

Greater Glasgow NHS Board

Board Meeting
17th September 2002

Board Paper No. 02/59

Chief Executive, Greater Glasgow NHS Board
Public Affairs Manager, Greater Glasgow NHS Board

Proposals for Early Move of Inpatient Specialties within Greater Glasgow – Outcome of Consultation

Recommendation:

Members are asked to:

- Review the responses to the consultation on the future of in-patient Ophthalmology, Ear, Nose and Throat services and Gynaecology/Gynaecological Oncology services in north and east Glasgow and in-patient services for Dermatology across the whole of Greater Glasgow.
- Consider how implementation of the proposals should be addressed in the light of the consultation outcomes, subject to Ministerial approval of the proposed changes.

1 Introduction

- 1.1 At its meeting of 19th March 2002, the Board agreed to a comprehensive package of consultation in respect of four inpatient specialties (paper no. 02/19). A subsequent paper was brought to the 16th April meeting (paper no. 02/26) which set out the proposed service changes in detail. The Board agreed that the patient/public consultation should be thereafter launched on the basis of the proposals.
- 1.2 The consultation was formally launched on 15th May 2002 once the necessary logistics were in place. The original end point of the consultation was set for 2nd August 2002 but this was informally extended to 2nd September. This resulted from delay arising from procedures in line with regulations and responsibilities governing patient confidentiality (which had to be applied in securing the agreement of patients to participate in a qualitative and quantitative survey).

2 Summary of Proposals

- 2.1 Consultation papers issued during the wider acute services review in 2000 expressed the fact that particular specialties were under especially severe pressure and required reorganisation on a priority basis. In these specialties the factors that were driving change across the entire acute system were more urgently manifested. There was concern that patient care was beginning to suffer under current, unsustainable arrangements. The proposals developed in 2002 to deal with these key problem areas were based on the following:
- 2.2 **ENT (Ear, Nose and Throat) Services in north and east Glasgow** – inpatient services are currently provided from Stobhill and Gartnavel General Hospitals. Outpatient services are provided from these hospitals and also from Glasgow Royal Infirmary. Pressures resulting from the European Working Time Directive, the ‘new deal’ for junior doctors, poor building infrastructure and the changing nature of patient care have made the arrangements for inpatient services unsustainable. The proposals subject to consultation were –
 - Creation of an inpatient centre of excellence at Gartnavel General Hospital (with direct access to the Beatson Oncology Centre for head and neck patients with cancer) – this would require about 1,100 inpatients a year to be transferred from Stobhill.

EMBARGOED UNTIL 0930HRS ON DATE OF MEETING.

- Ongoing provision of outpatient care from Stobhill (less a slight reduction as a result of head and neck cancer patients attending the Beatson Oncology Centre), Gartnavel and the Glasgow Royal infirmary.
- All children requiring ENT care to be treated at the Royal Hospital for Sick Children at Yorkhill. This would affect 150 – 200 children a year currently treated at Stobhill.

- 2.3 **Gynaecology Services in north and east Glasgow** – at this time inpatient services are provided at Stobhill (17 general beds and 19 Oncology), Glasgow Royal Infirmary (16 beds) and at the Western Infirmary (17 beds that will transfer to the Southern General in 2003 following a separate earlier consultation exercise). The factors driving change are similar to ENT but are complicated by recruitment difficulties and duplication of scarce resources across different sites. The proposals subject to consultation were –
- A new £5.1 million purpose-built Gynaecology centre which would bring inpatient services together on one site. This would be built adjacent to the Princess Royal Maternity Hospital at Glasgow Royal Infirmary and provide 33 beds and two dedicated operating theatres
 - Gynaecology day surgery and outpatient care to be provided from three centres, namely: the new Stobhill Ambulatory Care Hospital; Glasgow Royal Infirmary; Gartnavel General Hospital
- 2.4 **Ophthalmology Services in north and east Glasgow** – 2 inpatient beds are provided at Stobhill Hospital and 20 at Gartnavel. Outpatient services are provided at Glasgow Royal Infirmary, Stobhill and Gartnavel. Inpatient numbers at Stobhill are so low (230 per year) that patient care has to be supported by ENT-trained nurses and the Trust's view is that it would be preferable to ensure that dedicated Ophthalmology staff treat inpatients. The consultation centred on –
- Creation of a single inpatient centre of excellence at Gartnavel by relocating Stobhill's 2 beds there.
 - Continuance of outpatient and day case services at Stobhill, Gartnavel and Glasgow Royal Infirmary.
- 2.5 **Dermatology Services across Greater Glasgow** – at this time services are provided from six different sites in Glasgow. There are 15 inpatient beds at the Western Infirmary and 16 at the Southern General. Outpatient services are provided at the Western, Stobhill, Glasgow Royal Infirmary, the Victoria Infirmary and the Southern General. Although some services for children are provided at Yorkhill, treatment is still offered at many of the adult sites too. It was proposed that –
- A core Dermatology centre with 24 inpatient beds should be created at the Southern General. This centre would deal with the 700 inpatients a year currently split between the Southern general and Western Infirmary
 - '3 or 4' Ambulatory Dermatology Centres would be created around the city which would provide local access to outpatient and day surgery procedures. One centre would be located within the new Stobhill Ambulatory Care Hospital and one within the Victoria Ambulatory Care Hospital
 - A dedicated Paediatric Dermatology service to be based at Yorkhill, although children could still access local outpatient services

3 Consultation Arrangements

- 3.1 As agreed by the Board, a Consultation Liaison Group was established to advise on the logistics of the consultation. This met for the first time on 30th April 2002 and its membership included:
- Service Managers of the four specialities from North Glasgow University Hospitals NHS Trust (contact was maintained with the Service Manager responsible for Dermatology in South Glasgow)
 - The Executive Assistant to the Chief Executive and Chairman of the North Glasgow Trust
 - Public Affairs Manager, Greater Glasgow NHS Board
 - Convenor, Greater Glasgow Health Council

