ACUTE SERVICES BEDS/ACTIVITY/CAPACITY SUB-GROUP

Note of Meeting held on Thursday, 10th February 2005
Conference Room, Southern General Hospital

		ACTION
1.	**NOTE OF PREVIOUS MEETING** • The note of the meeting held on 23rd December 2004 was accepted as accurate.	
2.	**Bed Numbers for Inpatient Facilities** • A draft paper from CR was circulated prior to the meeting. The paper outlines bed numbers for inpatient facilities based on bed modelling activity carried out by CHKS. It also outlines further stands of analysis carried out to modify the CHKS analysis. CR requested that the group work through and comment on each section of the paper. **1.3 New models of emergency care** • Emergency admissions project proposed the introduction of Emergency Medical Complex. Dr Hamish McLaren will now revisit this work to assess what adjustment is required for 30 day assessment facility beds. • AH asked what the impact these beds would have on the 4 hour A&E waits, as the Ministerial paper states that medical assessment beds are part of the 4 hour wait. It was agreed to revisit the paper to clarify. **Geographic Split** • The need to define the number of beds required at the SGH site. This will be determined on how catchment areas of Greater Glasgow will split as services change (see map). After much debate and discussion it was that Dr Stan Murray and Joe Clancy will revisit the assumptions particularly the area defined as S1. • It was agreed the need to split General Surgery to sub specialty level. CR agreed to write up where we have got to back to the group when we are discussing the Elective Non Elective activity on 1/2 sites. **Specialty Adjustments** • As a working assumption the paper has outlined the specialties that may not be provided on all sites. Further discussion is required in relation to Upper GI, Urology.	CR/HMcL **CR/AH** **CR/SM/JC** **CR** **All**

	Rehabilitation • The working assumption at this point is that for all but the short stay patients all others will be repatriated back to the referring hospital for their rehabilitation. **1.4 Data Analysis issues CHKS** • It has been recognised that throughout the process with CHKS there were significant differences between the data analysis. Rhuematology as an example. PK provided an explanation of Rhuematology CR will add this to the paper. • Concerns about the quality of coding particularly of co-morbidities. There is currently a review underway with CHKS. CR will feedback the outcome. • CHKS best performance Peer v Glasgow. CHKS have been asked to review the effect of taking peer performance only when it is better than Glasgow. Outcome of the review will be inserted when it becomes available. **2. Detailed Analysis** • Glasgow meeting upper quartile performance of UK teaching hospitals. It was agreed that we required a second option i.e. Inner City Peer. • Bed Occupancy level to appropriate sub specialty level • Assumes 2.5% growth in non-elective admissions across all specialties – this requires further debate at Specialty level. • Baseline data is 2002/03 this needs to be brought up to date for 2003/04. • Community Care – assumes 50% of patients currently accommodation in acute beds with a length of stay >30 days could be accommodated in other facilities or services not on an acute site – further debate and discussion required. • AMcM raised concerns of GGH and the level of clinical activity on the site i.e. 14% as being far too small. CR agreed that once the bed numbers for GRI & SGH have been produced we would require too have a further in depth debate. If it happens that GGH is too small then we would require to consume the activity elsewhere. **Timing for production of the paper** • CR indicated the need for all members of the group to have input to the document and welcomed further comments.	**CR** **CR** **CR** **CR/DL/CHKS** **DL/CHKS** **DL/CHKS** **DL/CHKS** **ALL**

	• CR proposes to present the paper to NHSGG at the Board seminar on the 8th March 2005 as work in progress. This will cover the following o Broad indication of the inputs to date o Best/Likely/Worst scenarios	**All** **CR**
3.	**Update & Feedback from CMSG's** • Rehabilitation – MR indicated that the group have a clearer view of the projections of activity and defining the care pathways, it is hoped that this will be available by the end of the month. • Rhuematology – MS indicated that the group have met and discussions are ongoing in relation to a 1/2site option. AHP's are meeting in relation to pathways. • Ophthalmology - JJ – raised concerns in relation to the sizing of the SGH ACAD theatre accommodation, BC indicated that this will be revisited as part of the debate on 23 hour beds. • Diabetes – DL highlighted the difficulties with the data from CHKS. Coding of data from SGH is very important this should be complete soon. MCN's are revisiting the pathways. • Critical Care – Cammy Howie – Comfortable in forecasting beds numbers for ICU. MHDU – beds currently do not exist this would require a re-designation of Medical beds (see Dr Stan Murray paper). SHDU is more difficult, however, continuing to work through what data is available. • Respiratory Diseases – SM also highlighted the difficulties with the data. SMR 1 data now being used, making headway towards forecasting the bed numbers. • Nuerology – JC similar stage as the other groups regarding the data and agreed framework.	
4.	**DATE AND TIME OF NEXT MEETING** • **The next meeting 31st March at 5.00 p.m. Conference Room Southern General Hospital.**	