SMG(M) 04/04
Minutes: 25 - 33

NHS GREATER GLASGOW

Minutes of the Meeting of the Greater Glasgow – Acute Services – South Glasgow Monitoring Group held at 2.00 p.m. on Friday, 3rd December 2004 in Floor E Conference Room, Victoria Infirmary, Langside Road, Glasgow, G42 9TT

P R E S E N T :

Mrs Pat Bryson (in the Chair)

Dr Harry Burns
Ms Margaret Hinds
Ms Catherine Fleming
Ms Janis Hughes MSP
Mr Ken MacIntosh MSP
Dr Ken O'Neill
Mr David Ritchie
Mr James Sandeman
Ms Ann Simpson

IN ATTENDANCE

Mr Robert Calderwood	..	Programme Director – Acute Services
Mr John C Hamilton	..	Head of Board Administration – NHS Board
Mr Calum Kerr	..	Head of Emergency Services, Scottish Ambulance Service (to Minute 29)
Mr Niall McGrogan	..	Head of Community Engagement – NHS Board
Ms Kate Munro	..	Community Engagement Manager – NHS Board
Mr George Welsh	..	Representative, Area Medical Committee (to Minute 26)

ACTION BY

25. **APOLOGIES AND WELCOME**

Apologies for absence were intimated on behalf of Dr D L Blackwood, Mr Peter Mullen, Ms Jane McCreadie and Ms Nicola Sturgeon MSP.

In the absence of the Chair, Mrs Pat Bryson had kindly agreed to Chair the meeting.

In the interests of Mr Welsh's time, Mrs Bryson sought the Group's agreement to altering the agenda and taking Mr Welsh's item first. This was agreed.

26. **REPRESENTATIVE FROM AREA MEDICAL COMMITTEE: CLINICAL STRATEGY**

Mrs Bryson introduced Mr Welsh, Consultant Surgeon from South Glasgow and a representative of the Area Medical Committee. The Group had been keen to hear a purely clinical perspective of the NHS Board's Acute Services Strategy.

Mr Welsh thanked the Group for the opportunity to attend. He set out a number of points before taking questions:-

i) he fully supported the Ambulatory Care Hospital in South Glasgow;

ii) he was concerned at the rising pressures within the NHS and the resources gap created by a range of well-intentioned initiatives, e.g. European Working Time Directives, New Deal for Junior Doctors and the new Consultants Contract.

iii) the year-on-year increase in emergency admissions – treating much more chronic illness;

iv) the reduction in bed numbers at the Victoria Infirmary due to the Health and Safety Notice, although the upgraded wards were more attractive and better for patients and staff;

v) pressure on theatre facilities, but he recognised that CPOD theatres were not justified in cost terms for both sites in South Glasgow;

vi) recognised the need to possibly split emergency and elective work and concentrate each on one site to ensure best use of available resources, providing support for junior doctors and improving access to emergency theatres;

vii) day surgery rates could be improved.

Ms Hughes indicated that the re-design of services was clinically driven yet its presentation to the public and others was managerially-driven. She had recently attended the Area Medical Committee (AMC) and could see the clinical desire to provide a better and much improved service to patients. She reflected that patients would accept change better if the clinical staff more publicly presented that case for change.

Mr Welsh gave examples of the evaluation of clinical care and of the recent manpower issues affecting clinical staff. As these changes occurred it was important to work closely with management colleagues to ensure clinically driven changes were seen in the context of achieving the best service for patients within available resources. Clinical staff had attended public meetings to support proposed changes but he felt that there was also a need for a national message from the government that changes are necessary and driven by a desire to improve services to patients.

Mr Sandeman asked about day surgery techniques being undertaken within the Ambulatory Care Hospital. Mr Welsh responded that day surgery was an evolving philosophy and that best current and safe practice would be provided. Ms Hinds felt it might be dangerous to patients, especially being so far away from the emergency theatres and in-patient beds. Mr Welsh replied that by using appropriate clinical protocols there would be a high quality and safe service to patients provided. The National Golden Jubilee was currently undertaking a similar Day Surgery model.

Mr MacIntosh appreciated that with evolving medical care there was a need to review assumptions and decisions regularly. Therefore, was the AMC still supportive of the overall clinical services Strategy and any proposals to accelerate elements of it as had previously been discussed. Mr Welsh stated that was he was personally supportive of both the strategy and the proposals to accelerate elements of the strategy – the current pressures on fulfilling rota commitments, on-call commitments and supporting junior doctors was such that the proposals would significantly assist services to patients. It was recognised that the acceleration proposals would utilise existing accommodation, but there were real concerns about the current provision of services and as long as the direction of travel was consistent with the overall strategy, then that would be acceptable. Clinical staff clearly wanted to get to the new Ambulatory Care Hospital and upgraded facilities as quickly as possible. In response to a further point from Mr MacIntosh, Mr Welsh indicated that there was a consensus view within the AMC that the acceleration proposals within the context of the overall strategy were necessary.

