

GREATER GLASGOW NHS BOARD

**Minutes of a Meeting of the  
Greater Glasgow NHS Board  
held in the Board Room, Dalian House,  
350 St Vincent Street, Glasgow, G3 0YZ  
on Tuesday, 17 September 2002 at 9.30 am**

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**P R E S E N T**

Professor G C A Dickson (in the Chair)

Mr J Best	Mr T A Divers OBE
Dr H Burns	Professor M Farthing
Mr R Calderwood	Councillor J Handibode
Mr R Cleland	Dr R Hughes
Councillor D Collins	Mrs W Hull
Ms R Crocket	Mr A O Robertson
Mr T P Davison	Mrs S Kuenssberg CBE
	Mrs E Smith

**I N A T T E N D A N C E**

Ms E Borland	..	Acting Director of Health Promotion
Mr J Crawford	..	Principal Health Promotion Officer (to Item 101)
Mr T Findlay	..	Divisional General Manager, Primary Care NHS Trust (to Item 102)
Dr R Gardee	..	Consultant in Public Health Medicine, Primary Care NHS Trust (to Item 101)
Mr J C Hamilton	..	Head of Board Administration
Ms C Renfrew	..	Director of Planning and Community Care
Mr B Steven	..	Director of Finance, North Glasgow University Hospitals NHS Trust
Dr I Wallace	..	Medical Director, Primary Care NHS Trust (to Item 102)
Mr J Whyteside	..	Public Affairs Manager

**B Y I N V I T A T I O N**

Mrs C Anderson	..	Chair, Area Pharmaceutical Committee
Mr P Hamilton	..	Convener, Greater Glasgow Health Council
Mr S Haslem	..	Director, FMR Consultants (to Item 100)
Dr J Nugent	..	Chair, LHCC Professional Committee
Mr H Smith	..	Chair, Area Professions Allied to Medicine Committee (AHPs)

**ACTION BY**

**97. APOLOGIES AND WELCOME**

Apologies for absence were intimated on behalf of Ms M Boyle (Chief Executive, North Glasgow University Hospitals NHS Trust), Councillor Robert Duncan, Mr W Goudie, Councillor John Gray, Dr F Marshall, Dr F Angell (Chair, Area Dental Committee), Mr J Cassidy (Chair, Area Nursing and Midwifery Committee), Mr E P McVey (Chair, Area Optometric Committee) and Ms S Plummer (Nurse Adviser).

The Chairman welcomed Brian Steven, Director of Finance, North Glasgow University Hospitals NHS Trust, to the meeting.

**98. INTERIM CHAIRMAN'S REPORT**

The Chairman advised that he had recently met with the Scottish Executive – Strategic Change Unit to conduct an evaluation of the development of the NHS Board. Good progress had been made and further national direction would be provided once all NHS Boards' results had been analysed.

The Chairman referred to the debate and motions in the Scottish Parliament last week on the NHS Board's Acute Services Strategy. The NHS Board's proposals were supported and now it was time to collectively go forward in implementing the very necessary changes required to Glasgow's Acute Hospital Services.

**99. MINUTES**

On the motion of Mr A O Robertson, seconded by Dr R Hughes, the Minutes of the meeting of the NHS Board held on Tuesday, 20 August 2002 [GGNHSB(M)02/09] were approved as an accurate record and signed by the Chairman.

**100. PROPOSALS FOR EARLY MOVE OF INPATIENT SPECIALTIES WITHIN GREATER GLASGOW – OUTCOME OF CONSULTATIONS**

A report of the Chief Executive and Public Affairs Manager [Board Paper No. 02/59] was submitted on the outcome of the Board's consultation on the future of in-patient Ophthalmology; Ear, Nose and Throat Services; Gynaecology/Gynaecological Oncology Services in North-East Glasgow; and in-patient services for Dermatology across NHS Greater Glasgow.