- 3.2 As overseen by the Consultation Liaison Group, the following was put in place:
- Distribution of Consultation Papers** – copies of the full consultation papers were distributed to a range of interests including medical advisory committees, Universities, NHS Trusts, Joint Professional Organisations, Trade Unions, Greater Glasgow Health Council, public libraries, a range of professional bodies and patient/public advocacy groups, other NHS Boards, local authorities in greater Glasgow, GP practices, community councils, Social Inclusion Partnership Boards, LHCCs, and local MSPs (a full distribution list is attached at **Appendix 1**). In addition to this, those patients/members of the public who requested full consultation papers following sight of posters, summary leaflets or advertisements were also sent copies.
- Summary Leaflets** – 45,000 leaflets were printed which were distributed via local libraries, hospital and GP waiting areas, pharmacies, dental and opticians' practices, Greater Glasgow Health Council and were sent to members of the public and patients on request.
- Consultation papers and leaflets were also translated into Cantonese, Punjabi and Urdu and made available in Braille, large print and tape format.
- Posters** – 500 A3 posters were printed and were distributed on a similar basis to leaflets
- Newspaper Advertisements** – these alerted the public to the consultation and invited comments or requests for leaflets or full consultation papers. They were placed in the *Kirkintilloch Herald*, *Bearsden Herald*, *Eastwood Extra* and the *Glaswegian*.
- Letters to the Editor** – letters signed by Tom Divers were sent to the *Herald* and *Evening Times* on 20th May and were subsequently published. These invited readers to take part in the consultation and provided a phone number to use in requesting leaflets and consultation documents.
- Press Release** – a press release was issued on 15th May 2002 which announced the launch of the consultation and summarised the background details to the proposals in question. This was picked up by a number of newspapers.
- Website** – Consultation documents were placed on the NHS Board's website under 'Acute Services'.
- NHS Staff Meetings** – North Glasgow University Hospitals NHS Trust organised meetings with the staff in the affected specialties.
- Meeting with North Glasgow Patients' Forum** – again organised by the North Trust. Offers had also been made to organise meetings on behalf of public representatives or elected representatives on request but no requests were forthcoming.
- Quantative and Qualitative Survey of Patients and the Public** – Following competitive tendering, FMR Consultants of Glasgow were awarded the contract to carry out a formal survey of a fully representative sample of 400 members of the public in the communities affected by the proposals and a sample of 404 patients from the four specialities. In addition to this, Patient Focus Groups were organised which provided scope for in-depth discussion about the proposals. The Consultation Liaison Group convened regularly to assist in the design of the questionnaire and it was to the Group that the consultants reported progress. Survey work was carried out over June, July and August 2002.
- 3.3 Total expenditure on the consultation came to £23,000. This was drawn from the Greater Glasgow NHS Board's Communications/Public Involvement allocation.

4 Responses to the Consultation

- 4.1 A total of 43 written responses to the consultation were submitted to the NHS Board. These are summarised in **Appendix 2** with copies of the original submissions available to see within the Board Room.
- 4.2 The tenor of the submissions may be even more abbreviated thus:

Clinical Opinion – supportive of the proposals across all four specialities with recognition that the consolidation of inpatient services will lead to improved patient care. However, there are concerns that the reduction of inpatient beds for Gynaecology and Dermatology may be too much, that patient need from outwith Greater Glasgow has not been properly considered and that sufficient resources are put into support services and infrastructure.

NHS Greater Glasgow Trusts – broadly supportive of the proposals.

NHS Boards and Non –Greater Glasgow Trusts – concern about additional costs for the NHS outwith Greater Glasgow and inpatient bed provision in Dermatology for non-Glasgow patients.

Greater Glasgow Health Council and Service Users – support for the proposals subject to action being taken on improved public transport for those patients who may be required to travel further for care. The Health Council had particular concerns about interim transfer arrangements for Gynaecology Services at Stobhill Hospital.

Local Authorities – of the three local authorities which submitted substantive comments, one was broadly supportive of the proposals subject to concerns about public transport and one stated that there wasn't enough information about how its residents would be affected, although public transport was also regarded as an issue for vulnerable groups. East Dunbartonshire Council limited itself to commenting that no change to the status of Stobhill Hospital was acceptable.

Elected Representatives – two MSPs responded to the consultation. One did not support any of the proposals and the other had concerns about the impact of the proposals on services to her constituents.

Community Councils and Community Groups – only one Community Council responded to the consultation; it did not support any loss of services at Stobhill Hospital. Similarly, the only other community group to reply, Kirkintilloch, Elderly Forum, did not support the proposals.

Universities and Other Organisations – Glasgow Caledonian University was supportive of the proposals and the University of Glasgow commented positively in relation to the Dermatology proposals. The Glasgow Association of Women Graduates expressed concern at the choices of inpatient locations, travel and access issues and inpatient bed numbers.

Trade Unions and Professional Organisations – no formal or informal responses to the consultation material were received.

Members of the Public – seven members of the public submitted their views outwith the formal survey work. One commented on the current high quality of Ophthalmology services at Gartnavel, one supported the proposed changes to Ophthalmology services across the city, three objected to moving services away from Stobhill, one was concerned about the implications of consolidating inpatient services and one agreed with the proposals regarding Dermatology services but thought the core centre should be at the Western Infirmary (this is to close).

5 Outcome of the Quantative and Qualitative Survey

- 5.1 The full report of the external consultants commissioned to carry out the survey is attached at **Appendix 3**.
- 5.2 The survey was based on a sample of 400 members of the public structured to represent the distribution of communities in Greater Glasgow affected by the proposals and aligned to the socio—demographic structure of the population. 2,500 patients or former patients of the acute specialties were contacted by the North Trust by letter and invited to participate in the survey. 404 accepted the invitation and the survey outcomes were weighted by speciality and to reflect patient profiles.
- 5.3 In addition to the questionnaire-based survey, patient focus groups were organised which allowed in-depth discussion of the proposals and the overall quality of services.
- 5.4 The following outcomes are striking:
- A high proportion of members of the public (68%) and patients (43 – 55%) were not aware that acute hospital services in Greater Glasgow are undergoing change and review
 - The majority of the public and patients think that quality of care received is more important than ease of access to inpatient or outpatient facilities
 - The majority of patients and members of the public would prefer for children to be treated at a specialist children’s hospital rather than the nearest adult acute site
 - The majority of patients and the public support the proposed changes to the four acute specialties
 - The greatest single issue of concern with the proposals was public transport access to inpatient and outpatient hospital sites
 - The most significant change that the public and patients would make 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
- 5.6 The in-depth analysis obtained from the focus groups bears out the results obtained through the main survey. The information provided is likely to be especially helpful to service managers as they strive to improve services.

6 Meeting with North Glasgow Patients’ Forum

- 6.1 Members of the North Glasgow Patients’ Forum were invited to meet with representatives of the North Glasgow trust to review and comment on the consultation proposals. Their response was mixed: some members of the Forum were concerned that patients would have difficulty getting to some of the sites and that there should be “redistribution of services to other acute hospital sites”; other members agreed with the proposals in the context of the different pressures upon the NHS system suggesting that centralised services ensured better use of staff time and less travel for consultants and other staff. One formal response from a member of the Forum was received and is summarised in Appendix 2.

7 NHS Staff Meetings

- 7.1 Within the North Glasgow Trust, staff from the four specialties were involved in drawing up the proposed changes. Some staff took part in subsequent discussions and all were given the opportunity to offer comments on the proposals to their line managers or direct to the NHS Board. Broad support for the proposals was offered although there were points of concern, which were centred around continuance of contracts of employment (the Trust issued a statement confirming that that all staff affected by the proposed changes will be supported throughout the process in line with the

Trust's Organisational Change policy), transport and parking and detailed operational implementation issues.