Ms Hughes asked about the clinical safety issues element the Ambulatory Care Hospital – Mr Welsh replied that if medical staff were asked to undertake a service which was not safe then they would not do it.

ACTION BY

Mr Ritchie advised the Group that discussions and questions on acceleration proposals of the acute services strategy were a regular feature at the Hospital Sub-Committee and many other clinical committees.

Mrs Bryson thanked Mr Welsh on behalf of the Group for attending and answering so clearly the questions from members.

27. **MINUTES**

The approved Minutes of the Joint Monitoring Group meeting on 3rd September 2004 [N&SMG(M)04/03] were submitted for information.

28. **MATTERS ARISING FROM 4TH JUNE 2004 MINUTES**

Mr Hamilton confirmed that he had written to Ms N Sturgeon MSP congratulating her on the Group's behalf on her recent appointment and that she had replied thanking the Group for their good wishes.

Mr Hamilton passed to Mr Sandeman a copy of the correspondence with the Minister on the annual review of the Group's work and drawing attention to the debate as minuted on the acceleration of acute service and the best description of the Ambulatory Care Hospital.

The community Engagement Team update of activity from 1st September to 1st December 2004 was distributed for members' information.

Mr Sandeman had raised a number of issues under Matters Arising in a letter dated 30th November – this was tabled for members' information.

a) In relation to Minute 18(b) about different sets of bed numbers, Mr Sandeman felt that a lack of consistency in reporting bed numbers made comparisons and monitoring not possible.

Mr Calderwood advised that it had been his intention to provide members with a detailed paper on bed numbers consistent with the remit of the Group. The work to complete it was still ongoing and he would aim to have it available with the draft minutes being sent to members. He then gave a detailed verbal report on the movement in bed numbers in South Glasgow since April 2002 – the net effect being 9 fewer beds in the south. This would be detailed in the paper to members. **R Calderwood**

Mr Calderwood advised that the bed number projections were being clinical led and it was planned to submit a paper on the outcome of this work to the March 2005 meeting of the NHS Board. Planning assumptions and flow of patients would then determine the disposition of clinical services across NHS Greater Glasgow.

On activity, Mr Calderwood advised that there had been a 9% increase, although some specialties had not seen any changes in activity over the last 3/4 years. Dr Burns spoke about the different ways of reporting a bed as anomalies could appear when patients were boarded out to a bed in a different specialty. An agreed way of reporting beds would be required. Mr Calderwood agreed and physical tracking would be what was covered. **R Calderwood**

Ms Hughes asked about increases in A&E attendances and whether NHS 24 would have had an impact on the figures. The planning assumptions on A&E attendances made in 2000 remained valid and Mr Ritchie advised that there appeared to be no reduction in A&E attendances across Scotland since the introduction of NHS 24. There was occasionally inappropriate referrals but that could also happen with GP referrals. NHS 24 was now seen as a quality improvement and enhanced service for patients.

ACTION BY

b) In relation to Minute 18(f) about statistics at the last meeting, Mr Sandeman wanted the Group to agree a template and definitions to ensure consistency of future reporting. In addition, Medicine for the Elderly had been missed in the last report. This would be picked up in Mr Calderwood's report. **R Calderwood**

c) In relation to Minute 18(i) about the acceleration of acute services, Ms Hinds stated that proposals had not been submitted to the October NHS Board meeting and did this mean the proposals might not be submitted to the NHS Board until the Spring of 2005.

Mr Calderwood stated that discussions were ongoing with clinical staff and that agreeing a consensus way forward within available resource would most probably result in these proposals not coming to the NHS Board until the Spring. A more urgent issue was the loss of the training accreditation for junior doctors at the Casualty Unit at Stobhill. Discussions were ongoing to try and extend the accreditation period beyond August 2005.

d) In relation to Minute 18(g) – emergency admissions, Mr Sandeman did not accept the response given to the reasons why emergency admissions were rising.

Dr Burns indicated that it was a UK-wide issue whereby more critically ill patients were surviving longer and required re-admittance to hospital. It was not a lack of knowledge at a local level.

e) In relation to Minute 18(h) – ACAD Costs, Mr Sandeman remained concerned at the fluctuation of projected costs and no apparent specification and design.

Mr Calderwood answered that the Ambulatory Care Hospital was designed and costed in 2002; this was refreshed in 2003 and as a result of the NHS Board's decision to add 60 beds from the Mansionhouse to the Ambulatory Care Hospital, the design and cost had again been revised.

It was anticipated that the contract for the provision of the Ambulatory Care Hospital would be signed in the Summer of 2005 and at that point the finalised cost would be set.

f) In relation to Minute 22(iv) – frequency of statistics, it was agreed that this had been covered in the discussion above (Minute 28(a)).

29. **PRESENTATION BY CALUM KERR, HEAD OF EMERGENCY SERVICES, SCOTTISH AMBULANCE SERVICE**

Mrs Bryson welcomed Calum Kerr to the meeting and thanked him for agreeing to attend the Monitoring Group meeting and give a presentation on the latest developments in emergency ambulance services and the impact of the NHS Board's Acute Services Strategy. The overheads of Mr Kerr's presentation are attached to the Minutes.