In Spring 2002, the NHS Board had approved the method of consultation for the proposed service changes for each of the 4 clinical specialties.

A Consultation Liaison Group was established to advise on the logistics of the consultation and its membership included:-

- Service Managers of the 4 specialties from North Glasgow University Hospitals NHS Trust
- Service Manager responsible for Dermatology in South Glasgow
- Executive Assistant to the Chief Executive and Chairman of North Glasgow Trust
- Public Affairs Manager, Greater Glasgow NHS Board
- Convener, Greater Glasgow Health Council

Copies of the full consultation papers were distributed to the Board's standard consultation list and to those patients/members of the public who had requested copies following sight of posters, summary leaflets or advertisements. 45,000 summary leaflets were printed and distributed via local libraries, hospital and GP waiting areas, pharmacies, dental and opticians' practices, Health Council, and were sent to members of the public and patients on request. The consultation papers and leaflets were translated into Cantonese, Punjabi and Urdu and made available in braille, large print and tape format.

In addition, 500 A3 posters were distributed, adverts taken in newspapers, letters appeared in the Herald and Evening Times at the launch of consultation, together with a press release to all media outlets.

The proposals were contained in the NHS Board's website. Staff meetings were undertaken by the North Glasgow Trust, together with a meeting with the North Glasgow Patients Forum. A quantitative and qualitative survey of patients and the public was undertaken by FMR Consultants of Glasgow which included a full representative sample of 400 members of the public in the communities affected by the proposals and a sample of 404 patients from the 4 clinical specialties. A patient focus group was organised and the Consultation Liaison Group convened regularly to manage this process.

A total of 43 written responses to the consultation were received and these had been summarised for members in the papers submitted, together with copies of the full responses being available to members at the NHS Board meeting. A late response had been received from Mr P Martin MSP and this was circulated to members.

The balance of comments submitted on each of the strategies largely supported the strategic thrust behind the proposals. Issues were raised, however, on the following points:-

- Confirmation of the adequacy of bed numbers within Dermatology and Gynaecology.
- Reassurances that the planned bed provision would not impact adversely on waiting times.
- Development of a joint approach with Strathclyde Passenger Transport Executive on improving transport links for the whole of the strategy for acute services.
- Reassurance through detailed staffing plans for each specialty that an adequate level of resources was available to ensure high quality care within each in-patient centre.

Mr Divers advised that consistent with the commitment given by the former Minister for Health and Community Care, there had been no changes to acute services at Stobhill prior to Ministerial approval of the Acute Services Review. The overall strategy had now been approved and the proposals consulted upon were clinically-led changes required to in-patient services. Out-patient and day cases would remain unchanged with the exception of Head and Neck Cancer services which would transfer to the Beatson Oncology Centre.

In reply to a point raised by the Health Council on the consultation, Mr Divers advised that Dermatology out-patient services would be provided from all four ambulatory care centres.

Simon Haslem, Director, FMR Consultants, gave a presentation to Board Members on the outcome of the quantitative and qualitative survey of members of the public and patients of the acute specialties and highlighted the following:

- A high proportion of members of the public (68%) and patients (43-55%) were not aware that acute hospital services in Greater Glasgow were undergoing change and review.
- The majority of the public and patients indicated that the quality of care received was more important than ease of access to in-patient or out-patient facilities.
- The majority of patients and members of the public preferred children to be treated at a specialist children's hospital rather than the nearest adult acute site.

- The majority of patients and public supported the proposed changes to the 4 acute specialties.
- The greatest single issue of concern was public transport access to in-patient and out-patient hospital services.
- The significant change that the public and patients wanted to the proposals was to find a way of improving public transport provision.
- There was a high level of praise for the quality of service provided by staff in the NHS Trusts.

In reply to Cllr Collins' question about showing numbers and not just percentages and following up on all those surveyed, Mr Haslem confirmed that the main report showed the numbers against each question. Also, other than the question about awareness of changes and priorities, all patients and members of the public surveyed were asked all remaining questions.

