

**NHS GREATER GLASGOW AND CLYDE**

**Minute of the Joint Meeting of the  
Greater Glasgow and Clyde – Acute Services  
North and South Glasgow Monitoring Groups  
held at 9.30am on Friday 9<sup>th</sup> March 2007  
in the Board Room, Dalian House,  
350 St Vincent Street, Glasgow, G3 8YZ**

**PRESENT:**

Mr Ian Miller (in the Chair)

Dr Donald Blackwood	Mr John McMeekin
Mrs Pat Bryson	Dr Robert Milroy
Dr Robert Cumming	Mr Peter Mullen
Mrs Catherine Fleming	Dr Ken O'Neill
Mrs Margaret Hinds	Mrs Enid Penny
Mrs Elizabeth King	Dr Paul Ryan
Mr K Macintosh MSP	Mr James Sandeman
Mr Paul Martin MSP	Professor D E S Stewart-Tull

Dr Jean Turner MSP

**IN ATTENDANCE**

Ms Helen Byrne	...	Director of Acute Services Strategy, Implementation and Policy
Mr Danny Crawford	...	Senior Manager, NHS Board
Mr John C Hamilton	...	Head of Board Administration
Mr Mark McAllister	...	Community Engagement Manager, NHS Board
Mr Niall McGrogan	...	Head of Community Engagement, NHS Board

**ACTION BY**

**1. APOLOGIES**

Apologies for absence were intimated on behalf of Ms Janis Hughes MSP, Dr Rodger Hughes, Mr Stewart Maxwell MSP and Ms Mary S Murray.

**2. CHAIRMAN'S OPENING REMARKS**

Mr Miller welcomed all in attendance to the joint meeting of the North and South Glasgow Monitoring Groups. He pointed out that members had been invited to add issues to the agenda but that nothing had come forward and as a result the main part of the agenda consisted of two presentations.

The Chairman invited Mrs. Bryson to address the meeting. She spoke of the work of the Spiritual Care Committee and the publication of two booklets on the past, present and future of Stobhill Hospital and the Victoria Infirmary. She encouraged those in attendance to purchase the booklets, which she had for sale at £1 each.

3. **MINUTES OF PREVIOUS MEETINGS FOR NOTING**

The Minutes of the North Monitoring Group meetings held on 17<sup>th</sup> November 2006 [NMG(M)06/04] and 1<sup>st</sup> December 2006 [(NMG(M)06/05] and the Minute of the South Monitoring Group meeting held on 8<sup>th</sup> December 2006 [SMG(M)06/04] were noted.

4. **MATTERS ARISING**

a) Introduction of Parking Charges

In relation to NMG(M) 06/04 - Minute 28 - Chemotherapy Services – Professor Stewart - Tull asked if Professor Rodger had been successful in his efforts to have free car parking adjacent to the new Beatson Oncology Centre for those accessing chemotherapy services. John Hamilton advised that the charges and some parts of the Car Parking Policy were to be reviewed and the implementation date had been delayed from 1<sup>st</sup> April 2007.

NOTED

b) Blood Transfusion Services

In relation to NMG(M) 06/04 - Minute 36(a)(i) – Laboratory Strategy Dr Cumming asked on what sites Blood Transfusion Services were to be based. John Hamilton undertook to ask Jane Grant to provide this information direct to Dr Cumming.

**J C Hamilton/  
J Grant**

NOTED

c) Update on New Victoria Hospital

Mr. Sandeman referred to SMG(M) 06/04 - Minute 28(b) and expressed the view that the information on day surgery rates ought to have been provided to him by now. He asked that his comment that “he did not take kindly to being treated with contempt” be recorded in the minutes.

NOTED

d) Monitoring Report

With reference to NMG(M)06/05 - Minute 35 Mr. Sandeman asked if the North Monitoring Report was understood and taken seriously by members of the Group and, further, if the members felt that Report was taken seriously by the Board and the Minister?

In response Professor Stewart-Tull expressed the view that the Monitoring Reports were easy to understand and that Robert Calderwood, Chief Operating Officer, had reacted positively to points raised in the Monitoring Reports.

The Chair, in summing up the discussion stated that the Monitoring Reports showed the Monitoring Group to be proactive in going over the facts and seeking appropriate action where necessary.

NOTED

e) Our Health Event

In relation to NMG(M)06/04 - Minute 29 Dr Cumming asked if the write-up of the March 2006 Our Health event was available. This would be raised with the Public Involvement Team.

**J C Hamilton**

NOTED

f) Bed Model – Update

Mr. Sandeman referred to SMG(M) 06/04 - Minute 28(c) where it was recorded that for bed modelling purposes an average occupancy rate of 82% for acute medical admissions facilities would give a 99.5% probability of a bed being available. He stated that recent Information Services Division (ISD) projections indicated acute bed occupancy was at 85.5% - was this an issue for the NHS Board?

The Chairman indicated that this would be an issue for Ms Byrne to address in her presentation.

