

NHS GREATER GLASGOW

Minutes of the Meeting of the Greater Glasgow – Acute
Services – North Glasgow Monitoring Group held at 9.30 a.m. on
Friday, 3rd June 2005 in the
Corporate Meeting Room, North Glasgow Division HQ
300 Balgrayhill Road, Glasgow, G21 3UR

P R E S E N T :

Mr Ian Miller (in the Chair)

Dr Harry Burns
Dr Robert Cumming
Mrs Elizabeth King
Dr Roger Hughes

Mr Paul Martin MSP
Ms Mary Murray
Prof. D Stewart-Tull
Dr Jean Turner MSP

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

Ms Joyce Brown	..	Integrated Discharge Manager, North Division
Mr Robert Calderwood	..	Programme Director – Acute
Ms Jane Grant	..	Acting Chief Executive, North Division
Mr John C Hamilton	..	Head of Board Administration – NHS Board
Mr Mark McAllister	..	Community Engagement Manager – NHS Board
Mr Niall McGrogan	..	Head of Community Engagement – NHS Board

ACTION BY

9. **APOLOGIES**

Apologies for absence were intimated on behalf of Mr W Aitken MSP, Dr Jo Davis, Mr John McMeekin, Dr Paul Ryan and Mr Donald Sime.

10. **MINUTES**

The approved Minutes of the meeting held on 4th March 2005 [NMG(M) 05/01] were submitted for information.

11. **MATTERS ARISING**

- a) In relation to Minute 3(a) – Stobhill Casualty – Update, the Chair reported that he had received a reply from the NHS Board Chairman to his letter about Stobhill Casualty.

The next stage of the process was the follow-up visit in July 2005 from the Royal Colleges so that they could review the actions taken to recruit two additional A&E Consultants to the North Division, the appointment of an additional Staff Grade doctor, the refurbishment of existing facilities and the purchase of additional equipment. It was hoped that the outcome of the visit would lead to an extension to the training accreditation for Stobhill Casualty.

ACTION BY

A member reported that at the Minister for Health's recent meeting in Kirkintilloch a doctor had inferred that the two additional A&E Consultants were part of a pool across North Division and that junior doctors would not attend and work at the Stobhill Casualty. It was confirmed that it had always been the case that the two additional A&E Consultants would be part of a rotation plan across North Glasgow A&E/Casualty Service and that junior doctors would work from Stobhill Casualty as part of their rotation.

A member praised the outcome and the additional staffing and was keen that the NHS Board effectively communicated to the public the steps taken.

J Grant

In response to a question Ms Grant advised that there were currently no plans to move further services off the Stobhill site beyond the planned changes contained within the Acute Services Strategy.

- b) In relation to Minute 3(d) – Review of Assumptions underpinning the June 2002 Decision on Accident and Emergency Services – a member expressed frustration at the lack of consistency and use of inaccurate figures in relation to activity at A&E/Casualty Departments in North Glasgow and projected figures for the Minor Injuries Unit.

In discussion about the figures used, capacity and streaming of patients on arrival, it was agreed to arrange a visit for the member to the A&E Department at the Royal Infirmary.

J Grant/H Burns

The member also expressed concern that the Monitoring Group members were not always made aware of forthcoming significant decisions to be made by the NHS Board or public events held on the NHS. The examples given were the recent events led by the Scottish Ambulance Service, Young People's Mental Health Services and consultation on Cardiothoracic Services and a public meeting on the matter.

The issues raised did not form part of the Group's remit, however, efforts would continue to communicate better with members on relevant issues.

In response to a member's concern about a range of developments planned for the Stobhill campus, Mr Calderwood agreed to do a presentation at the next meeting of the North Monitoring Group on the new and expanded services at Stobhill – namely, the new ACAD, Forensic Psychiatry Unit, psychiatric in-patient beds for north and east and the Stores and Distribution Centre. The Stobhill Campus plan was currently being discussed with the city planners.

The future location of the in-patient mental health services for north and east had been consulted upon and the NHS Board had confirmed the re-provision at Stobhill at its meeting in December 2001.

- c) In relation to Minute 4 – Membership of North Monitoring Group, it was reported that the NHS Board's Public Involvement Group had considered the Monitoring Group's request for a replacement to the nomination from the former Local Health Council. A representative of the Patients Forum would join the Group and for continuity purposes that position had been offered to Mr John McMeekin.

- d) In relation to Minute 9(a) – Any Other Competent Business – Bus Route Changes – there was submitted a response from First Glasgow Ltd about the temporary re-routing of services X27, 88 and 175.

