

EMBARGOED UNTIL MEETING

NMG(M) 03/04

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 December 2003 in the former Library, North Glasgow Acute Trust Headquarters, Stobhill Hospital, 133 Balornock Road, Glasgow, G21

P R E S E N T :

Mr Ian Miller (in the Chair)

Dr Harry Burns	Ms Mary S Murray
Dr Roger Hughes	Dr J O'Neil
Ms Elizabeth King	Prof. Duncan Stewart-Tull
Mr John McMeekin	Mr Donald Sime
Dr Andrew McMahan	Dr Jean Turner MSP

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

Dr Brian Cowan .. Medical Director, NHS Board (for Item 3)
Mr Tim Davison .. Chief Executive, North Glasgow Acute Trust (for Item 3)
Mr J C Hamilton .. Head of Board Administration – NHS Board

ACTION BY

1. APOLOGIES

Apologies for absence were intimated on behalf of Mr B Aitken MSP, Mr L Gaston, Mr P Martin MSP and Dr J Davis.

The Chairman reported that Bill Aitken had been laid up as a result of an accident: the Group recorded their sympathies to Mr Aitken and best wishes for a speedy recovery.

2. WELCOME

The Chairman introduced and welcomed Elizabeth King and Duncan Stewart-Tull, the two newly-elected representatives from the Community Councils, to their first meeting. He also introduced Dr Brian Cowan and Tim Davison to the meeting – both were attending to give a presentation on the Impact of Workforce Issues on Services.

The Chairman sought the Group's agreement to taking this presentation at the start of the meeting to allow Dr Cowan and Mr Davison to attend a further commitment later in the morning. The Group agreed.

The Chairman asked members to listen to the presentation carefully and restrict questions at the end to points of clarification. Due to the importance of the issue, he was keen that a special meeting of the Group be arranged for Friday, 23 January at 9.30 a.m. This would be to further consider the implications of the presentation and the role the Group would have in delivering on its remit to monitor named services and to participate in discussions about proposed changes to named services if this was required for reasons of clinical evidence. This additional meeting would be a single item agenda and any further points of clarification or questions for the 23 January meeting should be routed through John Hamilton, Head of Board Administration.

All Members

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3. PRESENTATION ON IMPACT OF WORKFORCE ISSUES ON SERVICES

Tim Davison and Brian Cowan gave a presentation on the significant changes in working and training regulations for frontline staff, particularly medical staff, and the pressures they would bring for the delivery of acute services within the city.

The key points of the presentations were:-

- i) The difficulty of sustaining out-of-hours cover for the current configuration of:-
 - 6 adult sites, each with anaesthesia, intensive therapy, surgery, medicine
 - 4 A&E and 1 Casualty Department
 - 3 Maternity rotas, each with anaesthesia, paediatrics and obstetrics
 - Anaesthesia, medicine, surgery at Gartnavel
 - 2 Cardiothoracic Units + 2 Renal Units.

There were currently 43 Consultants and 70 Junior Doctor rotas every night.

- ii) Junior Doctors

- New Deal – 56 hours full shift – currently 84% compliant
- European Working Time Directives – 58 hours by 2006 and 48 hours by 2009
- SIMAP – European Court ruling that if doctors are in hospital, then this is working time – starting from August 2004
- Modernising Medical Careers – radical change to training; emphasis on training and not service – removes service input in a number of posts – starting from August 2005.

- iii) Hospital Consultants

- European Working Time Directives – 48 hours – current average is 57 hours – with prescribed rest periods
- New Deal – impact for Consultants is that their supporting staff are less available and less experienced – more disruption to elective work and frequency of on-call has become a major issue
- New Consultants Contract – to be implemented from 1 April 2004: increases awareness of hours at work, maximum 48 hours, impact on on-call arrangements.

With these changes affecting every health care system in the UK, the only way to prevent services from collapsing due to non-compliant rotas was to implement more quickly the approved current acute hospitals modernisation plan for Greater Glasgow. There was now a clear need to change the work culture where staff worked more than 70 hours per week – the change should be welcomed and would lead to better care and treatment of patients.

Mr Davison and Dr Cowan were keen to involve the Monitoring Groups in how to take the issue forward and welcomed the opportunity to further discussing the issues raised at the special meeting on 23 January. By that time members would have had the opportunity to discuss with their representative bodies and formed a view of some of the key issues for discussion and possible options.

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The Chairman thanked Mr Davison and Dr Cowan for the very comprehensive presentations of the issues facing the acute hospitals in the next few months and years from the changes in working and training regulations for frontline staff.