8 Conclusions

- 8.1 The balance of comments submitted on each of the Strategies largely supports the strategic thrust behind the four proposals. There are, however, several important points of detail which will be addressed quickly in taking forward the plans for implementation, if the NHS Board and the Minister for Health and Community Care approve the proposals considered. These important issues include confirmation of the adequacy of bed numbers within dermatology and gynaecology; reassurances that the planned bed provision will not impact adversely on waiting times; the development of a joint approach with Strathclyde PTE on improving transport links related not only to these specialist services but to the wider Strategy for Acute Services; and reassurances through detailed staffing plans for each Specialty that an adequate level of resources will be available to ensure high quality care within each in-patient centre.
- 8.2 On the basis of the outcome of the consultation, it is recommended that the Board considers the following courses of action:
- 8.2.1 To consider the implications 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, subject to the Minister for Health and Community Care's approval to the proposed changes.
 - 8.2.2 To commend the detailed results of the patient survey and focus groups to service managers and to agree with the NHS Trusts how we should proceed, if approval is given.
 - 8.2.3 That staff are authorised to feed back the outcome of the survey work and the Board's deliberations to patients and members of the public who took part in the survey and formal consultation. This is a necessary courtesy and is anyway best practice in public involvement
 - 8.2.4 That consideration is given to the lessons to be taken from the current consultation process, notably in terms of logistics, and that these are subsequently fed into the evolving Public Involvement Network arrangement

Tom Divers – 0141 201 4641
Jim Whyteside – 01411 201 4445

11th September 2002

Appendices:

- 1 Consultation paper distribution list
- 2 Summary of responses to the consultation received
- 3 Report by FMR Consultants – Quantative and Qualitative Survey

**NHS Greater Glasgow Consultation on Acute Hospital Specialities
Distribution List for Full Consultation Documents**

Area dental Committee
Area PAMs Committee
Area Medical Committee
Area Nursing and Midwifery Committee
Area Optometric Committee
Area Pharmaceutical Committee

University of Strathclyde
University of Glasgow
Glasgow Caledonian University

North Glasgow University Hospitals NHS Trust
South Glasgow University Hospitals NHS Trust
Yorkhill NHS Trust
Greater Glasgow Primary Care NHS Trust

British Dental Association
British Orthoptic Society
British Dietetic Association
Royal College of Midwifery
Hospital Physicists Association
Association of Clinical Biochemists
British Medical Association
Royal College of Nursing

AEEU
GMB
MSF
UCATT
TGWU
Unison (3 members)
Scottish Health Visitors Association
British Association of Occupational Therapists
Chartered Society of Physiotherapists
Society of Radiographers

Main Public Libraries and Local Public Libraries

Greater Glasgow Health Council

Scottish Asian Action Committee
Scottish Chinese Co-ordinating Committee
West of Scotland Racial Equality Council
Church of Scotland Committee of Social Responsibility
One Plus
Bangladesh Association Glasgow
Indian Association of Strathclyde
Pakistan Muslim welfare Society
East Pollokshields Project

Strathkelvin Health Forum
Glasgow Jewish Representative Council
National Federation of the Blind
Link – Glasgow Association for Mental Health
Castlemilk Youth Complex
Integrate
Soroptimist International (Glasgow West)
National Schizophrenic Fellowship
Glasgow Council for Voluntary Services
Archdiocese of Glasgow
Glasgow Nursing Homes Association
Carntyne Clinic
Nuffield Centre for Community Care Studies
Royal College of Midwives (Scottish Branch)
Strathkelvin Health Forum
Glasgow Hospitals Auxiliary Association
Department of Nursing Studies, University of Glasgow
NHS Board Archivist, University of Glasgow
Royal Pharmaceutical General Council (Scotland)
Royal College of Physicians and Surgeons of Glasgow
Glasgow City Council Social Work department
Glasgow and West of Scotland Society for the Blind
Multi-Cultural Elderly Care Centre
Glasgow Occupational Therapy Managers Group
Community and District Nursing Association
Scottish association for Mental Health
SAMH North
SAMH Glasgow and Ayrshire
Midwives Information and Resource services
Scottish Head Injury Forum
Professor Graham Watt, professor of Primary Care
Marie Curie centre (Huntershill)
East Renfrewshire Mental Health Forum
Glasgow Alliance
Deaf Connections
The Sandyford Initiative

MSPs (x 30)

Scottish Ambulance Service

Lanarkshire NHS Board
Dumfries and Galloway NHS Board
Ayrshire and Arran NHSD Board
Forth Valley NHS Board
Argyll and Clyde NHS Board

Glasgow City Council
North Lanarkshire Council
East Renfrewshire Council
South Lanarkshire council
East Dunbartonshire Council
West Dunbartonshire Council

GP Practices in Greater Glasgow (x 220)
Local Medical Committee
Greater Glasgow Community Councils (x 130)
Social Inclusion Partnership Boards (x 8)
LHCCs (x 16)

NHS Greater Glasgow Summary of Responses to Consultation on Acute Hospital Specialties, May – September 2002

	Page No.
Professional Advisory Committees, Medical Staff Committees, Individual Departments and Staff	1 - 4
Ms Lynn Cooke, ENT Consultant, Gartnavel General Hospital	1
Department of Dermatology, Glasgow Royal Infirmary	1
Greater Glasgow Area Medical Committee	1
Joint Committee on Higher Medical Training	2
Dr AG Robertson, Consultant in Clinical Oncology, Beatson Oncology Centre	2
The Royal College of Midwives	3
The Royal College of Physicians and Surgeons in Glasgow	3
Scottish Council for Dermatology	3
Greater Glasgow NHS Trusts	4
South Glasgow University Hospitals NHS Trust	4
North Glasgow University Hospitals NHS Trust	4
Yorkhill NHS Trust	4
NHS Boards and Non-Greater Glasgow Trusts	4 - 5
Argyll & Clyde Acute Hospitals NHS Trust	4
Ayrshire and Arran NHS Board	5
Ayrshire and Arran Acute Hospitals NHS Trust	5
Ayrshire and Arran Primary Care NHS Trust	5
Forth Valley Acute Hospitals NHS Trust	5
Health Council and Service Users' Representative Groups	6 - 8
Glasgow and West of Scotland Society for the Blind	6
Greater Glasgow Health Council	6
North Glasgow Trust Patients Forum	7
The Psoriasis Association	7
Ms Nancy Taylor, The Psoriasis Association	7
Mrs Elizabeth Thompson, The Psoriasis Association	7
RNIB Scotland	8
Local Authorities	8 - 9
East Dunbartonshire Council	8
East Renfrewshire Council	9
Glasgow City Council	9
North Lanarkshire Council	9
South Lanarkshire Council	9
Elected Representatives	10 - 11
Mr Brian Fitzpatrick MSP	10
Ms Pauline McNeill MSP	11
Community Councils, Community Groups and Social Inclusion Partnerships	11 - 12
Kirkintilloch and District Elderly Forum	11
Wallacewell Community Council	12
Universities and Other Organisations	12 - 13
Glasgow Association of Women Graduates	12
Glasgow Caledonian University	13
Strathclyde Police	13
University of Glasgow	13
Trade Unions and Professional Organisations	14
Individual Members of the Public	14 - 15
Mr Thomas Blackstock	14
Ms Margaret Ethelson	14
Mr W Findlay	14
Ms Louise C Howie	14
Dr Euan Mackie	15
Mr John Steven	15
Mr William Wilson FRCS	15

