

ASR Beds/Activity/Capacity Sub Group**Note of Meeting 7th July 2005****Conference Room Southern General Hospital**

	Item	Action
1.	Apologies for absence accepted.	
2.	Note of previous meeting 21 st April 2005 accepted.	
3.	<p>Clinical Model Sub Groups</p> <p>Infectious Diseases – Draft report now available and will be issued to the group for comment (attached).</p> <p>CHD Report – Dr Morrison talked through the report highlighting the progress to date.</p> <ul style="list-style-type: none"> • Cardiology - Current activity trends projected to 2012 suggest a notional bed requirement of 163 beds. • Does not take account of any potential services changes and/or service redesign. • Potential services changes – Dr Morrison highlighted the importance of piloting the potential services changes, however, this would require upfront funding. • Potential Bed reductions – linked with the pilot schemes, investment is required in the pilots before any reductions can take place. 	PR
4.	<p>Bed Modelling Draft Report</p> <ul style="list-style-type: none"> • CR talked the group through the process, outlined in her covering paper. • CR also emphasised that the groups report is issued as a discussion document, and the bed numbers in the appendix are indicative, until the group reviews the outcomes of a wider debate. • Andrew McMahon expressed concern about the realism of surgical receiving mostly at GGH. We need to ensure that the report is clear on emergency and elective surgery proposals. • Further work required before draft paper can be presented to GGNHSB <ul style="list-style-type: none"> ○ Community beds - Further work is required to determine what support may be required. ○ Strengthen the Clinical Models Sub-Group section of the paper. ○ Critical Care 2/3 sites a form of words required by Cammy Howie. • Friday 15th July a revised draft will be circulated to the group for final comments. 	CR/MR PR PR/CH CR

	<ul style="list-style-type: none"> • The final document will be circulated for discussion to GGNHSB on Friday 22nd July 2005. • After the Board meeting we will arrange a series of wider discussions with clinical staff and other interests. • Group to meet again mid-September to review comments and views presented for final report to be produced. 	All All
5.	<p>Bed Modelling numbers appendix</p> <ul style="list-style-type: none"> • CR talked the group through the template and bed numbers, the following areas were highlighted, and require refinement. <ul style="list-style-type: none"> ○ Colorectal beds need to be split GRI/SGH ○ CHKS need to be clear about benchmarking i.e. best of best need to be more explicit. ○ 2.6 of paper populations shifts to be changed from % to wholes numbers. ○ Community beds further discussion required too reconcile beds numbers Particularly reflect on the Geriatric assessment presentation. ○ Table to be split Medicine and Surgery. ○ Emergency growth needs clarity this is medical Specialties 	JC JC CR JC JC JC
	<p>Date & Time of next meeting The next meeting of the ASR Beds/Activity/Capacity Sub-Group will be held on 18th August 2005 at 5.00 p.m. Conference Room, Southern General Hospital.</p>	