

**Greater Glasgow NHS Board**

**Board Meeting  
Tuesday, 20 September 2005**

**Board Paper  
No: 05/59**

**Chief Executive, NHS Greater Glasgow**

**OUTCOME OF CONSULTATION ON THE ESTABLISHMENT  
OF A WEST OF SCOTLAND CARDIOTHORACIC CENTRE  
AT GOLDEN JUBILEE NATIONAL HOSPITAL**

**Recommendation**

The NHS Board is asked to:

- receive an update on the further programme of work taken forward on the proposal
- endorse the following recommendations based on the proposals put to public consultation but amended to reflect the outcome of that consultation:
  1. Adult cardiothoracic inpatient surgical services currently provided at Western Infirmary and Glasgow Royal Infirmary should be transferred to Golden Jubilee National Hospital as part of a West of Scotland Cardiothoracic Centre
  2. The national heart transplant service currently provided at Glasgow Royal Infirmary should also be transferred as part of the service
  3. A review should be carried out over the coming months, involving NHS partners across the West of Scotland, to consider the options for bringing together all interventional cardiology at Golden Jubilee
  4. Membership and remit of the Partnership Board and Clinical Implementation Group to be agreed and Groups established as an early priority to take forward the detailed planning and implementation of the moves

## **1. Background**

- 1.1 At the July meeting of the Board, members received an update on the consultation to establish a West of Scotland Cardiothoracic Centre at Golden Jubilee National Hospital. Clinicians had first put this proposal forward in Autumn 2003. Doctors and managers from NHS Greater Glasgow, Golden Jubilee National Hospital and NHS Lanarkshire had been working since then to examine the feasibility of bringing together cardiothoracic services from NHS Greater Glasgow, together with thoracic surgery currently provided at Hairmyres Hospital, and planned and non-emergency cardiology from Glasgow at the Golden Jubilee to create a Centre of Excellence at the Golden Jubilee.
- 1.2 A 12-week consultation exercise was launched on 10<sup>th</sup> February and concluded on 5<sup>th</sup> May. The consultation process attracted sixty-seven responses from members of the public, staff and other interested parties. At the July Board meeting, a report was given to members on the key themes to have emerged from this consultation. These are set out, as a reminder, in the following section.

## **2. Consultation Themes**

### **2.1 Interventional Cardiology Model**

The core issue of debate related to the scope of the proposed interventional cardiology service at Golden Jubilee National Hospital with disappointment being expressed about the separation of planned procedural work from emergency interventional cardiology.

Whilst the proposal to co-locate planned interventional cardiology with surgery was welcomed, it was suggested that there could be significant advantage in exploring opportunities to provide all coronary intervention on the Golden Jubilee site.

### **2.2 Links with other services**

Clinicians emphasised the need for robust links with other clinical and support services. There was concern that the infrastructure at Golden Jubilee National Hospital is not adequate at present and that significant reorganisation and investment would be required to provide the necessary support for a major cardiac surgery unit.

### **2.3 Staff Issues**

The main staffing issue related to the operational management arrangements for the new centre. There was a suggestion that, as a regional service with close links to cardiology in Glasgow, the cardiothoracic service would benefit either from remaining under the management of NHS Greater Glasgow or from being part of a wider regional health board arrangement. In addition, a number of issues were raised by staff members in relation to their options and terms and conditions following the transfer.

## 2.4 Funding

Funding issues including concerns that the cost of providing the service would increase. For instance, a number of respondents identified the need for additional medical staffing particularly in the areas of anaesthetics and junior medical staff.

## 3. **Addressing the Consultation Themes**

3.1 In the three months since consultation ended, a programme of meetings has been held with a range of senior clinical staff in order to work comprehensively through these issues to a satisfactory conclusion.

### 3.2 Interventional Cardiology Model

In their responses to the consultation, the Consultant Cardiologists expressed different views about the interventional cardiology model. In the series of meetings since held with the cardiologists, a consensus view has now emerged amongst the clinicians that all interventional cardiology should transfer to the Golden Jubilee National Hospital.

3.3 It is therefore recommended that the Board commission a review of interventional cardiology over the coming months. This review should involve surrounding health board areas to ensure that any future plans for interventional cardiology being considered by other West of Scotland health boards can be taken into account in the development of these options.

3.4 The provision of interventional cardiology, integrated with cardiac surgery at the Golden Jubilee National Hospital, will enable us to provide a modern multi-disciplinary approach to the treatment of patients with heart disease – and a more seamless service for our patients. For instance, it will be possible to offer a “one-stop” assessment with patients undergoing their diagnostic tests, being seen by the surgeon and being told whether surgery is needed – and when that would take place – all on the same day. It also offers the potential, in the future, for patients to attend for assessment, and if appropriate, to go straight on to definitive treatment – so reducing the number of hospital visits. It is important that we offer patients these benefits as soon as possible.