NHS Greater Glasgow Summary of Responses to Consultation on Acute Hospital Specialties, May – September 2002 Page 1 of 15

PROFESSIONAL ADVISORY COMMITTEES, MEDICAL STAFF COMMITTEES, INDIVIDUAL DEPARTMENTS AND STAFF

	General Comments	ENT	Gynaecology	Ophthalmology	Dermatology
<p>Ms Lynn COOKE ENT Consultant Gartnavel General Hospital</p>		<ul style="list-style-type: none"> • Fully supportive of proposed changes • Require implementation ASAP due to a 10-year delay affecting staff morale • Physical facilities at Gartnavel are poor and modern casualty, out-patient and office facilities are needed • Medical staff support the changes but are frustrated by delays and a lack of resources 			
<p>DEPARTMENT OF DERMATOLOGY Glasgow Royal Infirmary North Glasgow University Hospitals NHS Trust Ms Angela Forsyth Consultant Dermatologist</p>					<ul style="list-style-type: none"> • Concerned that emphasis in consultation papers is placed on inpatient services • Appears that patients are not aware that proposals affect outpatient sites too • Consultants emphasise that they fully support the proposals • Service specifications have not taken account of need generated by patients from Argyll and Clyde • Implicit in Consultants' view that services should be provided from Victoria and Stobhill Ambulatory Care Hospitals, Western Infirmary, Glasgow Royal Infirmary and the Southern General Hospital
<p>GREATER GLASGOW AREA MEDICAL COMMITTEE Mr William S Marshall Secretary</p>		<ul style="list-style-type: none"> • The proposals are of potential benefit but only if correct support is in place • The clinical surgery oncological sub-speciality element of ENT services requires prolonged intensive inpatient care and this gives the impression of low bed occupancy • The increased inpatient resource would allow greater flexibility in bed usage • The proposals may also lead to greater cross-covering of operating theatre lists and greater activity as cancelled lists are reduced • Centralisation away from ENT provision at 4 sites would allow an appropriate equipped and staff facility to treat patients with acute problems • Grouping staff through centralisation will improve consultant cross cover and allow rationalisation of junior doctors' hours • Accommodation is currently 'woefully inadequate' at Gartnavel and adequate at Stobhill and the Glasgow Royal Infirmary • There is an opportunity to address the Gartnavel issues – continued use of the accommodation is 'untenable' • The preferred resolution would be achieved by moving the inpatient facility to Gartnavel 	<ul style="list-style-type: none"> • It is noted that Consultants in Obstetrics and Gynaecology look forward to implementation of the proposals • However, the AMC is concerned by absence of co-location between gynaecological oncology and urology • The consultation document could have been more explicit about inpatient services for women in West Glasgow and re-emphasise that they will become inpatients in the Southern General 		<ul style="list-style-type: none"> • Wish to point out that in the 1980s every hospital had a Dermatology inpatient unit and that there were 150 beds • It is clear that the existing bed nos. can be reduced to 24 – 30, although 30 is better if commitments to Argyll and Clyde and Forth Valley patients are considered • One inpatient unit is preferable as it pools expertise • There is a strong argument for the 'hub and spoke' arrangement proposed • Dermatology Consultants have no strong views on a location for the 'hub' and the Southern General Hospital is quite acceptable • It will be no mean feat to obtain agreement from all clinicians amalgamating into one unit – a feat not so far achieved in other specialties • The proposals would lead to a much better quality of service for patients whilst maintaining geographic accessibility

Professional Advisory Committees, Medical Staff Committees, Individual Departments and Staff cont'd.	General Comments	ENT	Gynaecology	Ophthalmology	Dermatology
<p>GREATER GLASGOW AREA MEDICAL COMMITTEE Cont'd</p>		<ul style="list-style-type: none"> • The Head and Neck Consultants have agreed that it is desirable to run combined clinics at Gartnavel because of proximity to the Beatson Oncology Centre • The consequence would be minimal reduction in outpatient activity in relation to Head and Neck Surgery – this would lead to a considerable overall improvement in patient care • ENT services for children centralised at Yorkhill would be desirable but appropriate resources/support would need to be redirected there cope with the increased workload • The proposed service model is likely to result in minimal impact on NHS staff • The major impact will fall on admin and inpatient nurses – efficient and amicable reorganisation is encouraged so as to avoid the loss of valuable skills • It is correct to conclude that the majority of ENT staff support the proposals but appropriate accommodation is needed 			
<p>JOINT COMMITTEE ON HIGHER MEDICAL TRAINING Mr Robin H Felix MA MB FRCP Chairman Special Advisory Committee (SAC) in Dermatology</p>					<ul style="list-style-type: none"> • SAC wishes to support very strongly the proposal for a 'hub and spoke' service model • This model has been adopted successfully elsewhere in the UK • It offers greater opportunities for integrated training • The proposals would create one of the largest training centres in the UK and it must be adequately resourced • The large catchment population will provide good experience of emergency dermatology – trainees will need protection from being responsible for dealing with multiple acute problems simultaneously • Adequate facilities for research are implicit in the new centre – time is required for regular sessions of a variety of types • Would encourage co-location of accommodation, IT, research, library and meeting facilities
<p>Dr A G ROBERTSON Consultant in Clinical Oncology Beatson Oncology Centre</p>		<ul style="list-style-type: none"> • Proposals are encouraging – have been advocating centralisation from a cancer perspective for 2.5 years • All ENT/Oncology consultants are in favour of move but 2003 timescale is disappointing given this is 3 years after an attempt to set up a single head and neck cancer clinic • Concern that outpatient services need additional accommodation and facilities • Hope for a rapid decision and transfer of services 			

