medical decision is made by a consultant. Here we’re allowed to do so much more and we’re more hands-on.

Looking after hygiene’s someone else’s job and the rules are very strict. Nurses just take care of medicine and nothing else.

I’d tell any of my friends from home to come over, but they’d need to practice their English first. We all speak the language well, but the accent here isn’t how we learned it!
What you may not realise is that your ward or service can benefit. Some services get volunteers to chat, play board games or even do crafts with patients. Others are “welcomers”. Right now, some are obtaining patient feedback. However, volunteering can be about so much more. Voluntary Services Managers are very keen for more wards and services to get in touch. What could a volunteer do for you? Even if you’re not sure, Voluntary Services would be delighted to give you advice (their numbers are on the right of page thirteen).

2005 is the Year of the Volunteer and Staff News is marking the celebrations by profiling some of the amazing work volunteers do and tell you how you can benefit...

Volunteer broadcasters Alistair Thomson (left) and John MacDonald get down to making music at Southern Sound - the Southern General’s hospital radio station.

If someone asked you what volunteers do, what would you think of? Tea bars? Chaplains? Perhaps hospital radio?

But there are lots of volunteers involved across NHS Greater Glasgow, helping patients and visitors.

And it’s not just within hospitals but in communities, in health centres, clinics and resource centres too.

A very special volunteer – Millie the dog!

Liz Craik, Head of Physiotherapy at Gartnavel General, is a founder member of the Canine Concern Therapet Scheme, which began over fifteen years ago.

“I bring my dogs into the Care of the Elderly department,” Liz explained. “Millie’s done this for many years. The patients love her, she loves the attention and, of course, the biscuits!”

Canine Concern’s therapets are much loved by Gartnavel’s staff and patients alike – and even went to the 25th anniversary celebrations!

What’s more, the therapets themselves have a wonderful time. Liz agreed, “We’ve competed in Open Obedience for several years so Millie loves showing off her skills.”

In fact, Millie is quite a star! She won the Junior Agility Section of Crufts in 2003.

Millie is a very popular visitor at Gartnavel

I can’t think of anything else I’d rather do

Shaun McGarrigle was nineteen when he was diagnosed with a cancerous brain tumour. Shaun, who’s now 23, told Staff News, “It was the biggest blow I’d ever known and really knocked my confidence. I felt it was the end for me.”

Shaun underwent two years of intensive treatment, surgery and rehabilitation, including learning to use one side of his body again. But he’s now looking forward to a new career he never thought possible.

“I worked in a warehouse before, but now I volunteer in the Yorkhill Children’s Club two days a week. It’s absolutely fantastic working with the kids and something I’d never have considered if I hadn’t had my illness. Now I can’t think of anything else I’d rather do!”

It really is that varied!

Margaret McInnes, Voluntary Services Manager at the Royal Hospital for Sick Children, ensures her volunteers enjoy the time they give.

Margaret said: “Volunteers can read with the children, or simply be there to allow parents some time away. They provide free aromatherapy for parents and maintain fish tanks! It really is that varied.”

Yorkhill volunteers are trained and screened for working with children. All are given the same orientation and training as staff, covering topics like infection control awareness, child protection and health and safety.

Ann McEwan, Voluntary Services Manager for North Glasgow Hospitals, is equally enthusiastic, “It’s great to see people find a role within the health service. I’m really keen to talk to staff to develop more opportunities for volunteers.”

Margaret McInnes, Voluntary Services Manager at the Royal Hospital for Sick Children
Volunteers!

There are lots of opportunities for volunteers across NHS Greater Glasgow.

Find out how volunteers can benefit your service by calling one of the following:

North Glasgow
Ann McEwan or Freda Kennett
Voluntary Services Department
X13838

South Glasgow
Bryan Bannerman
Voluntary Services Manager
X62748

Primary Care
Eileen Ross
Voluntary Services Organiser, Mental Health
0141 211 3681

Bridget Reid
Befriending Services Manager, Mental Health (North East)
0141 531 3211

Barbara Beattie
Voluntary Services Manager, Mental Health (South)
0141 211 6564

Marion McPhillips
Co-ordinator, Glasgow Breastfeeding Initiative
0141 531 8227

Annette Dougan
Volunteer Co-ordinator, Drumchapel Community Health Action Team
0141 211 6166

Yorkhill
Margaret McInnes
Voluntary Services Manager
X86977

It’s all about saying thank-you

NHSGG’s Primary Care Division held a lunch at the Hilton for more than a hundred and twenty volunteers to say thank you. They came from virtually all parts of the sector, including Mental Health, the Glasgow Breastfeeding Initiative and the Drumchapel CHAT.