In response to a question from Ms Hinds, Mr Kerr advised that the Scottish Ambulance Service was comfortable with the proposals to move to two A&E/Trauma Units within Glasgow, an acute emergency receiving unit at Gartnavel General and Minor Injuries U`nit as part of the Ambulatory Care Hospitals. There would be increased overall travel times to hospital but the main issue was getting the ambulance to the patient in the first place and through tactical deployment of ambulances throughout the city, this would reduce response times. It was important to stabilise critically ill patients quickly and then effect the transfer of the stabilised patient to hospital.

Currently 55% of ambulances responded within 8 minutes and 90% within 14 minutes.

Ms Hinds asked when all ambulances would be manned with a paramedic. Mr Kerr advised that that was not Scottish Ambulance Service policy as not all ambulances needed to be manned with a paramedic. Over 50% of ambulances would have a paramedic by March 2005.

Mr MacIntosh asked if the Scottish Ambulance Service were able to feed into the NHS Board's Acute Services Strategy and ongoing work. Mr Kerr replied that the Ambulance Service was indeed included in discussions and were able to raise any issues relative to the provision of ambulance services at the point of the formation of policy.

Mrs Bryson thanked Mr Kerr for a most informative and interesting presentation and for answering members' questions.

30. **FEEDBACK FROM GROUP'S REPRESENTATIVES ATTENDING THE A&E WORKSHOP**

Mr Sandeman stated that the decision on the A&E element of the Acute Services Strategy was ratified by the Minister for Health and Community Care on the basis of a review after two years on the assumptions which underpinned the decision. The NHS Board set up a process to carry out this review and a Workshop held on 15th October 2004 was part of that process. He and Catherine Fleming had attended on the Group's behalf.

He felt that the Workshop was held under false pretences and the "assumptions" in the paperwork for the Workshop were not assumptions. He had written to the Chair of the Monitoring Group asking that he write on the Group's behalf to the Chair of the NHS Board stating that the Workshop was asked to endorse phoney assumptions. He felt the process was a charade.

Mr Calderwood indicated that the Minister had asked the NHS Board to test the validity of the planning assumptions which had underpinned the decisions relating to the A&E element of the Acute Services Strategy. This included the design adequacy and ability to cope when the new service was introduced. The process was to include key stakeholders and the NHS Board would be required to satisfy the Minister of the process and outcome.

Mr Ritchie added that the Minister had asked that NHS Greater Glasgow participate with Argyll and Clyde NHS Board on the development of its Clinical Strategy.

Ms Hinds thought the review was about the decision to reduce the A&E Departments from 5 to 2 and the Workshop had been irrelevant and a waste of time. Mr Calderwood reminded members that the review was to be set up to test the assumptions which underpinned two as opposed to three A&E/Trauma Units for NHS Greater Glasgow, supported by an acute emergency receiving unit and two Minor Injury Units.

Mr MacIntosh indicated that he assumed that Mr Sandeman had made his views known at the Workshop and that these would be captured as part of the record of the workshop. There should not be an assumption, however, that the South Monitoring Group supported Mr Sandeman's perspective. Other members who had attended the workshop representing other interests, did not agree with Mr Sandeman's perspective.

ACTION BY

Mrs Bryson advised that Mr Sandeman could pass his comments on to the Minister and/or NHS Board Chair, but it had to be on the basis of the comments being his personal comments and not as representing the views of the South Monitoring Group.

Mr Calderwood stated that it had never been the Minister's intention to re-open the Acute Services Strategy, but to determine whether two A&E/Trauma Units would be able to handle patient numbers or whether a third unit would be required at Gartnavel. The draft record of the workshop had been passed to attendees for comment on points of accuracy and thereafter the review would be submitted to the NHS Board in the new year and thereafter to the Minister.

31. **NORTH MONITORING GROUP MINUTES: 3rd SEPTEMBER 2004**

The North Monitoring Group Minutes from its meting on 3rd September 2004 were enclosed for information.

32. **ANY OTHER COMPETENT BUSINESS**

a) It was agreed that at the March 2005 meeting, a presentation be sought from Alex McIntyre, Ambulatory Care Hospital Project Manager, on the up-to-date position with regard to the development of the South Glasgow Ambulatory Care Hospital. **J C Hamilton**

b) It was reported that waiting times for gynaecology had increased since the move to the Southern General Hospital and the number of cases treated had declined. Mr Calderwood would investigate and respond to members via the Secretary. **R Calderwood/ J C Hamilton**

24. **DATE OF NEXT MEETING**

It was agreed that the next meeting be held at 2.00 p.m. on Friday, 4th March 2005 in Floor E Conference Room, Victoria Infirmary, Langside Road, Glasgow, G42 9TT.

The remaining meetings for 2005 were:

Friday, 3rd June 2005

Friday, 2nd September 2005

Friday, 2nd December 2005

The meeting ended at 3.45 p.m.