NOTED

**5. UPDATE ON THE IMPLEMENTATION OF THE ACUTE SERVICES STRATEGY**

The Chair welcomed Ms Helen Byrne, Director of Acute Services Strategy, Implementation and Policy, who had attended to give a presentation to update the North and South Monitoring Group members on the Acute Services Review. Copies of the overheads used in the presentation are attached to the Minutes.

In response to questions from members, Ms Byrne answered as follows:-

- Haemato-oncology beds were due to transfer in May 2007 from Stobhill and in respect of the smaller number of non-oncology haematology beds Ms Byrne will get back to the Monitoring Groups with information on where they will be sited.
- The IT Strategy was an important element in the successful implementation of the Acute Services Review. Richard Copland, the recently appointed Director of Health Information and Technology, was making early progress in this area.
- Interventional Cardiology and Cardiothoracic Surgery would be based at the Golden Jubilee Hospital in Clydebank with other Cardiology taking place locally.
- The beds to be provided at Glasgow Royal Infirmary will be completed as part of Phase 3 of the Acute Services Review.
- In relation to acute beds on the Stobhill site there were a range of factors to be considered in relation to clinical services at the Royal Infirmary and Stobhill. The Board's commitment was not to transfer services until adequate facilities were available elsewhere and there was a need to consider how the best use of beds was achieved across NHS GG&C.

**H Byrne**

- In relation to the proven change in practice undertaken to support moves from an in-patient base to out-patient treatment and services based in the community Ms Byrne gave as an example the changes in working practices within Dermatology and Gynaecology.
- As part of the work to plan the bed modelling exercise an external company had been commissioned to undertake a UK-wide benchmarking on the use of acute beds in a range of hospitals. Ms Byrne would share the Board paper in which this work was referenced.
- “Bed blocking” was monitored, as was the work of the Scottish Ambulance Service, and clinicians and others were involved in this monitoring.
- 85% of the current activity at Stobhill and the Victoria would be continued at the new hospitals. Ms Byrne agreed to make available the range of services to be available at the New Hospitals.
- A study of the work of Minor Injury Units (MIUs) in parts of Scotland and in England suggested that a higher percentage of Accident and Emergency attendees could be more appropriately seen at MIUs with the figure being anywhere between 40% and 65%. A review of A&E/MIU activity would be undertaken across Greater Glasgow.

**H Byrne**

**H Byrne**

The Chair thanked Ms Byrne for her helpful presentation.

## 6. **THE STEPS TAKEN TO ADDRESS THE TRANSPORT ISSUES**

The Chair welcomed Niall McGrogan, the NHS Board’s Head of Community Engagement and Transport, and invited him to address the meeting on transport issues. Mr McGrogan indicated that he had two presentations to make: one on the Glasgow Hospitals Free Evening Visitor Service and the other entitled Steps Taken To Address Transport Issues. Copies of the overheads used in each presentation are attached to the Minutes.

In response to questions from members, Mr McGrogan answered as follows: -

- The NHS Board was not now implementing car-parking charges from 1<sup>st</sup> April but would be reviewing some parts of the policy. Work on implementing the policy was continuing with ongoing work taking places at the sites eg installation of new lighting and cctv. However, the Board had listened to the concerns raised by members of the public and was looking at certain aspects of the proposed charging element of the new regime.
- The role of CHCPs/CHPs was important in regard to transport issues as each local authority had different policies and practices, i.e. different criteria for issuing Blue Badges.
- NHSGGC had been working with Dr Turner, community groups and East Dunbartonshire Council over the last two years to explore transport and access issues in the area. A Transport Committee had been established and they had commissioned a transport study. This had been well received and, consequent to it, funding had been found from partners to appoint a Transport Officer. The appointee had just taken up post and as part of her induction would be keen to meet with those interested in transport in the East Dunbartonshire area. Mr McGrogan had contact details for those interested.

- The NHS Board had a good relationship with private bus companies. However, the commercial operators were still running their services for profit and were still withdrawing services from peripheral communities. For this reason, NHSGG&C continued to support greater regulation of the bus sector.
- Partnership working with the NHS was now a legal requirement for the new Regional Transport Partnerships. SPT was drawing up, in partnership with the NHS Boards in the West of Scotland, an access to healthcare facilities action plan. As it was in draft, Mr McGrogan described the headings and offered to report back to the Group at a later date on the content when it had been fully agreed.
- There was a need to look at local, city wide and regional transport needs to hospitals.
- The NHS Board was working with its partners to see if existing vehicular resources could be used to improve services in areas that currently have a poor service. The Ambulance Service, Local Authorities, SPT and the Voluntary Sector had many vehicles which were not being fully utilised. NHSGGC was working to see if the spare capacity of these vehicles could be released to improve transport options for those needing access to hospitals.
- There was now a trained paramedic in Greater Glasgow on every emergency ambulance which attended a category 1 priority call.
- As part of the Hospital Modernisation Programme, the NHS Board was undertaking an analysis of each site on which major new build was to take place and in partnership with Glasgow City Council planning transport improvements
- Feedback had suggested that the Glasgow Hospitals Free Evening Visitor Service was working exceptionally well. The service was popular with carers and visitors. NHSGGC is now working with Local Authorities outwith Glasgow City to see if the service can be extended.

