

EMBARGOED UNTIL MEETING

NMG(M) 04/02
Minutes: 8-13

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, 5th March 2004 in the
former Library, North Glasgow Acute Trust Offices
300 Balgrayhill Road, Glasgow, G21

P R E S E N T :

Mr Ian Miller (in the Chair)

Dr Harry Burns	Ms Mary Murray
Dr Jo Davis	Dr J O'Neill
Mrs Elizabeth King	Mr Donald Sime
Mr Paul Martin MSP	Professor Duncan Stewart-Tull
Mr John McMeekin	Dr Jean Turner MSP

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

Mr Tim Davison	...	Chief Executive, North Glasgow Acute Trust (to Minute 11)
Ms Jane Grant	...	General Manager – Division of Surgery, North Glasgow Acute Trust (to Minute 11)
Mr J C Hamilton	...	Head of Board Administration – NHS Board
Mr Niall McGrogan	...	Head of Community Engagement

ACTION BY

8. APOLOGIES

Apologies for absence were intimated on behalf of Mr W Aitken MSP, Mr L Gaston and Dr R Hughes.

Mr Miller, on behalf of the Group, congratulated Paul Martin and his wife on the recent birth of their daughter and wished them health and happiness for the future.

9. MINUTES

The Minutes of the previous meeting held on 23 January 2004 were approved subject to the following changes:-

- i) Minute 4 – 3rd paragraph, 2nd line: delete “etc.”.
- ii) Minute 5 – page 5 – 5th paragraph, 1st line – re-order words to read – “would be transferred to Ward 2C,”
- iii) Minute 5 – page 5 – 6th paragraph, 2nd line – insert after August 2004 “prior to an eventual move to the Princess Royal Maternity Hospital,”
- iv) Minute 5 – page 6 – 1st paragraph, 1st line – delete “no” and insert “insufficient”.

10. **MATTERS ARISING**

- a) In relation to Minute 3(b) – Impact of Workforce Issues and Services – a document was being prepared to cover in layman's terms the implications the European Working Time Directives on clinical staff and the issues faced at Stobhill Hospital.

Staff numbers were required to be added and it would then be circulated to Group members.

*J C Hamilton/
D Stewart-Tull*

In discussing the document issues were raised about health and safety responsibilities of the NHS; fire drills within NHS premises; public transport services to Stobhill and the Royal Infirmary and Car Parking.

For the next regular meeting of the Group, it was felt that the Health and Safety Adviser should be invited to attend to discuss the health and safety implications of changes to hospital services and the fire policies for hospitals.

On car parking it was reported that the contract for the provision of car parking services at the Royal Infirmary had almost been completed. Building work would take 12 months and it was anticipated the new 1,000 space multi-storey car park would be open in late spring/early summer 2005. In line with the City Council's charging policy, car park charges would be levied. The policy of charging for parking in hospitals was queried and would be raised with the Minister for Health and Community Care.

J Turner

The NHS Board was developing a pan-Glasgow policy on car parking within health premises and would be consulting with staff and the public on proposals in the next few months.

DECIDED:

That the Health and Safety Adviser be invited to attend the next regular meeting of the Group.

J C Hamilton

- b) Update on Emerging Pressures on Acute Services – Casualty and Anaesthetics

The Chairman thanked Tim Davison, Chief Executive and Jane Grant, General Manager – Division of Surgery, for attending the Monitoring Group meeting to update members on these important matters.

Further to Minute 5 members were reminded that the Royal Colleges of GPs and Surgeons were intending to withdraw training accreditation from the Casualty Unit at Stobhill Hospital from 1st February 2004, however, on the basis of the plans put in place, had allowed the accreditation to continue until August 2004. The Royal Colleges would return in late March/early April 2004 to again assess the quality of training for junior doctors and determine if the arrangements were acceptable and sustainable. With the limited number of Specialist Registrars available and a further Accident and Emergency Staff Grade vacancy, it would be important to develop a Contingency Plan should the Stobhill Hospital Casualty Unit be required to close.

The Contingency Plan would need to take account of the opening of the ACAD in 2007 and that the patients with minor injuries from the opening of the ACAD would attend Stobhill; GP referrals from the north and east of Glasgow would attend Stobhill and self-referred patients would attend the Western and/or Royal Infirmary.

The outcome of the Royal Colleges' visit would be known in April 2004 and the success or otherwise of attracting Accident and Emergency Consultants to the current vacancies in the North Trust would also be known in a few months time.

Members asked detailed questions about the numbers of different types of attendances at Casualty and the impact on services at Stobhill and the other hospitals in the North Trust.

A paper on the efforts to recruit medical staff to Accident and Emergency posts within the North Trust would be welcomed by members. Discussions with Consultants might also be helpful in exchanging information and views to lead to providing assistance where possible.

There was concern that what was being discussed and proposed was a back-door method of closing the Casualty unit at Stobhill. Extensive publicity would be needed to inform patients: all GP practices would need information on the changes and patients must not be misinformed about such an important matter as emergency referrals to hospital.