### 3.5 Golden Jubilee Infrastructure

Members are already aware that the proposed West of Scotland Cardiothoracic Centre would not be operating on a stand-alone basis at the Golden Jubilee and that it was always envisaged that the present infrastructure at the hospital would need to be augmented to meet the demands placed upon it by the proposed transfer of cardiothoracic surgery.

Over the past three months, clinical and managerial colleagues have worked through a series of detailed service interface issues to agree the level of clinical support and advice required and how these services would be provided. This work has now largely been concluded with agreement reached on the level of clinical support required and a mechanism to ensure its delivery.

In some cases, there remains more than one potential option in relation to service delivery and work is ongoing to finalise the most efficient and cost effective manner in which to deliver all services.

### 3.6 Management Arrangements and staffing issues

Further discussions have taken place between the partner organisations involved in the proposal on the establishment of a Partnership Board to oversee the strategic direction of the West of Scotland Cardiothoracic Centre. The remit and membership of this Board should now be agreed with the Regional Planning Group at its end September meeting and should reflect the close linkages that will be maintained with West of Scotland planning processes.

3.7 It has also been agreed that a Clinical Implementation Group should be established to oversee the transfer of the service. This Group will ensure a forum is put in place in which senior clinical and managerial staff, along with staff side partners, in all three organisations involved can participate in the transfer of the service. This Group would also address the key issues of concern to staff relating to terms and conditions of service and the potential options available to them as part of the transfer process. It is recommended that this group be set up swiftly to ensure that the complex issues associated with a major transfer of service can begin to be worked through in detail.

## 4. Financial Arrangements

4.1 In taking forward the proposal to bring the West of Scotland Cardiothoracic Surgical Service into a single centre at the Golden Jubilee National Hospital, it has become clear that the affordability of the proposal depends on a collaborative approach on the part of all current funders of the services which are provided at the Glasgow Royal and Western Infirmary and at Hairmyres Hospital. The total income for North Glasgow's Cardiothoracic Service in 2004\05 was £25.3 million. Income of £3.1 million supports delivery of the Thoracic Surgical Service within Lanarkshire, giving a full income figure of £28.4 million for the West of Scotland Cardiac and Thoracic Surgical Services. About 87% of the income which funds the Cardiothoracic Services within North Glasgow comes from the West of Scotland NHS Boards. The other significant funder is the National Services Division which funds the Heart Transplant Programme at Glasgow Royal Infirmary. In terms of the wider proposal to create the West of Scotland Centre at the Golden Jubilee Hospital, the other important funding partner is the Scottish Executive Health Department which funds the costs of the Golden Jubilee National Hospital.

4.2 There is a short to medium term funding pressure associated with the transfer of the Cardio-thoracic Surgical Services out of the Glasgow Royal and Western Infirmary and Hairmyres Hospital. As there are no immediate or short term plans to re-use the clinical areas which will be vacated, there is a level of cost embedded within these areas (for corporate costs, capital charges and elements of clinical support and support services costs) which cannot be released in full at this stage.

The West of Scotland NHS Boards have already committed to continuing their current levels of income for these services, recognising the benefits of service sustainability and improvements in patients' amenity which will be delivered at the Golden Jubilee National Hospital. One final meeting of all funding partners is being arranged in October to ensure that all parties will maintain their current income levels until the full release of costs from the vacated areas is realised on implementation of Greater Glasgow's and Lanarkshire's future strategic plans. Through this collaborative approach, the income costs required to support the West of Scotland Centre at the Golden Jubilee Hospital and the short to medium term "bridging" cover required within Greater Glasgow and Lanarkshire can be delivered.

- 4.3 The detailed costing carried out thus far covers the transfer of the Cardiothoracic Surgical Services which were the key component within the proposal issued for public consultation. The proposed review of Interventional Cardiology will include a detailed costing of the options developed as part of that work.

## **5. Conclusions**

- 5.1 At the Board meeting in July, members were advised that no clear consensus had emerged on a number of key aspects of the proposal to centralise cardiothoracic surgery and planned interventional cardiology at Golden Jubilee National Hospital. The programme of meetings with senior clinicians that has taken place since then has been very productive and has resolved the areas of disagreement which had previously been reported.
- 5.2 This further dialogue has highlighted a possible new direction of travel for interventional cardiology, but one that needs to be further considered and assessed. Members are therefore asked to approve the transfer of Cardiothoracic Surgery but also to commission a further review over the coming months to examine the options for locating all interventional cardiology at the Golden Jubilee.
- 5.3 The Board of NHS Lanarkshire has already concluded its local consultation and has approved the proposed transfer of Thoracic Surgical Services from Hairmyres Hospital to the Golden Jubilee National Hospital. If Members approve the recommendations within this paper, it will clear the way for the Chief Executive of the Golden Jubilee National Hospital to finalise the Business Case for this major development.

T.A. Divers  
Chief Executive