

## ACUTE SERVICES BEDS/ACTIVITY/CAPACITY SUB-GROUP

Note of Meeting held on 23<sup>rd</sup> December 2004  
In Conference Room, Southern General Hospital

### ACTION

#### 1. NOTE OF PREVIOUS MEETING

- The note of the meeting held on 25<sup>th</sup> November 2004 was accepted as accurate.

#### 2. DEVELOPING BED NUMBERS

- A short paper from Catriona Renfrew had been circulated in advance of the meeting (Bed Modelling for the ASR) in addition, a series of other papers had been circulated including the final CHKS performance comparison report from June 2004;
- Section 3 of the Catriona Renfrew paper, a number of points are noted where further work is required. In discussion, the following points were noted;
  - Margaret Smith raised the query over Rheumatology data. South Glasgow shows no Rheumatology beds which is an accurate reflect of the actual position. Rheumatology patients are accounted for within the total number of general medicine beds;
  - Robert Calderwood noted that South Glasgow has been revisiting the first quarter SMR data for 2004/5 and is ensuring that this is comprehensively re-coded. Once completed, this will be shared with CHKS to enable an assessment to be undertaken of what changes this informs from the existing South Glasgow analysis and related comparative analysis;
  - With regard to the balance of beds, Catriona Renfrew noted that the Margaret Roberts led Rehab Group will reach headline conclusions on rehabilitation services. These will be critical to the inpatient service models and the location / co-location of beds. Similarly, the Christine McAlpine led Group on Neurology will draw conclusions on how Stroke Care and Head Injury services will be managed and provided within Acute Services;
  - Catriona Renfrew agreed to forward the data we now have from the work led by Dr Kate McIntyre (Public Health) on multiple re-admissions;
  - CR noted the ongoing concerns within Glasgow City Council about the accuracy of the census data. GCC is concerned that there is a significant under recording of the Glasgow population. It was agreed that we will re-check the population assumptions being played with it into the bed

South  
Glasgow

CR

CR +  
Kate  
McIntyre

modelling analysis. This is to be done in conjunction with CHKS;

- Cameron Howie raised the issue of how CHKS compare GGNHS hospital performance to peer hospitals. Particularly, we need to check the tolerance levels around length of stay and the comparison of taking peer performance across activity rather than combination of Glasgow performance where better than peer and peer where better than Glasgow. DL to raise with Sam Gallagher from CHKS.
- Catriona Renfrew confirmed that a note of the progress with this further work on bed numbers would be circulated to the group in January.

DL

### 3. CLINICAL MODELS WORK

A brief update was provided from the Clinical Models Groups representatives attending the meeting.

- **Diabetes** – the poor quality of co morbidity recording has limited the work that can be done. The final Group report will reflect this. Related work being taken fwd through the MCN will be valuable to determining the future shape of inpatient services and the related balance of care between acute: primary care
- **Neurology** - work progressing as planned
- **Ophthalmology** - Issues about number of operating sites for ophthalmology - BC to get involved in this and ENT group where similar issues are emerging. Need to ensure definitions are tight on inpatient/daycase/outpatient definitions. Also cross boundary flow issues with Argyll and Clyde, if patient flows change need to consider sites.
- **Rheumatology** - Developing care pathways work. Issues about non hospital facilities for investigative patients. Clarity required on West Glasgow position to enable move to two sites. Need to keep a focus for acute receiving responsibilities as sub specialists develop a view.
- **Respiratory** - Data now more usefully broken down - review to be done of relationship to acute receiving complex and potential of expansion of early supported discharge to be explored/described.
- **Gastro** - Care pathways relatively simple. Challenges about volumes, screening impacts, particular issue for colorectal cancer.
- **ENT** - Good progress on options
- **Trauma** - CR to discuss with PK/MS handing of orthopaedics.

### 4 Clinical Models Template

- Draft template was circulated with the papers for the meeting;

- Comments on template to David Leese/Pat Kilpatrick ASAP and planning managers to work on completion by **end February 2005**.

## **5 Action & Timescales**

Agreed:

- Templates to be completed by end February 2005;
- Further discussion in January and high-level policy issues.
- Enabling briefing for seminar March 8<sup>th</sup>.

## **6. Date and Time of Next Meeting**

Next meeting is scheduled for **Thursday, 10<sup>th</sup> February, 05 at 5.00 p.m. in the Conference Room, Southern General Hospital.**