Quality Co-ordinator Linda Davidson says as well as helping patients, there’s a lot volunteers can do for you: “The contribution they make to patients and staff is so valuable. “The lunch was all about saying thank you.”

WRVS veteran Peggy Brown is presented with a bouquet in recognition of thirty years of service at Gartnavel Royal.

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WRVS veteran Peggy Brown is presented with a bouquet in recognition of thirty years of service at Gartnavel Royal.
Our Communications team, based at Dalian House, are on the frontline when it comes to getting the word out about all that’s going on within NHSGG. They’re the ones who give information to the press, answer questions from journalists and do their best to keep sensitive issues away from the spotlight. And they put together your Staff News!

NHSGG is in the media on an almost daily basis. Here’s a look at how they handled some of the big stories to hit the headlines recently.

GRI “miscarriage” mother

In April a pregnant Glasgow woman contacted a national newspaper alleging GRI staff told her she had had a miscarriage, only to find out two days later that this was not the case.

The first NHSGG knew was when we saw the headline. Not only was the story wrong on several counts, the “conversation” between doctor and patient did not happen as described. The inaccurate version of events was then repeated by national and local news media.

The challenge was, how do you correct an inaccurate story without breaching patient confidentiality? Very often the answer is “no comment”, but these staff deserved to be better defended than that.

The Communications team found out what actually happened from Dr Alan Mathers, Clinical Director of Gynaecology, then told journalists none of the established protocols had been breached, without giving patient-specific details. As a result further coverage of this story over the next few days was balanced and far less damaging to the reputation of one of our hospitals.

‘Baby is dead’ story denied by hospital

The Western scanner

Leading up to the General Election, the Scottish Conservatives published correspondence between radiologists at the Western and Executive Ministers to claim that an ageing CT scanner at the Western was not due to be replaced and was compromising patient care.

This then became a political hot potato. The truth was the scanner was due for replacement within three months as part of a £12 million equipment upgrade. A similar machine at Stobhill had already been replaced, and was chosen ahead of the Western in agreement with clinical staff.

Without becoming embroiled in a political battle, it was the job of the communications team to set the record straight and make clear that a new CT scanner was on its way. A detailed statement to this effect was issued and the key message reinforced at every opportunity.

Multi-million pound leukaemia research centre for Glasgow

Sometimes the Communications team are able to give good news without any drawbacks!

In May, plans were announced for a new £8 million lab including a new leukaemia research centre to be built on the Gartnavel site. Funded by NHSGG, Glasgow University and the Leukaemia Research Fund, the Paul O’Gorman Centre is named after a Glasgow teenager who died of the illness in 1987 at the age of 14.

This story meant positive coverage for NHSGG. Working closely with Professor Tessa Holyoake – who gave up her weekend - interviews were set up with various media to ensure that this good news reached as wide an audience as possible.

NHSGG in the headlines
Not just there for the nasty things in life!

Everyone knows Communications are the people you turn to if you’re contacted by the press or if you get a request for an interview. But what else do they do? If you’re doing something new or different, or if you’re seeing great results, then let the Communications team know! They’re always happy to get the good news out there. Even if you’re not certain what we could do for you, give us a call and we’ll be happy to chat. A guide on how and who you should contact is below.

A GUIDE TO YOUR NEW NHS COMMUNICATIONS RESOURCE

From April 1st this year the NHS communications staff from South, North and Primary Care Divisions and the Corporate Communications team based at the Board merged to form a new single systems Communications Directorate.

The move delivered significant financial savings, removed duplication and increased consistency and quality of communications across all areas.

It brings together a talented team of communication professionals from various fields of expertise ranging from graphic design, web and intranet development, marketing, journalism, media handling, emergency planning, campaign management, consultation handling and internal communications.

What do NHS Communications staff do?