It was emphasised that there was not a sufficient number of doctors to run safe and effective services from several sites. Significant changes were happening in the NHS: the population was falling and a different pattern of care was needed urgently in order to deliver safe and sustainable services.

On anaesthetics, it was reported that discussions had been held with Consultants on contingency arrangements that would be needed where there was no junior anaesthetic cover after 10.00 p.m. each night. This and the impact of changes to Casualty were significant for Stobhill Hospital. The Chairman asked that the Secretary be informed by North Trust staff of key decisions in these areas and thereafter they be discussed with the Monitoring Group members.

As discussed at the last meeting, emergency surgical operations after 10.00 p.m. may need to be carried out at the Royal Infirmary. Based on current activity, this was, on average, one per week. The Monitoring Group accepted the rationale for this change of service in the interests of patient care and safety.

There was concern that the bed numbers for the city were insufficient for future demand. If further changes to the Casualty service at Stobhill were necessary following the Royal Colleges' visit, a special meeting of the Monitoring Group would be arranged.

DECIDED:

1. That the North Trust prepare a paper for the Monitoring Group on the recent efforts made to recruit medical staff to Accident and Emergency posts.

T P Davison

2. That the North Trust notify the Secretary of key decisions reached in relation to Casualty and Anaesthetics at Stobhill and, in turn, the Monitoring Group members be advised of these decisions.

*T P Davison/
J C Hamilton*

3. If the outcome of the Royal Colleges' accreditation visit to the Casualty Unit at Stobhill leads to its future closure, that the Chair call a special meeting of the Monitoring Group to discuss and consider the options in the Contingency Plan.

Chairman

c) Accident and Emergency – North Glasgow: Attendance Figures

In response to the discussion in Minute 6 – Accident and Emergency - of the last meeting, there was submitted the quarterly attendance figures for new attendees at Accident and Emergency and Casualty Units in North Glasgow for the period January 1998 to December 2003.

NOTED

d) Meeting with Minister for Health and Community Care

In relation to discussions in Minute 4 – Emerging Pressures in Acute Services, it was reported that the Minister for Health and Community Care would be writing to the Chairs of the North and South Monitoring Groups inviting them to meet with him in a few weeks time. The purpose of the meeting would be to hear one year on of the issues facing the Monitoring Groups.

11. STANDING ITEMS

a) ACAD Update

It was reported that the ACAD at Stobhill would now include new theatres, Day Surgery Suite and an Endoscopy Room – leading to an extra floor on the new building.

The Final Invitation to Negotiate would be issued next week and the financial and contractual negotiations were likely to be completed by Spring 2005 followed by a start of site and a two-year building programme. It was anticipated that the ACAD would be open by the end of 2007.

On site demolitions at Stobhill Hospital, Wards 2, 3 and 4 would be demolished shortly; Gynaecology was moving to the Royal Infirmary and ENT to Gartnavel General and the services run from the two old laboratory buildings would be re-located and the buildings demolished thereafter.

NOTED

b) Members' Comments on External Impacts on Named Services

No issues were raised.

c) Waiting Times Report

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

NOTED

12. PRESENTATION ON TRANSPORT AND ACCESS ISSUES AFFECTING ACUTE SERVICES

At the last meeting concern had been expressed about public transport links to Stobhill Hospital and it was agreed to receive a presentation on the work being undertaken by the Transport Sub-Group of the Acute Services Strategy Steering Group.

The Chairman welcomed Niall McGrogan, Head of Community Engagement, to the meeting and thanked him for agreeing to present to the Group on transport and access issues. He was a member of the Transport Sub-Group, Chaired by Jonathan Best, Chief Executive, Yorkhill, and it included the Local Authorities, Strathclyde Passenger Transport Executive, Health Department and other partners. It had been exploring what was required to be done in the next two years and community safety issues.

The presentational overheads are attached to the Minutes for information.

In discussions thereafter, there was concern that the NHS Board were not engaged with the Transport Liaison Group which had been set up 5/6 years ago – contact would be made with this Group to see if the NHS Board could contribute to its discussions.

N McGrogan

The idea of up-front public transport tickets for attending hospitals would be investigated further. It was hoped that changes to the out-of-hours GP service would not result in a reduction of the current transport arrangements for patients.

N McGrogan

The members expressed their appreciation of the transport presentation and the honest assessment of the problems and how difficult it would be to resolve them. The Chairman thanked Niall for his comprehensive and full presentation and suggested that the Scottish Ambulance Service be asked to attend a future meeting of the Group.

DECIDED:

That the Scottish Ambulance Service be invited to attend a future meeting of the Group and present their proposals for the future of ambulance transport.

J C Hamilton

13. DATE AND TIME OF NEXT MEETING

The next meeting would be a joint meeting with the South Monitoring Group, held at 10.30 a.m. on Friday, 4th June 2004 in the former Library, North Glasgow Acute Offices, 300 Balgrayhill Road, Glasgow, G21.

J C Hamilton

The meeting ended at 12 noon