Professional Advisory Committees, Medical Staff Committees, Individual Departments and Staff cont'd.	General Comments	ENT	Gynaecology	Ophthalmology	Dermatology
<p>THE ROYAL COLLEGE OF MIDWIVES UK Board for Scotland Ms Sharon Smith National Officer</p>			<ul style="list-style-type: none"> • Reassured by the guarantee of continued employment of all staff • There are concerns over cross traffic on the Princess Royal's maternity site – women undertaking termination or infertility treatment may meet families with successful pregnancies • The GRI offers insufficient car parking and there are personal safety issues • There is concern at the future of the early pregnancy unit - it should be staffed with practising midwives 		
<p>THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS IN GLASGOW Dr David A S Marshall FRCPGlas Edin Deputy Honorary Secretary</p>		<ul style="list-style-type: none"> • Proposals appear to represent another drastic reduction in inpatient beds • Current bed provision appears sub-optimal • A reference is made to 121 emergency cases seen at Glasgow Royal Infirmary but there appear to be no inpatient beds there – clarity is needed • A single inpatient facility at Gartnavel with head and neck surgery close to the Beatson Oncology Centre is laudable • Moving paediatric cases from Stobhill to Yorkhill is in line with current care recommendations • Concerns over increased waiting lists stemming from a reduction in inpatient beds –26 beds at Gartnavel would have to deal with 1132 more cases from Stobhill on top of current 1745 cases there now 	<ul style="list-style-type: none"> • Concern that gynaecological cancer cases relocated from Stobhill to the GRI would be distant from the Beatson Oncology Centre • There is a dramatic reduction in inpatient beds from 69 on 3 sites to 33 at the new GRI site • Hope for close links between gynaecological cancer surgeons and general surgeons to be fostered at new centralised unit 	<ul style="list-style-type: none"> • Current bed and junior rota provision between Stobhill and GRI is sub-optimal • The proposed centralisation of inpatients services is sensible • The College has no problems regarding training or continuous professional development for middle-grade and consultant staff 	<ul style="list-style-type: none"> • The proposed 'hub and spoke' service model would appear to be logical • Would be slightly concerned if the no. of consultant sessions to be spent at ambulatory dermatology exceeded 3 per consultant due to time spent travelling • The ability to sub-specialise on a single site is laudable in terms of professional development • Model also has advantages for training middle-grade staff • Would caution that ambulatory dermatology centres must have high quality facilities with adequate junior and consultant medical and specialist nurse staffing • Understand move to dedicated nurse specialists but stress importance of senior medical cover • There are obvious economies of scale as regards the Junior Doctors' New Deal and the European Working Time Directive • There is a reduction of inpatient beds from 36 to 24 and hope that this will not impact on services or waiting lists
<p>SCOTTISH COUNCIL FOR DERMATOLOGY Dr W S Douglas Chairman</p>					<ul style="list-style-type: none"> • In general the proposed new service model is welcomed as long as there is no 'late stage cost-cutting' • There must be full preservation of integrated outpatient and day patient services in 'spokes' • Nursing staff reconfiguration must avoid the loss of skilled staff • Adequate admin support is needed • High quality facilities, including office, library and teaching space is essential • 24 inpatient beds is the minimum requirement – there is a probable need for more beds in future • The inpatient unit must be self-contained to be fully efficient

<i>Professional Advisory Committees, Medical Staff Committees, Individual Departments and Staff cont'd.</i>	General Comments	ENT	Gynaecology	Ophthalmology	Dermatology
SCOTTISH COUNCIL FOR DERMATOLOGY cont'd					<ul style="list-style-type: none"> ☛A large no. of single rooms is needed for infection control ☛A small no. of high-intensity beds with specialist staff is essential ☛Children with severe skin disease should continue to be admitted to joint care at Yorkhill as now ☛The skin surgery facility must be of a high standard ☛Close integration with Primary care services including training of Primary care staff ☛There are considerable concerns over provision of services to Argyll and Clyde – a joint West of Scotland strategy is needed ☛Services should be resourced to meet care standards agreed by the SCD, Scottish Dermatological Society and Royal Colleges ☛There should be a geographic link between the 'hub' and the University

GREATER GLASGOW NHS TRUSTS

	General Comments	ENT	Gynaecology	Ophthalmology	Dermatology
SOUTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST Mr Robert Calderwood Chief Executive		<ul style="list-style-type: none"> ☛The Trust is supportive of the proposals ☛The proposals will improve patient care 	<ul style="list-style-type: none"> ☛The Trust is supportive of the proposals which mirror the current service model in South Glasgow 		<ul style="list-style-type: none"> ☛The Trust is supportive of the proposals ☛The creation of a unit in South Glasgow will enhance the relationship with General Medicine and other specialties
NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST Mr Ronnie J Cleland Chairman	<ul style="list-style-type: none"> ☛Subject to the NHS Board's approval, the Trust proposes to establish, with staff, formal implementation strategies for the proposals 	<ul style="list-style-type: none"> ☛The Trust fully accepts all of the proposals ☛Reiterate the significant benefits the proposals will have for patient care 	<ul style="list-style-type: none"> ☛The Trust fully accepts all of the proposals ☛Reiterate the significant benefits the proposals will have for patient care 	<ul style="list-style-type: none"> ☛The Trust fully accepts all of the proposals ☛Reiterate the significant benefits the proposals will have for patient care 	<ul style="list-style-type: none"> ☛The principle of unifying in-patient services in Glasgow is fully supported ☛However, there were a number of detailed implementation points which were highlighted and are to be picked up as the proposed changes are implemented
YORKHILL NHS TRUST Mr Jonathan R Best Chief Executive		<ul style="list-style-type: none"> ☛The proposed transfer of children's cases from Stobhill to Yorkhill is welcomed, subject to the release of resources 			<ul style="list-style-type: none"> ☛The Trust endorses the 'hub and spoke' system for paediatrics as proposed

NHS BOARDS AND NON-GRATER GLASGOW TRUSTS

	General Comments	ENT	Gynaecology	Ophthalmology	Dermatology
ARGYLL AND CLYDE ACUTE HOSPITALS NHS TRUST Ms Claire P Fitzsimons Consultant Dermatologist Department of Dermatology					<ul style="list-style-type: none"> ☛Responding on behalf of Dermatology staff in Argyll and Clyde south of the River Clyde ☛Feel the proposals are a logical and appropriate rationalisation ☛Fully support the proposals ☛Essential that another 4 inpatient beds are provided in addition to those proposed in order to meet the needs of patients from

<i>NHS Boards and Non-Greater Glasgow Trusts cont'd</i>	General Comments	ENT	Gynaecology	Ophthalmology	Dermatology
<p>AYRSHIRE AND ARRAN NHS BOARD Mrs Wai-yin Hatton Chief Executive</p>	<ul style="list-style-type: none"> • The total resource picture is not clear • In some documents the processes to identify detailed costs are not clear • The consequence is that other West of Scotland NHS Boards are unclear about the cost burden on them • All West of Scotland Boards must be involved in all planning stages to allow projection of additional costs 				
<p>AYRSHIRE AND ARRAN ACUTE HOSPITALS NHS TRUST (via Mrs Wai-yin Hatton Chief Executive, Ayrshire and Arran NHS Board)</p>	<ul style="list-style-type: none"> • The general consensus is that proposals will not impact on local patients • There is no mention of adverse impact on tertiary services 		<ul style="list-style-type: none"> • Combining services on a single site makes eminent sense • It will be easier for A & A patients to travel to Glasgow for Oncology outpatient services and surgery 		
<p>AYRSHIRE AND ARRAN PRIMARY CARE NHS TRUST (via Mrs Wai-yin Hatton Chief Executive, Ayrshire and Arran NHS Board)</p>	<ul style="list-style-type: none"> • Tertiary out of area referrals should be subject to the same guaranteed waiting times as Greater Glasgow patients 				
<p>FORTH VALLEY ACUTE HOSPITALS NHS TRUST Dr David C Dick and Dr Colin A Morton Consultant Dermatologists Falkirk Royal Infirmary</p>					<ul style="list-style-type: none"> • Broad agreement with proposals (except points 2 – 3) • Southern General core location is practical but disadvantageous due to current transport infrastructure • Calculation of 24 inpatient beds relates to Greater Glasgow patients only – Argyll and Clyde and Forth Valley needs amount to a further 6 beds – if this is not addressed it could undermine the West of Scotland Dermatology service • If the proposals accepted, staff in the core unit should have a contract that sets out time to ‘share’ inpatient care for patients referred from peripheral units – this would ensure optimal clinical governance and a practical timetable for consultant staff