The Chair thanked Mr McGrogan for his helpful and informative presentations.

## 7. **DATES OF NEXT MEETINGS**

### a) North Monitoring Group

The next meeting of the North Monitoring Group would be held at 9.30 a.m., Friday, 1<sup>st</sup> June 2007 in the Corporate Meeting Room, North Glasgow CHCP Offices, 300 Balgrayhill Road, Glasgow, G21 3UR.

### b) South Monitoring Group

The next meeting of the South Monitoring Group would be held at 9.30 a.m., Friday, 8<sup>th</sup> June 2007 in Floor E Conference Room Victoria Infirmary, Langside Road, Glasgow, G42 9TT

The meeting ended at 11.40 a.m.

# **NORTH & SOUTH MONITORING GROUPS**

## **Acute Services Review Update**

**Helen Byrne**

**Director of Acute Services Strategy  
Implementation and Planning**

**9 March 2007**

# Introduction

- **Greater Glasgow Acute Services Review update**

# The ASR

## Phase I

- WoS Cancer Centre (Beatson Phase II)
- Replacement of Major Elements of Victoria Infirmary and Stobhill Hospital with the development of new Stobhill & Victoria Hospitals



# The ASR

## Phase II

- New build Major Acute Hospital for South Glasgow (allows full closure of Victoria Infirmary and Mansionhouse Unit)
- New Children's Hospital allowing full closure of RHSC

# ASR PHASE I

# New Beatson Cancer Centre

- The new West of Scotland Cancer Centre opens in May 2007 providing Specialist Oncology services to 60% of Scotland's population
- It will house the latest and safest of x-ray therapy equipment including 11 Linear Accelerators, a PET-CT Scanner and Cyclotron
- It will be equipped to deliver the most intense of chemotherapy, targeted drug therapy and even gene therapy

# **New Beatson Cancer Centre – Clinical Services**

- Bone marrow transplant unit
- Haemato-oncology unit
- 8 brachytherapy rooms
- Operating theatre
- 2 high dose rate brachytherapy bunkers
- Teenage cancer unit

# New Beatson



# The ASR – Progress to Date

## The Victoria & Stobhill Hospitals

- Financial Close - August 2006
- Contractors on site - November 2006
- Ready for operation - Summer 2009

# The New Hospitals at Stobhill and Victoria

## Models of Care

- All outpatient & day patients together in a ‘state of the art’ fit for purpose building
- Building designed around efficient and effective patient flows
- Separation of elective and emergency patient streams – less cancellations of procedures
- Improvement to the referral & booking of patients
- More investigations & treatments will be done on a single visit – “one stop shop”
- Direct links to Primary Care – moving towards the goal of “seamless care” for patients

# **New Stobhill Hospital**

## **Ambulatory Care Facility**



# Services

- Day Surgery for North/East Glasgow
  - 6 theatres & the support of 12 overnight beds
- All Diagnostic Gastroenterology day patients for North/East Glasgow
  - 4 endoscopy rooms
- All Outpatients for Stobhill catchment area
  - + renal/diabetes and some gynaecology outpatients from GRI catchment
- Centralisation of all the North Pain Service
- Diagnostic Imaging – including MRI scans

# Services (contd)

- Minor Injuries Unit
- GEMs – GP out of hours service overnight & weekends
  - Co-located with Minor Injury Unit

# Activity

- **Overall Attendances approximately  
400 000 per year**

*Including:*

- Outpatient attendances 122 000
- Allied Health Professionals 101 000
- Diagnostic Radiology 81 000
- Minor Injuries 15 000
- Day Surgery 12 000
- Gastroenterology 11 000
- Cardiac Investigations 32 000

# Stobhill Hospital



# **New Victoria Hospital**

## **Ambulatory Care Facility**

# Services

- All Day Surgery for south Glasgow – 8 theatres & 12 overnight beds
- All Gastroenterology day patients for south Glasgow – 5 endoscopy rooms
- All Outpatients for south Glasgow
- All breast cancer outpatients for south Glasgow
- 48 rehabilitation elderly beds

# Services (contd)

- Minor Injuries Unit
- Day Medical Unit – outreach oncology services from the Beatson
- Renal Dialysis Unit – for the first time in south Glasgow
- GEMs – GP out of hours service overnight & weekends

# Activity

- **Overall Attendances approximately  
400 000 per year**

*Including:*

- Outpatient attendances 170 000
- Allied Health Professionals 46 000
- Diagnostic Radiology 80 000
- Minor Injuries 27 000
- Day Surgery 14 000
- Gastroenterology 11 000