Cllr McCafferty did not feel that the survey was conclusive and hearing from the general public and local communities about the changes in acute services was far more important. It had been a comprehensive approach to consultation but the real test was whether the NHS Board would have been prepared to alter its proposals if the findings had not supported the proposed changes.

The Chairman indicated that the survey had been only one element of the consultation process and the NHS Board's decision would not be based on the survey alone.

Dr Nugent was pleased with the findings of the survey and the fact that the predominant view from the public and patients was that the proposed changes would lead to improved standards of care offered to patients.

Mr Hamilton commented that he had been pleased to be a member of the Consultation Liaison Group. The consultation document had not been explicit about the location of the new Dermatology Centre at the Southern General Hospital. He was now aware that the interim location before construction of the new centre would be in the Langlands Building.

On issues around the utilisation of the accommodation vacated at the Western Infirmary, possible interim moves for Gynaecology at Stobhill, clinical benefits of the transfer of Head and Neck Cancer from Stobhill and the need to ensure any accommodation used was better than current provision, Mr Divers agreed that the Health Council would be included in the dialogue for these and the other points raised during consultation.

**DECIDED:**

1. That the outcome of the consultation for the proposals to change ENT, Gynaecology and Ophthalmology Services in hospitals in north and east Glasgow and Dermatology Services across Greater Glasgow be noted, and that the predominant view from the survey was that the proposed changes would lead to an improved standard of care offered to patients.
2. That the proposal that Ear, Nose and Throat Services in north and east Glasgow be reconfigured through provision of an in-patient centre of excellence at Gartnavel General Hospital, provision of out-patient care from Stobhill and Gartnavel General Hospitals plus the Glasgow Royal Infirmary and that all children requiring ENT care should be treated at the Royal Hospital for Sick Children, be approved.

**Chief Executive**

**ACTION BY**

3. That the proposal that Gynaecology Services in north and east Glasgow be reconfigured through the construction of a dedicated in-patient facility at Glasgow Royal Infirmary and that Gynaecology out-patient and day care should be provided from Stobhill Hospital, Glasgow Royal Infirmary and Gartnavel General Hospital, be approved. **Chief Executive**
4. That the proposal that Ophthalmology Services in north and east Glasgow be reconfigured through transfer of Stobhill Hospital's in-patient beds to an in-patient centre of excellence to be located at Gartnavel General Hospitals and that out-patient and day case services continue to be provided from Stobhill, Gartnavel and Glasgow Royal Infirmary, be approved. **Chief Executive**
5. That the proposal that Dermatology Services across Greater Glasgow be reconfigured through the provision of a core Dermatology in-patient centre at the Southern General Hospital; that this centre would be augmented by a network of Ambulatory Dermatology centres, of which one would be located at the Stobhill Ambulatory Care Hospital and one at the Victoria Ambulatory Care Hospital, and that a Paediatric Dermatology Service be located at Yorkhill NHS Trust, be approved. **Chief Executive**
6. That the Chief Executive of the NHS Board submit the proposed changes to the Minister for Health and Community Care for approval. **Chief Executive**

**101. RACE EQUALITY POLICY – OUTCOME OF CONSULTATION**

A report of the Principal Health Promotion Officer [Board Paper No. 02/60] was submitted detailing the outcome of the 3-month consultation process undertaken on the Draft Race Equality Policy for NHS Greater.

The consultation process involved:-

- Distribution of the consultation documentation to the Board's standard list of consultees and 162 black and ethnic minority organisations.
- A seminar for black and ethnic organisations in NHS Greater Glasgow area was held on 20<sup>th</sup> August – 50 people representing 39 organisations attended the seminar.
- 16 focus groups were commissioned spanning the range of black and ethnic minority communities in NHS Greater Glasgow area.
- The consultation document was made available in the main community languages in both written and tape format.