HEALTH COUNCIL AND SERVICE USERS' REPRESENTATIVE GROUPS

	General Comments	ENT	Gynaecology	Ophthalmology	Dermatology
GLASGOW AND WEST OF SCOTLAND SOCIETY FOR THE BLIND Ms Valerie Breck Operational Director				<ul style="list-style-type: none"> ☛ Agree with proposals – seem sensible in terms of organisation and specialist nursing care ☛ However, service users have raised difficulty of reaching Gartnavel Hospital ☛ Parking remains an issue as does public transport ☛ If the transfer of inpatient bed does not seriously increase Gartnavel's Ophthalmology waiting times, it is the correct decision 	
GREATER GLASGOW HEALTH COUNCIL Mr Danny Crawford Chief Officer		<ul style="list-style-type: none"> ☛ The Council welcome the proposal to transfer children's services from Stobhill to Yorkhill ☛ The Council recognise the problems with consultant cover for head and neck surgery and support the transfer of services to Gartnavel as proposed ☛ It is known that the travel implications for some patients will be a concern: the Council would welcome an action plan following the Board's promised negotiations with the SPT 	<ul style="list-style-type: none"> ☛ The Council have sought views from the public on the proposals and visited existing accommodation at Stobhill and the GRI ☛ It is accepted that the new purpose-built gynaecology centre should be established at the GRI but an assurance is sought that a separate entrance will be provided from the Princess Royal Maternity Hospital ☛ It is understood that in the interim the gynaecology ward at Stobhill may have to be demolished to make way for the new Ambulatory care Hospital ☛ This is a concern – services should not be moved unless better accommodation is on offer ☛ The Council would like to see an action plan drawn up by the NHS Board on the issue of public transport access – this is of great concern to the public ☛ The Council would like to see the Board's Transport Study for Acute Services ☛ Subject to the above, the Council accept the proposals 	<ul style="list-style-type: none"> ☛ The Health Council accept the proposals ☛ The Council are impressed with the outpatient and day case work carried out at Stobhill and gratified that these plus day surgery will be a feature at the new ambulatory care hospital ☛ It is accepted that provision of inpatient services from two beds at Stobhill is neither practical nor cost-effective ☛ It is not desirable that inpatients are sometimes moved between Stobhill and the GRI 	<ul style="list-style-type: none"> ☛ The Council have sought the views of the public and visited Dermatology services at the Western Infirmary and Southern General Hospital ☛ The Council support the proposals subject to a number of provisos ☛ It is a surprise that consultation documents did not state the exact location of the new centre within the SGH – following enquiries it has been suggested that the interim location before construction of the new centre will be the Langlands Building. A clear commitment to this arrangement prior to a decision to follow through the proposals would have been expected, and indeed is encouraged ☛ There is also a lack of clarity over the number of locally based outpatient and treatment centres – the statement that 3 – 4 centres will be provided (in addition to Yorkhill) is contradictory ☛ The Council would wish that the NHS Board be clear if such services are to continue at all existing locations in Greater Glasgow ☛ There is no clarity as to what is to be done with vacated accommodation at the SGH and Western Infirmary – it is hoped that the space at the Western infirmary can be used to expand currently crowded outpatient and day case provision ☛ Require some reassurance that the bed nos. proposed will also meet the needs of patients from Argyll and Clyde ☛ It is hoped that under the proposals those

local patients who have to travel to the National Photobiology Unit in Dundee will be able to receive treatment in Glasgow

NHS Greater Glasgow

Summary of Responses to Consultation on Acute Hospital Specialties, May – September 2002

<i>Health Councils and Service Users' Representative Groups cont'd</i>	General Comments	ENT	Gynaecology	Ophthalmology	Dermatology
<p>NORTH GLASGOW TRUST PATIENTS' FORUM Ms Anne Murray Member</p>			<ul style="list-style-type: none"> • The potential advantages of a new purpose built centre will reinforce a client-driven approach to healthcare • It will maintain the high quality approach achieved by family planning services 		
<p>THE PSORIASIS ASSOCIATION Ms Gladys Edwards Chief Executive</p>					<ul style="list-style-type: none"> • Endorse some of the key principles in the proposals including the need for dedicated high quality inpatient care, increased role for nursing staff, the use of GPs with a special interest, enhancement of links with Primary Care, quality training, locally accessible care for patients with severe chronic inflammatory skin disease, research opportunities and the promotion of skin health
<p>Ms Nancy TAYLOR Muirhead North Lanarkshire Member THE PSORIASIS ASSOCIATION</p>					<ul style="list-style-type: none"> • Professor Jonathan Rees said that the most effective treatment is inpatient based – does not reflect current policy of reducing beds • The SGH is a time-consuming expensive option for patients travelling from North of the Clyde – travel from two of the largest, least affluent areas – Drumchapel and Easterhouse – will not be easy • Appears to be no communication between arthritis and dermatology specialties – psoriatic arthritis sufferers have symptoms treated by quite different departments – the proposals do not address this issue and hence offer no prospect of an improved service • The proposals appear costly and there must be no consequential reductions or closures in advance of the new services being introduced • The review itself is welcomed • Any proposals which improve the quality and environment of outpatient care are a major step forward • Specialist staffing and training and research proposals are welcomed
<p>Mrs Elizabeth THOMSON Bearsden Glasgow Member THE PSORIASIS ASSOCIATION</p>					<ul style="list-style-type: none"> • Delighted about the proposals • Look forward to early delivery of the new centre at the SGH • Family experience of long delays for treatment and lack of co-ordination between specialties