# Victoria Infirmary



# **ASR PHASE II**

## **THE NEXT 5 – 10 YEARS**

# The ASR – Phase II

- Bed Model
- New South Glasgow Hospital
- New Children's Hospital

# The ASR – The Bed Model for Glasgow

- Detailed Bed Modelling Exercise, top down UK wide benchmarking work undertaken by CHKS and bottom up 14 clinical Model Sub Groups led by key clinicians from within NHS Glasgow
- Bed numbers will continue to be reviewed in light of service redesign, more day case work and more services in primary and community care settings.
- The bed modelling work excludes oncology beds, obstetrics and paediatrics which are all subject to separate planning processes
- Design work with CH(C)Ps is crucial

## **The ASR – Bed Modelling Criteria**

- Occupancy (National Beds Inquiry)
- Length of stay
- Population Changes
- Assessed growth in emergency workload
- Allowed for extra capacity to meet 18 week waiting time targets (and planning for further reductions)
- Day case rates
- Performance Improvement (10 years hence)
- Service developments in primary and community care and learning from elsewhere

# **New South Glasgow Acute Hospital & New Children's Hospital**

- Currently developing schedules of accommodation with clinicians and others to determine internal layout of the hospitals
- Building both together as one hospital complex but completely separate facilities with their own identities
- This will enable us to achieve excellent clinical adjacencies within the new buildings and with current services on the Southern General Site such as Maternity and Neurosciences
- Started enabling works (i.e. demolitions, technical service alterations, decants, etc) to clear site for new build construction to start in 2009

## **New South Glasgow Acute Hospital & New Children's Hospital**

- Currently working with Glasgow City Planners on our Outline Planning application which should be submitted in April 2007
- Working in conjunction with other Health Boards and National Services Division regarding Children's Hospital services to design appropriate care models for the new hospital opening
- Our community engagement team are working with a range of adult & children's groups and also local communities to involve them in the planning of the new hospitals

# **New South Glasgow Acute Hospital & New Children's Hospital**

- Submit Outline Business Case to NHS GG&C Board planned for June 2007 and Scottish Executive Health Dept July 2007
- Hope to achieve Outline Planning Consent at end of August
- Tendering exercise aimed to start October 2007:

## Timetable thereafter

- Work commences on new Hospitals July 2009
- New Children's Hospital Complete December 2011
- New Adult Hospital Complete July 2013



# Other Issues in Glasgow

Clinical Strategy complete – setting out where services are to be provided across Glasgow

- University and wider “academic” involvement
- Service Redesign
- Patient & Public Involvement
- Transport
- Changes in other Board Areas

**Thank you**

**Any questions ?**

# STEPS TAKEN TO ADDRESS TRANSPORT ISSUES

**Niall McGrogan**  
**Head of Community Engagement and Transport**

# Steps Taken

## NHS Transport Steering Group 2003-2006

- Green Travel Plans
- Car Parking
- Understanding Detail of Issues
- Lobbying – External Relations
- NHS Capacity and Structures

# Outcomes from 2003-2006

- 3 Green Travel Plans
- Car Parking Policy, Procedures, Infrastructure
- Understanding Issues – Fare4All, Camglen, East Dunbartonshire
- NTS, LTS, RTP's
- NHS Capacity and Structures

# 2007 NHS Transport Agenda

## NHS Capacity – 7 Workstreams

- Car Parking and Green Travel Plans – Alex McIntyre
- SAS – Grant Archibald
- Public Transport – Niall McGrogan
- CHCP's/CHP's – Individual Leads
- Health and Travel – Elaine Wong
- Regional Working – Niall McGrogan
- Patient and Community Engagement – Niall McGrogan

# Regional Transport Partnership

Strathclyde Partnership for Transport

Regional Transport Strategy – 20 years  
(including a strategy to improve access to health care facilities)