16 comments were received and, as a result of these comments, the policy had been updated and submitted to the NHS Board for approval.

**DECIDED:**

1. That the Race Equality Policy be approved. **Principal Health Promotion Officer**
2. That the actions to implement the Race Equality agenda, as detailed in the Board Paper [02/60], be approved. **Principal Health Promotion Officer**

**102. ACCESS TO PRIMARY CARE**

A report of the Chief Executive, Greater Glasgow Primary Care NHS Trust [Board Paper No. 02/61] was submitted setting out the current position within NHS Greater Glasgow to the commitment given in 'Our National Health' that patients gain access to an appropriate member of the primary health care team within 48 hours.

Mr Davison introduced Terry Findlay, Divisional General Manager, and Iain Wallace, Medical Director, of the Greater Glasgow Primary Care NHS Trust.

NHS Boards were required to submit a strategy and target date for achieving 48-hour access to the Scottish Executive Health Department by 20 September 2002.

Greater Glasgow's Primary Care Strategy provided a long term direction and investment plan for improving capacity and access to services. Initial work commenced on gathering information, testing new approaches and focusing on short term actions to achieve the 48-hour target. Pending the outcome of the preliminary work, a target date of implementing the 48-hour access target had been set as April 2004; this would be reviewed as the strategy was fully developed and costed.

The paper set out the long term initiatives towards 'Increasing Capacity', the medium term initiative towards 'Managing Demand and Service Re-design' and the short term initiatives towards 'Assessment, Triage and Practice Re-design'.

Based on the results of the first phase of practice, re-design pilot triage and data collection, a fully developed and costed strategy would be prepared and submitted to the NHS Board in March 2003.

**DECIDED:**

1. That the strategy set out in Section 4 of the Board Paper [02/61] for achieving improved access and achieving the 48-hour target for Primary Care Services, be endorsed.
2. That the Action Plan for achieving and monitoring the 48-hour access target for Primary Care, be endorsed.
3. That a fully developed and costed strategy be submitted to the NHS Board in March 2003.

**Chief Executive,  
Primary Care Trust**

**Chief Executive,  
Primary Care Trust**

**Chief Executive,  
Primary Care Trust**

**103. FINANCIAL MONITORING REPORT FOR 4 MONTHS ENDED JULY 2002**

A report of the Director of Finance [Board Paper No. 02/62] was submitted setting out the financial position for the four months ended July 2002.

The Director of Finance reported that the forecast out-turn for NHS Greater Glasgow remained break-even at the year end, but she explained that a further analysis of the in-year position would be undertaken as part of the Mid-Year Review, due to be with the Board at its November meeting.

Cllr Handibode sought further information on the reported deficit for Yorkhill NHS Trust. Mr Best advised that the deficit was largely the result of overspending in pharmacy supplies – specifically on increased volume of drugs for cancer patients and the one-off purchase of instruments. Detailed plans were being developed to ensure that expenditure was brought in line with the budget available in the course of the year.

**NOTED**

**104. WAITING TIMES AND STANDARDS 2002/03**

A report of the Director of Planning and Community Care [Board Paper No 02/63] was submitted setting out the plans to ensure that a 50% reduction for in-patients with a guaranteed wait of under 9 months was achieved by the end of March 2003 and that no in-patient with a guarantee waited over 9 months by the end of December 2003.

Attached to the Board paper was the Report to the National Waiting Times Unit (NWTU) which described how these two targets could be met, together with the letter from the Minister for Health and Community Care emphasising the importance of achieving the targets.

Table 3 of the report identified that of the 1625 patients waiting over 9 months for in-patient treatment at the end of June 2002, 706 were exempt from the guarantee. These were patients who were not ready to take up their appointment or wanted to wait for a particular specialist; they did, however, require to be treated, as did those on deferred waiting lists. Both these issues were subject to a National Review.