<i>Health Councils and Service Users' Representative Groups cont'd</i>	General Comments	ENT	Gynaecology	Ophthalmology	Dermatology
RNIB SCOTLAND Mr Allan Jones Operations Manager				<ul style="list-style-type: none"> ☛Pleased that outpatient and day case facilities will remain unchanged ☛The Case for consolidation of in-patient facilities is well made ☛Concerns related wholly to the accessibility of Gartnavel for patients current using Stobhill ☛There are extreme poverty levels in North Glasgow and receiving staff should be sensitive to the needs of visually impaired patients who may have far to travel ☛There are implications for patient transport service and for the benefits agency in terms of public transport fare reimbursement ☛Hospital staff will have to help in providing transport information ☛There is also concern about the loss of 2 inpatient beds – it is not clear if the beds will be relocated at Gartnavel or if there is a net reduction ☛If the latter, then it should be made clear how this will affect activity levels 	
LOCAL AUTHORITIES					
	General Comments	ENT	Gynaecology	Ophthalmology	Dermatology
EAST DUNBARTONSHIRE COUNCIL Ms Vicki Nash Chief Executive and Ms Sue Bruce, Strategic Director - Community	<ul style="list-style-type: none"> ☛There should be no reduction of inpatient services at Stobhill ☛There is no information in the consultation which alleviates concerns that services to East Dunbartonshire are threatened 	<ul style="list-style-type: none"> ☛There is no benefit to East Dunbartonshire in the proposals ☛They represent further erosion to facilities within reasonable travelling distance 	<ul style="list-style-type: none"> ☛Removal of all inpatient beds from Stobhill is 'unacceptable' ☛The new 33 bed unit proposed for the GRI could be built at Stobhill ☛This is further evidence that the NHS Board has not considered needs and travel patterns in East Dunbartonshire 	<ul style="list-style-type: none"> ☛The removal of inpatient beds from Stobhill is 'unacceptable' ☛The 2 beds should be maintained to support the proposed day case and outpatient services in the Ambulatory Care Hospital 	<ul style="list-style-type: none"> ☛The proposed removal of the inpatient service Stobhill shows that the NHS Board is unwilling to consider the needs of East Dunbartonshire ☛There is no consideration of the potential of future developments being located on the Stobhill site

<i>Local Authorities cont'd</i>	General Comments	ENT	Gynaecology	Ophthalmology	Dermatology
EAST DUNBARTONSHIRE COUNCIL cont'd	<ul style="list-style-type: none"> The NHS Board should conduct a review of specialties with options other than those which will result in a loss of inpatient services at Stobhill 				
EAST RENFREWSHIRE COUNCIL Ms Julie Murray Head of Strategy and Development	<ul style="list-style-type: none"> The Council has no particular concerns or issues to raise 				
GLASGOW CITY COUNCIL Mr John Bury Head of Policy	<ul style="list-style-type: none"> The Council has no detailed comment to make on the proposals at this time 				
NORTH LANARKSHIRE COUNCIL Mr Jim Dickie Director of Social Work	<ul style="list-style-type: none"> The appears to be heavy reliance on the new Ambulatory Care Hospital at Stobhill – information on resourcing of this service is required Specific detail on North Lanarkshire residents' access to emergency services is required A transport strategy for all hospital sites is required as there are particular issues such as parking at the GRI at Yorkhill and general accessibility and public transport costs at Yorkhill, Gartnavel and the Southern General Seek an early response from NHS Greater Glasgow on the issues raised 	<ul style="list-style-type: none"> Travel to Gartnavel from North Lanarkshire is time-consuming and difficult The reasons for centralising inpatient services are appreciated but will impact on emergency services This may adversely affect North Lanarkshire and further information on emergency ENT provision is required The proposals seem well-founded for those patients who require head and neck surgery and specialist care The reduction of outpatient clinics at the GRI and Stobhill is not constructive given the level of patient need This will have a significant impact on local communities in terms of access 	<ul style="list-style-type: none"> The proposed inpatient centre is likely to have a number of benefits for patients However, great care is needed to ensure that the needs of maternity services patients and those attending for terminations are considered carefully in planning and design 	<ul style="list-style-type: none"> Older people are more likely to need these services and Gartnavel is difficult practically and financially for patients and relatives Where there is a need for emergency ophthalmology services, travelling time is crucial – for North Lanarkshire residents it will be increased under these proposals The Council is concerned and seeks information on how emergency situations will be dealt with The proposals are built on positive grounds Although only 5% of patients may be affected, careful consideration is needed on transport issues 	<ul style="list-style-type: none"> The proposed transfer of paediatric services to Yorkhill is likely to have a positive impact but travelling time for families has to be given serious consideration The proposed restructuring appears founded on solid reasons However much is dependent on the new Ambulatory Care Hospitals – assurance is sought that they can cope with the demands Emergency travelling time to the Southern General is crucial and general travelling time will be an issue for patients and visitors
SOUTH LANARKSHIRE COUNCIL Mr Sandy Cameron CBE Executive Director Social Work Resources	<ul style="list-style-type: none"> It is difficult to say how many local residents are affected by the proposals In future consultation papers 				

	might set out patient nos. by local authority area.				
NHS Greater Glasgow		Summary of Responses to Consultation on Acute Hospital Specialties, May – September 2002			Page 10 of 15
<i>Local Authorities cont'd</i>	General Comments	ENT	Gynaecology	Ophthalmology	Dermatology
SOUTH LANARKSHIRE COUNCIL cont'd	<ul style="list-style-type: none"> •Where the proposals result in longer journeys for patient, it would be important to consider how an element of savings might be used to help with transport or vulnerable groups in particular •It is important to know what effect the proposals would have on inpatient and outpatient waiting times •The majority of the proposals represent a rationalisation of inpatient services – information would be useful on the likely financial savings resulting and how these would be reinvested in patient care 				
ELECTED REPRESENTATIVES					
	General Comments	ENT	Gynaecology	Ophthalmology	Dermatology
Mr Brian FITZPATRICK MSP for Strathkelvin and Bearsden	<ul style="list-style-type: none"> •Offer a strong objection to the further removal of services from Stobhill •Appreciate that consideration must be given to pressure on staff and services but Government policy is to maintain local services wherever possible •There is no clear articulation of the case for these proposals •Concerned that the current consultation will undermine the work being done to look at the future of 				

<i>Elected Representatives cont'd</i>	General Comments	ENT	Gynaecology	Ophthalmology	Dermatology
Ms Pauline McNEILL MSP for Glasgow Kelvin	<ul style="list-style-type: none"> • Fear that the GRI is becoming too large and that congestion and parking problems there have not been addressed • Transfer of services and closure of the Western Infirmary will result of a loss of services for constituents • Development of Gartnavel will be a better option for West Glasgow as a whole but some of the proposals will particularly affect constituents in Yorkhill and Partick 		<ul style="list-style-type: none"> • Dismayed at transfer of 17 inpatient beds from the Western Infirmary to the Southern General (ref. Consultation undertaken in 2001 – not part of current consultation) • Constituents in West Glasgow will lose out 		<ul style="list-style-type: none"> • The move of inpatient services away from the Western Infirmary will be a net loss to constituents and add to transport link, congestion and parking problems

COMMUNITY COUNCILS, COMMUNITY GROUPS AND SOCIAL INCLUSION PARTNERSHIPS

	General Comments	ENT	Gynaecology	Ophthalmology	Dermatology
KIRKINTILLOCH AND DISTRICT ELDERLY FORUM Mrs Beth Wren Chairperson	<ul style="list-style-type: none"> • Object to the transfer of inpatient facilities from Stobhill Hospital • GRI cannot cope with its present no. of patients and regularly transfers patients to Stobhill • GRI has problem of traffic congestion which applies to the Southern General too • Cannot understand why other sites are developed when Stobhill has so much space – surely at least one ‘centre of excellence’ could go there • Object also to the proposals to reduce the no. of A & E units – this will lead to unnecessary deaths 				