- Handle all media inquiries - that’s around 200 a month - and issue all press releases;
- Operate a 24 hour, seven days a week press desk;
- Write, edit and design the NHSGG Staff News magazine;
- Write, edit and design the NHSGG Health News newspaper;
- Develop and implement campaigns such as NHSGG’s HAI campaign;
- Write and issue Core Brief to 33,000 NHS staff;
- Organise PFPI Our Health events;
- Organise ministerial visits and respond to parliamentary questions;
- Respond to media requests under Freedom of Information Act;
- Design and develop the NHSGG website;
- Organise, promote and publicise the AGM/annual report.

What’s the Communications set-up?

- Director of NHSGG Communications is Ally Mclaws
- Head of PFPI and parliamentary liaison is Jim Whyteside
- Head of Communications, Acute Services, is Sandra Bustillo
- Head of Communications, Primary Care and Mental Health, is Elsbeth Campbell
- Press Manager is Emma Gregory
- Publications Manager is Dawn Nelson
- New Media is headed by Brian McMullan

Contacts: NHSGG Press Desk – operational round the clock - 0141 201 4429

Email pressoffice@ghhb.scot.nhs.uk
Press officers: Emma Gregory; Lorraine Dick; Susan Carden; Annalena Winslow
NHSGG New Media Desk - (0141) 201 4757

NHSGG Publications Desk - (0141) 201 4912
For Ally, Elsbeth, Jim & Sandra contact - (0141) 201 4857
Yorkhill has its own dedicated communications resource – (0141) 201 0833
Working for Health in Greater Glasgow (WHIGG) gets bigger and better

Andy Kerr, Minister for Health and Community Care, recently launched this year’s Working for Health in Greater Glasgow (WHIGG) initiative.

The hospital-based initiative was first started during 2004 and originally saw nine trainees being offered full time employment with NHS Greater Glasgow out of a total of 15 trainees who took part in the initiative. That continued during 2004 and early 2005, helping 95 out of 149 trainees to find work with NHS Greater Glasgow.

This year NHS Greater Glasgow is hoping to encourage as many as 350 unemployed people to take part in the initiative.

Ian Reid, Director of Human Resources, NHS Greater Glasgow, is delighted that the initiative is giving people the opportunity to get back to work.

He said: “Quite often unemployed people don’t consider the NHS for employment. This initiative gives them a chance to see the wide range of jobs available within NHS Greater Glasgow and offers them options they might not have considered before.”

Andy Kerr, officially launched the initiative and said: “NHS Greater Glasgow’s WHIGG initiative should be commended for the great work it has achieved in helping people to find employment in the NHS. The original pilot in 2004 helped 95 out of 149 trainees to find work with NHS Greater Glasgow.

“This launch of the project, which I am pleased to attend, will be done on a much wider scale and will offer the opportunity for employment for 350 long-term unemployed people. This project will add to the recruitment of a diverse workforce for the NHS with various skills and experience. It should increase staff retention rates and reduce the cost of filling vacancies.

“The participants who have been involved in this initiative in the past have talked of improvements in their overall health and well being, with many of them taking more exercise and eating healthier, which is an added bonus.”

Back pain service way ahead!

A poster developed by Jo Furniss on behalf of the Greater Glasgow Back Pain Service (GGBPS) has won first prize in its section and third prize overall at the National Allied Health Professions Clinical Effectiveness and Practice Development Conference in Falkirk.

The poster detailed a recent audit that had been undertaken in collaboration with the Primary Care Clinical Governance Department and NHS Greater Glasgow. The purpose of the audit was to assess the satisfaction of individual patient experiences of the physiotherapy-led Greater Glasgow Back Pain Service (GGBPS).

Cycle to Work Day

Staff at both Gartnavel General and Gartnavel Royal Hospitals supported National Bike Week and NHS Greater Glasgow’s green transport policy, by using pedal power to travel to work. Those who took part enjoyed a special cyclist breakfast made by canteen staff.

Staff News

Written by staff for staff with the full support of the Partnership Forum.

If you’d like to send an article, letter photograph or comment to us

Send them via our new email address: staffnews@nhsgg.org.uk

Send them to: Olivia Cornacchia, Staff News, NHS Greater Glasgow, Dalian House, 350 St Vincent Street, Glasgow G3 8YZ.