Ms Renfrew referred to some of the risks associated with delivering the targets, namely: the impact of nurse staffing problems, emergency activity levels increasing thereby affecting the ability to sustain the planned elective workload, growth in waiting list numbers and medical staffing issues. Orthopaedics waiting list numbers continued to grow, especially in the South Acute Trust where there had been breaches of the 12-month guarantee during the summer.

In answering a question from Cllr McCafferty, Ms Renfrew stated that with the National Waiting Times Centre at Clydebank already staffed, this had been a helpful addition, although there remained the issue of its possible expansion and need for further staff. Cllr McCafferty asked that an overall assessment of the opening of the National Waiting Times Centre be prepared for the Board at a future date.

Members had some concerns about how the targets could be fully achieved and sustained, but recognised the NHS Board's responsibility in meeting the targets and offering its residents the same access to care as all other patients in Scotland.

It was emphasised that in developing Action Plans, clinical staff needed to be part of the process and gain ownership to the solutions as they were required to deliver the targets.

The NHS Board had committed £5.4 million funding to tackling waiting lists and the Trusts had already agreed the additional activity. It was a challenge for the NHS Board, but it was a key priority for the NHS Board in the next year. A report would be prepared for the next meeting of the NHS Board showing specific actions to achieve the targets, clinical support and an analysis of what the current staffing and capacity within NHS Greater Glasgow could sustain. Regular monthly monitoring reports would continue to be submitted to the NHS Board on the progress of meeting the targets set.

**Director of  
Planning and  
Community Care**

The Chairman would respond to the Minister's letter on behalf of the NHS Board on delivering the agreed targets and timescale for achievement.

**Chairman**

**NOTED**

**105. QUARTERLY REPORTS ON COMPLAINTS AND OMBUDSMAN'S REPORT**

A report of the Head of Board Administration and Trust Chief Executives [Board Paper No. 02/64] was submitted setting out the Quarterly Report on Complaints in NHS Greater Glasgow for the period 1 April to 30 June 2002 and details of the Annual Report of the Scottish Parliamentary Ombudsman and the Health Service Commissioner for Scotland – 2001/02.

**NOTED**

**106. MENTAL HEALTH (SCOTLAND) ACT 1984 – LIST OF APPROVED MEDICAL PRACTITIONERS**

A report of the Director of Public Health [Board Paper No. 02/65] was submitted seeking approval of one medical practitioner employed by Greater Glasgow Primary Care NHS Trust to be authorised for the purpose of Section 20(1)(b) and 39(b) of the Mental Health (Scotland) Act 1984.

**DECIDED:**

That the following medical practitioner be authorised for the purpose of Section 20(1)(b) and 39(b) of the Mental Health (Scotland) Act 1984:

**Director of  
Public Health**

Dr Janet Fellowes

**107. RESEARCH ETHICS GOVERNANCE COMMITTEE MINUTES: 2 AUGUST 2002**

The Minutes of the meeting of the Research Ethics Governance Committee held on 2 August 2002 [NHSGGREGC(M)02/2] were noted.

**108. STAFF GOVERNANCE COMMITTEE:**

(i) Staff Governance Committee – Procedural Issues

A report of the Head of Board Administration [Board Paper No. 02/66] was submitted seeking an amendment to the remit of the Staff Governance Committee and approval of the Membership of the Remuneration Sub-Committee.

**DECIDED:**

1. That the minor amendment to the Remit of the Staff Governance Committee be approved.
2. That the Employee Director be appointed to the Remuneration Sub-Committee and a Non-Executive Director be appointed to chair the NHS Board's Remuneration Group.

**Head of Board  
Administration**

**Head of Board  
Administration**

(ii) Minutes of the Staff Governance Committee: 3 September 2002

The Minutes of the meeting of the Staff Governance Committee held on 3 September 2002 [GGNHSBSGC(M)02/1] were noted.

The meeting ended at 11.15 a.m.