Community Councils, Community Groups and Social Inclusion Partnerships cont'd	General Comments	ENT	Gynaecology	Ophthalmology	Dermatology
<p>WALLACEWELL COMMUNITY COUNCIL Mrs Clare A Armstrong</p>	<ul style="list-style-type: none"> • Seek assurance this is a real consultation • The proposals should be part of the Acute Services review as a whole – why is consultation taking place before the conclusion of the review? • Such is Glasgow's poor health record that services in each area should be increased not decreased • Welcome improvements in each speciality but have grave concerns over the loss of Stobhill as a general hospital • Stobhill has great advantages as a site and other sites will be unable to cope • The Stobhill Ambulatory Care Hospital should be up an running before any of the proposed changes are made 				
UNIVERSITIES AND OTHER ORGANISATIONS					
	General Comments	ENT	Gynaecology	Ophthalmology	Dermatology
<p>GLASGOW ASSOCIATION OF WOMEN GRADUATES Dr Janet M Warren</p>	<ul style="list-style-type: none"> • Concerned at growing dependence on the Clyde Tunnel to achieve access to the Southern General – frequent closures may cause problems for patients and it is hoped that emergency services have been consulted about access from North Glasgow • Removal of services from Stobhill will add 	<ul style="list-style-type: none"> • It is sensible to locate the service at one site • Worried that assumption of 60% occupancy rate of inpatient beds means that 26 beds at Gartnavel can absorb patients transferred from 14 beds lost at Stobhill • There needs to be some flexibility to accommodate service fluctuations 	<ul style="list-style-type: none"> • Not convinced centralisation at the GRI is in patients' best interests • Existing accommodation should remain in place until the new facility is completed • Surprised that there is no mention of the Queen Mother's Maternity Hospital in the proposals 	<ul style="list-style-type: none"> • Agree with proposals 	<ul style="list-style-type: none"> • Rather concerned with the proposal to site the service at the Southern General, although accepting it will need Glasgow-wide accessibility • Hope that consideration has been given to medical teaching requirements – it is not in the interest of patients if staff spend much of their time travelling between departments

	to traffic problems <ul style="list-style-type: none"> •GRI's parking is poor and proposals will exacerbate the situation 				
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<i>Universities and Other Organisations cont'd</i>	General Comments	ENT	Gynaecology	Ophthalmology	Dermatology
GLASGOW ASSOCIATION OF WOMEN GRADUATES cont'd	<ul style="list-style-type: none"> •Visitors play an important part in patients' recovery and they too must have ease of travel and access prospects •Annual average patient nos. must not determine future bed requirements – a maximum requirement must be planned for •Medical and nursing staff must be consulted – concern that centralising services will lead to staff reductions and loss of promotion prospects 				
GLASGOW CALEDONIAN UNIVERSITY Dr Brian Durward Dean Designate School of Health and Social Care	<ul style="list-style-type: none"> •The proposals clearly state the benefits from the reorganisation of each of the specialties •The proposals are appropriate and will lead to improved clinical service •Request that consideration be given to the need to relocate placements for nurses and other healthcare professionals 				
STRATHCLYDE POLICE Chief Superintendent Margaret Barr Divisional Commander	<ul style="list-style-type: none"> •Have not identified any issues that require Police attention 				
UNIVERSITY OF GLASGOW Malcolm B Hodgins Reader and Acting Head of Department Department of Dermatology					<ul style="list-style-type: none"> •Express support for the proposals •The advantages will be facilitation of research and student education •The initial site of the 'core' is less important than the speed with which the proposals can be effected •In view of changes to the organisation of the University Department of Dermatology it

is proposed that the new core centre be designated "The Centre for Clinical Academic Dermatology"
 ● Staff could affiliate to University divisions as appropriate

TRADE UNIONS AND PROFESSIONAL ORGANISATIONS

	General Comments	ENT	Gynaecology	Ophthalmology	Dermatology
No responses received					

INDIVIDUAL MEMBERS OF THE PUBLIC

	General Comments	ENT	Gynaecology	Ophthalmology	Dermatology
Mr Thomas BLACKSTOCK (by e-mail)				● Have found the level of service and the staff at the Gartnavel unit excellent	
Ms Margaret ETHELSON Bishopbriggs		<ul style="list-style-type: none"> ● Hope that the needs of people in Kilsyth who current travel to Stobhill are being considered before a decision to transfer services to Gartnavel ● Staff in Stobhill's ENT unit also live in the North ● Self and others do not want any transfer of service away from Stobhill 			
Mr W FINDLAY Bishopbriggs	<ul style="list-style-type: none"> ● Proposals are not viable as GRI is inaccessible by public or private transport ● The problem cannot be remedied as the GRI's infrastructure is unsuitable ● Service moves will create problems for patients ● Appreciate resource problems but NHS Board would gain public respect of their were long-term plans for relocating services in hospitals which are ideally situated for local communities 		<ul style="list-style-type: none"> ● A service move to the GRI is likely to be 'alarming and catastrophic' if emergencies arise 		
Ms Louise C HOWIE Claythorn (on behalf of 'several residents')	<ul style="list-style-type: none"> ● Agree with approach of creating 'centres of excellence' but reducing inpatient beds is a mistake ● This will surely increase waiting times still further ● Pressures on nurse staffing will be exacerbated by 				

	reducing beds <ul style="list-style-type: none"> It would seem better to increase the staff/patient ratio and bed nos. 				
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<i>Individual Members of the Public cont'd</i>	General Comments	ENT	Gynaecology	Ophthalmology	Dermatology
Dr Euan W MACKIE Bearsden					<ul style="list-style-type: none"> Can see the benefits of the proposals But surely it would be better to locate the core centre at the Western Infirmary – close to the University and more convenient for medical students? Presume Chair of Dermatology would also prefer Western Infirmary site Surely, the importance of University teaching and the effect thereon of the proposals should have been addressed in the leaflet?
Mr John STEVEN (by e-mail)	<ul style="list-style-type: none"> Don't know why I am writing as my views will be ignored The electorate gave their views on Stobhill and they don't want any changes there at all 				
Mr William WILSON FRCS Newlands (Former Consultant in charge of Ophthalmology at Glasgow Royal Infirmary for 31 years to 1993)				<ul style="list-style-type: none"> From working initially at the Ophthalmic Institution in Canniesburn Hospital I made a suggestion for the specialty exactly as now is proposed 14 years ago savage cuts were made that left the Canniesburn service with too few junior and senior staff This led to inpatient services being transferred to Gartnavel but unfortunately managers interfered and insisted on transferring beds to Stobhill My idea had been that Stobhill beds should have come to Gartnavel A fly in the ointment of every plan has been the Tennant Institute but this has now closed Delighted that at long last what always seemed to be inevitable service 	

				change will happen ● If implemented the plans will be a great success	
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NB. Copies of original submissions are available for Board Members and Members of the Public to inspect.

Summaries prepared by Jim Whyteside, Public Affairs Manager, GGNHSB, 9th September 2002.