Access to Health Care Facilities Action Plan (Draft) – 5 years

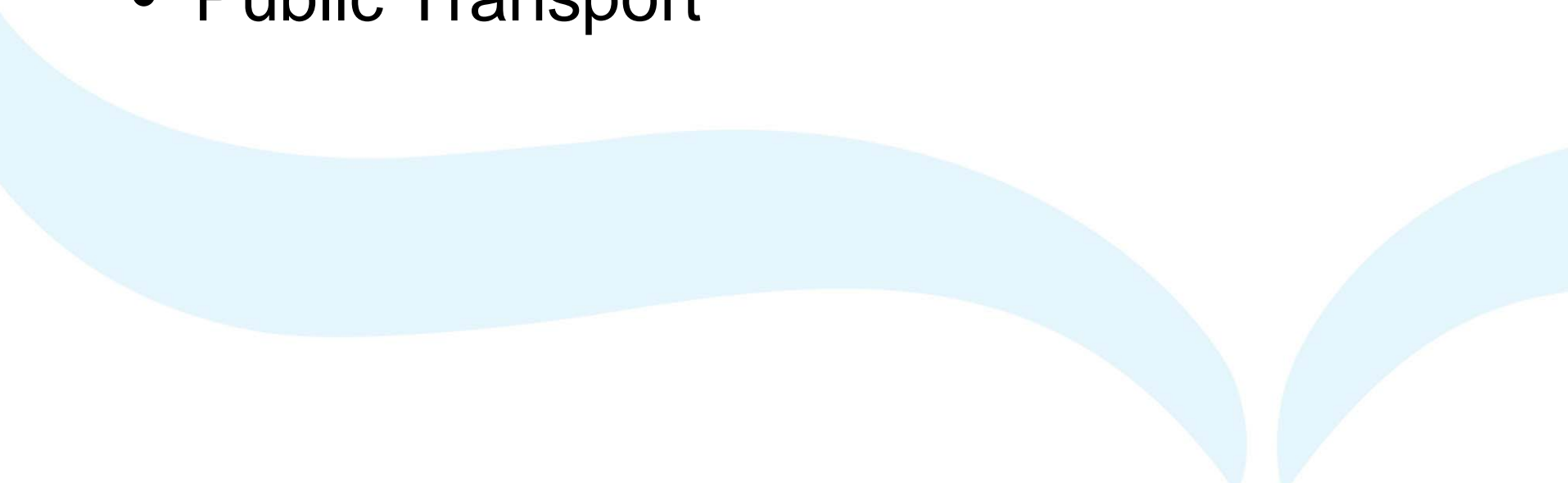
# Access to Healthcare Facilities Action Plan (Draft)

- Partnership Working
- Resource Collaboration/Integration
- Accessibility Audit
- Transport Services
- Transport Infrastructure
- Marketing and Communication
- Travel Planning




# GLASGOW HOSPITALS FREE EVENING VISITOR SERVICE

# Why?

- Acute Services Review.
  - Reassurance, especially to partners.
  - Public Transport
- 

# Aim

Provide a dedicated evening visitor service to Glasgow's acute hospitals for residents of Glasgow City.



# Target Group

The target group are people who live within the boundaries of Glasgow City who wish to visit friends or relatives in the acute hospitals within the City.

However, priority would be given to the following groups:

- Older people
- Disabled
- In receipt of Benefit

# Glasgow City

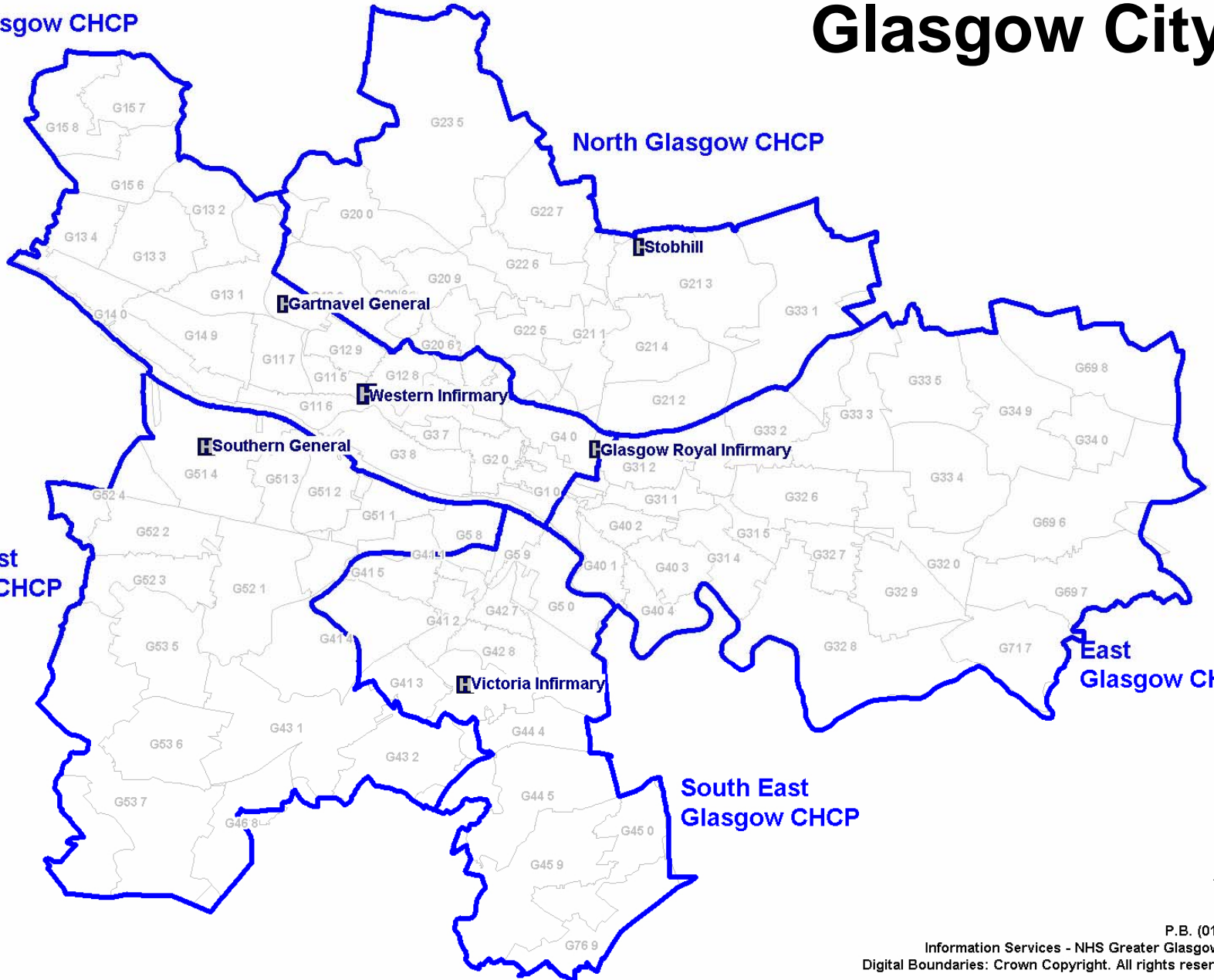
West Glasgow CHCP

North Glasgow CHCP

South West  
Glasgow CHCP

South East  
Glasgow CHCP

East  
Glasgow CHCP



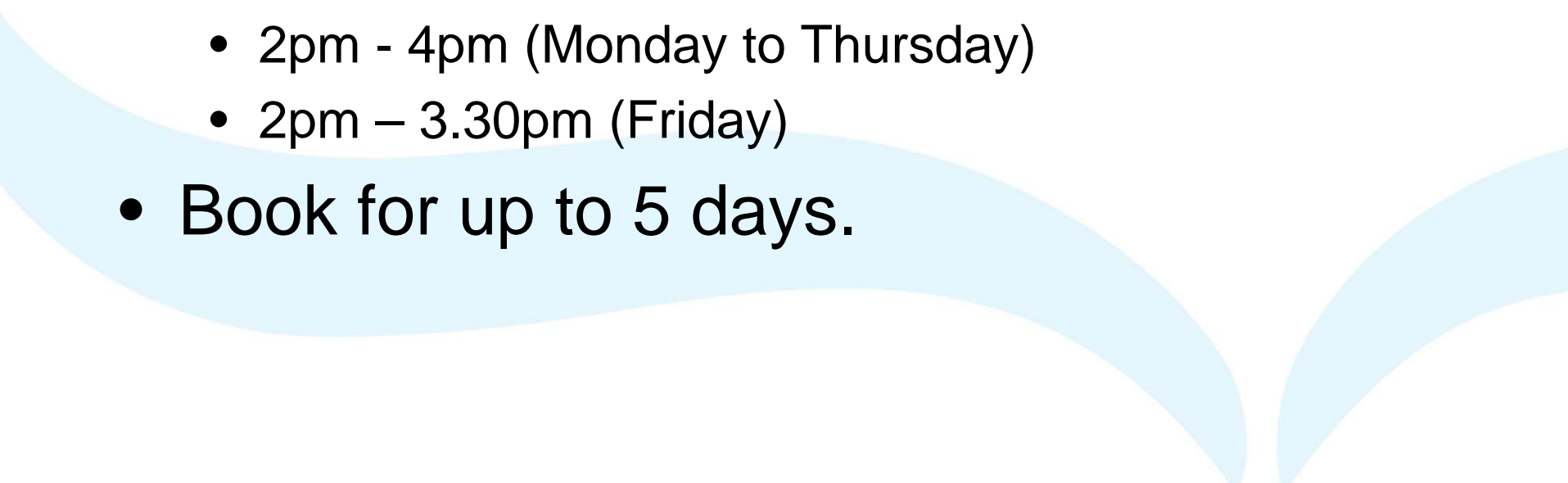
# The Service Offers:

- A direct, door-to-door, service.
- Eligible to all Glasgow Residents.
- Service is accessible (vehicles have disabled access).
- The service is friendly, reassuring (safe) – the operators tend to use a dedicated driver.
- Single access point to the service.

# Process

- A person telephones the booking line.
- SPT takes the call and, for the majority of callers, confirms the booking and pick-up times.
- SPT processes the pick-up points and routes.
- SPT emails details of routes, times & visitors to the 5 Community Transport Operators.
- Each operator organises and delivers the nightly service.

# Booking System

- Provided By SPT through a SLA with CTG.
  - Single Hotline Number – 0845 128 4027.
  - Line open between:
    - 2pm - 4pm (Monday to Thursday)
    - 2pm – 3.30pm (Friday)
  - Book for up to 5 days.
- 



# Community Transport Operators

- The 5 CT Operators, within the context of individual SLAs, deliver the service.
- The service operates:
  - Monday - Friday.
  - Between 6pm & 10pm (except public holidays).
- Hospitals visited:
  - GRI, WIG, GGH, Stobhill, Southern, Victoria.