The Chairman invited comments and points of clarification:-

- Recognised that doctors have worked long hours for far too long and change is needed – what would be the possibility of moving to, say, one rota for anaesthesia?
- Will some specialties move to a single site under the current acute services plan?
- Can this be looked at on a regional basis – it must also be affecting Lanarkshire, Argyll & Clyde and other NHS Boards.
- Patients have rights – Royal Infirmary not suitable for more patients and inaccessible even to ambulances.
- Recognition of difficulty in adequately informing the public of any changes to hospital services – even more difficult now.
- Are NHS Greater Glasgow discussing these issues with other agencies, including the transport companies? What do the public know about the plans to increase the number of paramedics in ambulances, helicopter transfers and availability of car parking at hospitals?
- It is not that the Royal Infirmary has beds available – it has space available.
- The European Working Time Directive affects all staff, not just medical staff, and surely this will have an impact on a number of services provided within hospitals?
- There would be an impact on staffing at Stobhill Hospital from the failure to attract new Consultants in Accident and Emergency to North Glasgow Trust and a knock-on effect on training accreditation and the emergency pressures on acute services from the medical workforce issues. The effect would be more immediate on out-of-hours – particularly on anaesthesia.

The Chairman thanked members for their initial thoughts and questions. Mr Davison and Dr Cowan would reflect upon them while plans and options are drawn together over the coming weeks and months. The Chairman reminded members to submit any further points or questions via John Hamilton in the lead up to the Special Meeting on 23 January 2004. The Chairman thanked Mr Davison and Dr Cowan for their attendance and presentations. Mr Davison and Dr Cowan left.

4. MINUTES

The Minutes of the previous meeting held on 5 September 2003 were approved subject to the following change:-

Delete – second paragraph of Minute 7 (page 5) and insert:-

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“Jo Davis was unhappy that it appeared that the medical members of the Monitoring Group would be required to bring to the attention of the Group issues that they saw as likely to affect the status of the named services the group was responsible for. It was clear that there were changes coming about such as staff shortages and the impact of the new deal for Junior Doctors that were likely to affect Stobhill Hospital significantly. These were very serious far-reaching issues and Jo was keen that they were able to bring the attention of these to the Group without being labelled as whistleblowers by their employer.

His preference was that there should be a standing item on the agenda whereby the medical members of the Group or indeed any other member of the Group was invited to comment on all the individual changes that might impact on the remit of the North Glasgow Monitoring Group.”

5. MATTERS ARISING FROM PREVIOUS MINUTES

a) Accident and Emergency

In relation to Minute 3 of the 5 September meeting it was reported that no applications had been received for the two Accident and Emergency Consultant posts at North Glasgow Acute Hospitals Trust. This would lead to difficulties with accreditation for training, although it was thought that this was being discussed with the Royal College in an attempt to delay any decision until the summer of 2004.

DECIDED:

That a statement be requested from the North Trust on the impact on training accreditation and services following the lack of response to the advert for two Consultants in Accident and Emergency.

b) Ambulatory Care – Update

In relation to Minute 1 of 5 September 2003 meeting there was tabled an update on the progress being made in the procurement and development of the Ambulatory Care hospitals in Greater Glasgow.

Concern was expressed about attracting the best medical staff to Glasgow and the challenge for NHS Greater Glasgow of the National Golden Jubilee Hospital currently advertising for two Orthopaedic Consultants.

The report to the next scheduled meeting of the Monitoring Group in March 2004 should include information on the demolition of buildings at Stobhill and the proposed timescale.

The process to be followed in taking forward a single bidder was described together with the requirements to ensure value for money and satisfy the external auditors and the Scottish Executive Health Department. The fact that there had only been a single bidder had not been a reflection on the project, but more on the saturation in the market place of such projects.

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DECIDED:

That a further update on the ACAD Procurement Process be submitted to the March 2004 meeting of the Group.

**Programme
Director (Acute)**

c) Trade Union Representation on the Monitoring Group

In relation to Minute 7 - 5th paragraph of 5 September meeting, the Partnership Forum representative advised that he was the elected Chair of both the Local Partnership Forum and the Trust Negotiating Committee. He had been nominated to represent staff and the Trade Unions on the Monitoring Group and all Unions, including UNISON's voice, was represented by his or a deputy's attendance at the Monitoring Group.

NOTED

6. **RECORDING DISCUSSIONS IN THE MINUTES AND DISTRIBUTION ARRANGEMENTS FOR APPROVED MINUTES**

There was discussion about how debate would be recorded in the Minutes of the Monitoring Group, how formal the Minutes should be and whether Group members should be named in the Minutes.

The issue of the distribution of the approved Minutes was also discussed.

DECIDED:

1. **That the Minutes be formalised and cover the main areas of discussion, but other than by exception, did not record Group members by name.**
2. **That the approved Minutes be distributed to all Group members, all libraries, Community Councils and the Local Health Council, and be placed on the NHS Greater Glasgow website – under Modernising Glasgow's Acute Hospitals.**

**Head of Board
Administration**

**Head of Board
Administration**

7. **DATE AND TIME OF FUTURE MEETINGS**

- a) Special Meeting: Friday, 23 January 2004 – 9.30 a.m. in the Thomas J Thomson Centre, Stobhill Hospital, 133 Balornock Road, Glasgow, G21.
- b) Regular Meetings: Friday, 5 March 2004 – 9.30 a.m.
Friday, 4 June 2004 – 9.30 a.m.
Friday, 3 September 2004 – 9.30 a.m.
Friday, 3 December 2004 – 9.30 a.m.

all in The Library, North Glasgow Trust HQ,
300 Balgrayhill Road, Glasgow, G21.

The meeting ended at 11.25 pm