The Group noted the contents.

DECIDED:

That the letter be passed to the NHS Board's Transport and Access Group to consider discussion with the City Council's Land Services on any priority measures that could be pursued around the Royal Infirmary to improve the flow of buses.

N McGrogan

- e) **Transport Issues**

A member raised concerns about the withdrawal of the No. 8 bus service which went through Stobhill. The bus company had advised that the service was no longer viable. This was a hugely disappointing outcome and had been discussed at the North Liaison Group. The recent debate in the Scottish Parliament on the Transport Bill had focused on possible future responsibilities on bus companies to provide services to hospitals.

Mr McGrogan described the new East Dunbartonshire service and the steps being taken via the Glasgow-wide Transport Group. To expand this new service would be dependent upon local communities volunteering for and assisting in the funding of the service.

There was no one solution to resolving the transport issues, but pressure had to be maintained to bring about improvements.

DECIDED:

That the Chair meet with Mr McGrogan and a letter be sent to First Glasgow and the Transport and Health Minister about the need to provide locally accessible transport to health service establishments.

**Chair/
N McGrogan**

12. INTER-DISCIPLINARY RESPONSE AND INTERVENTION SERVICE (IRIS)

The Chair welcomed Joyce Brown, Integrated Discharge Manager, to the meeting to give a presentation on the Inter-Disciplinary Response and Intervention Service (IRIS). The overheads are attached to the Minutes.

After the presentation, Ms Brown replied to a range of questions from members as follows:-

- (i) a future development of the service may see it including emergency pendant alarms;
- (ii) recruitment of nurses to the service was adequate;
- (iii) there was a separate dedicated service for stroke patients;
- (v) re-admission does occur and communications could be reviewed around re-admittance arrangements;
- (v) GPs were keen to maintain current referral arrangements;

ACTION BY

- (vi) the service did indeed assist in meeting national targets around delegated discharges;
- (vii) the name of the service would be considered.

The Chair thanked Ms Brown for an excellent and informative presentation on a service well received by patients and staff and was encouraged by the responsiveness of the service to the patients it was designed to serve.

13. SCOTTISH AMBULANCE SERVICE

The presentation by Calum Kerr, Head of Emergency Services, Scottish Ambulance Service, would not be going ahead and would be re-arranged for a future meeting.

J C Hamilton

14. PATIENTS FORUM

A member raised concerns that the Stobhill Patients Forum no longer met and the patients voice had been lost in taking services forward at Stobhill.

It was reported that the Public Involvement Group of the NHS Board were taking forward the creation of a Greater Glasgow-wide Patients Forum and the comments about Stobhill would be fed into that process.

J C Hamilton

Mr McAllister also spoke about the survey undertaken by the Community Engagement Team to understand local committees' views and comments on key issues affecting local health services.

15. SOUTH MONITORING GROUP MINUTE – 4TH MARCH 2005

The Minutes of the South Monitoring Group held on 4th March 2005 were submitted for information.

16. STANDING ITEMS

a) Members' Comments on External Impacts on Named Services

None

b) Waiting Times Report

There was submitted for members' information a copy of the Waiting Times Report which had been submitted to the NHS Board in May 2005.

A member asked if this information could be provided on a specialty-by-specialty basis. This was agreed.

J Grant

Mr Calderwood and Ms Grant explained the arrangements for the "See and Treat" initiative and also the arrangements for patients attending the Golden Jubilee and Ross Hall. Some issues had been picked up which were being addressed.

ACTION BY

A request was made for a presentation on the 'day in the life' of a Consultant – Dr Burns would liaise with Dr Brian Cowan, Medical Director, over a possible presentation which would indicate the process to agree the job plan, annual assessment, working day and the need to remain within the Working Time Directives.

Mr Calderwood reiterated that a number of private hospitals were now employing their own full-time Consultants.

DECIDED:

That a presentation be arranged for a future meeting on the Consultants Contract and Working Day.

**H Burns/
B Cowan**

17. ANY OTHER COMPETENT BUSINESS

Future Meetings

It was considered the right time to approach the South Monitoring Group to suggest that the next meeting should be the annual joint meeting. Issues which could be covered included:-

- Update on ACADs
- Kerr Report
- Acute Bed Numbers

The next meeting of the North Monitoring Group could look at presentations on the Ambulance Services and Consultants Contract and Working Day.

18. DATE OF NEXT MEETING

Joint Meeting to be held at 2.00 p.m. on Friday, 2nd September 2005 at a location to be determined.

The meeting ended at 11.30 p.m.