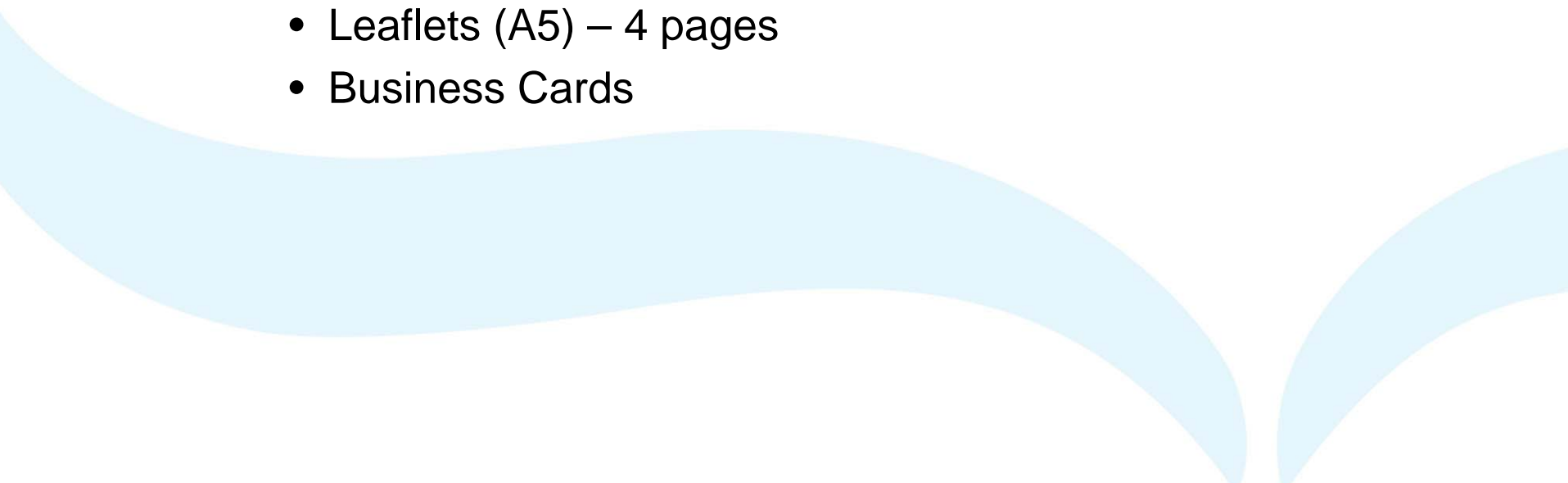
# Funding

- A partnership between NHS GG&C, GCC, SPT & CTG.
- GCC receives DRT funding from the Scottish Executive through the Urban Community Transport Initiative. This pays for the CT Development Officer and the provision of some mini-buses.
- SPT provides the call centre.
- NHS GG&C contributes to running costs – paid drivers.

# Marketing

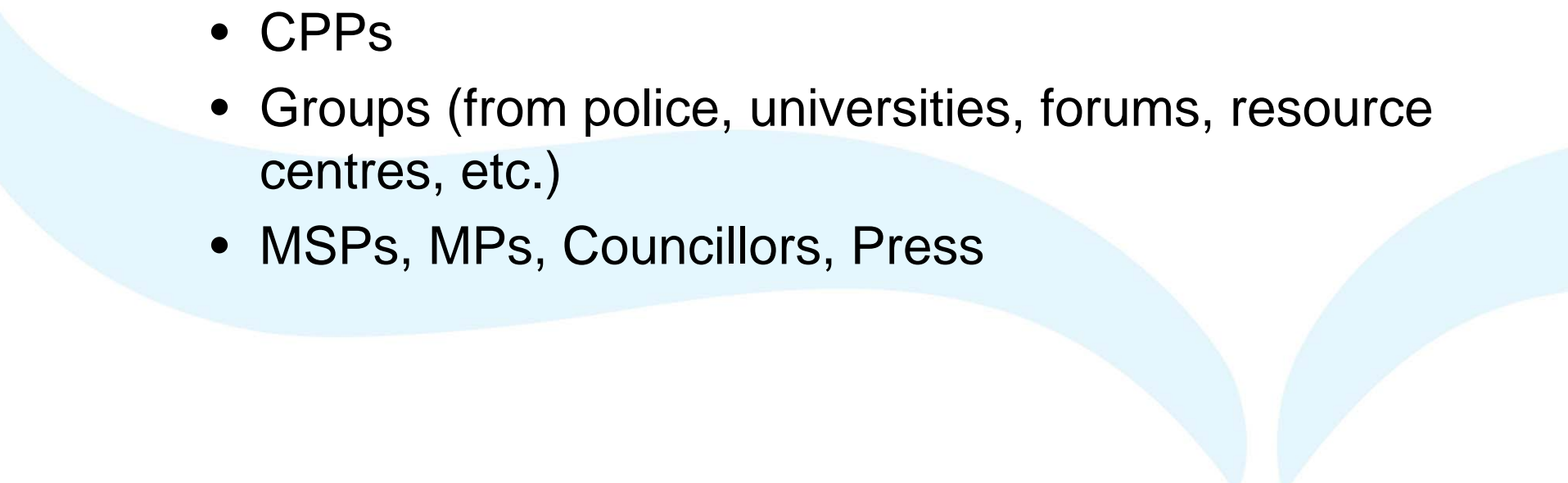
Designed by Community Engagement.

Consisting of:

- Posters (A3)
  - Flyers (A5)
  - Leaflets (A5) – 4 pages
  - Business Cards
- 

# Marketing

## Distributed to:

- CHCPs & Directors
  - 6 x Acute Hospitals
  - Carers, Day Centres, “Homes”, etc
  - CPPs
  - Groups (from police, universities, forums, resource centres, etc.)
  - MSPs, MPs, Councillors, Press
- 

# Marketing

## Press Launch:

- Interview
- Launch Day
- TV Coverage
- Human interest story(s)

## Appointment Letters:

- Standard entry

## Web Sites:

- NHS GG&C, CHCPs, GCC, SPT, Communities, etc.

# Service Delivery

Launched – Mid October 2006

Statistics (to week ending 9 Feb 07)

Passengers Journeys: Target: 1500 Actual: **2488**

Visitors to Hospitals: Target: 750 Actual: **1200**

% Female: 74%

% Male: 24%

% older than 60: 51%

Reasons for use:

Lack of Transport or Safety: 52%

Age: 23%

Mobility Problems: 21%

Low Income: 5%

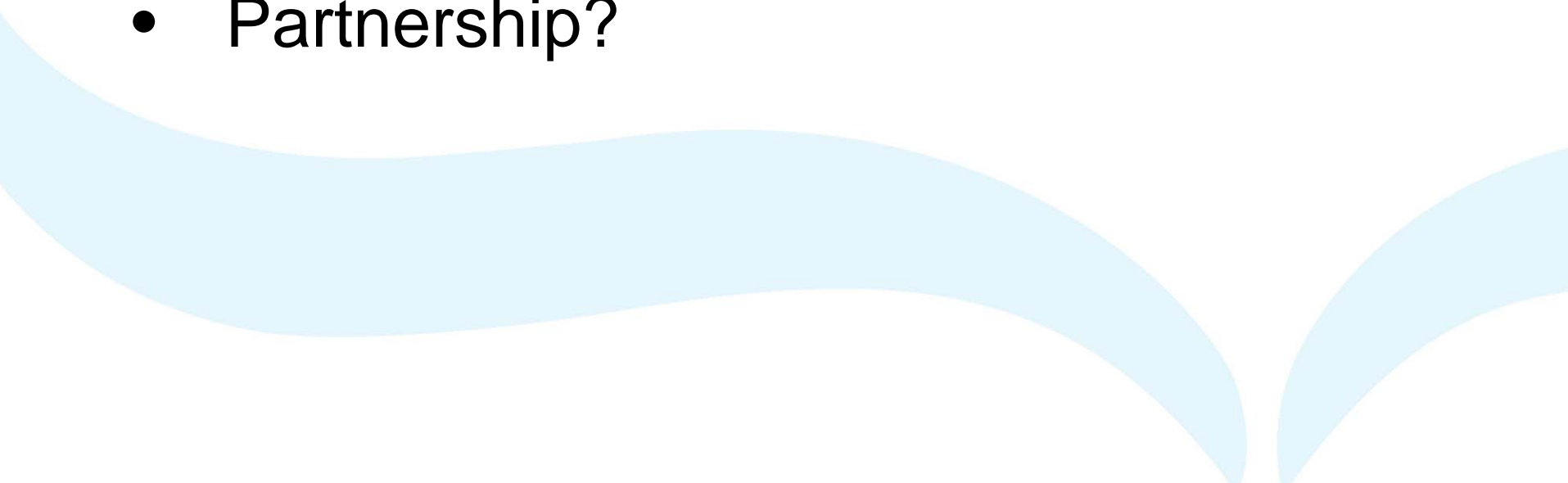
# Future

In discussion with CTG over expansion into:

- Newton Mearns/Clarkston area
- Bishopbriggs/Kirkintilloch area
- Clydebank area
- Cambuslang/Rutherglen area

Future Scottish Executive DRT monies (from '08) will be channelled through SPT.

# Challenges

- Capacity?
  - Community Transport?
  - Funding?
  - Partnership?
- 



# Challenges

- Partnership working, underpinned by “Service Level Agreements”, between:
    - NHS GG&C
    - Glasgow City Council
    - SPT
    - Community Transport Glasgow representing the 5 CT Operators within Glasgow City
- 