

SMG(M) 04/02
Minutes: 7 - 15

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, 5th March 2004 in Floor E Conference Room, Victoria Infirmary, Langside Road, Glasgow, G42 9TT

P R E S E N T :

Mr Peter Mullen (in the Chair)

Dr Donald Blackwood	Ms Janis Hughes MSP
Ms Pat Bryson	Mr Ken MacIntosh MSP (from Minute 10(b))
Dr Harry Burns	Mr David Ritchie
Ms Margaret Hinds	Mr James Sandeman
Ms Catherine Fleming	Ms Ann Simpson

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

Mr Robert Calderwood	..	Chief Executive, South Glasgow Acute Trust
Mr Niall McGrogan	..	Head of Community Engagement
Mr John C Hamilton	..	Head of Board Administration – NHS Board

ACTION BY

7. **APOLOGIES**

Apologies for absence were intimated on behalf of Ms Jane McCreadie, Dr Ken O'Neill and Ms Nicola Sturgeon MSP.

8. **WELCOME**

The Chairman welcomed Dr Donald Blackwood to his first meeting of the Group. Dr Blackwood had replaced Dr Yvonne Taylor as the Area Medical Committee's representative, following her retiral. The Secretary, on behalf of the South Glasgow Monitoring Group, would write to Dr Taylor to wish her health and happiness in her retirement and thank her for her contribution to the early work of the Group.

J C Hamilton

9. **MINUTES**

The Minutes of the meeting held on 23 January 2004 [SMG(M)03/01] were approved as a correct record.

10. **MATTERS ARISING FROM PREVIOUS MINUTES**

a) Minute 4(b) – Car Parking

Mr Sandeman sought clarification on the net increase/decrease of car parking spaces which would be available after the construction of the ACAD. Mr Calderwood stated that 450 dedicated car park spaces would be available for staff and the public, much greater than the current provision. There would be a loss of on-street parking and the current unofficial parking at the former Grange School would clearly cease.

b) Minute 4(c) – Bed Numbers

The impact of changes to the bed numbers was raised; Mr Calderwood advised that the current work required as a result of the health and safety notification was having an impact on bed numbers at the Victoria Infirmary as he had stated at the 5th December meeting. The upgrading work to the wards was now about two-thirds complete.

The acceleration proposals of the acute services strategy would be put out to consultation once options had been brought together and considered by the NHS Board. They were likely to have an impact on trauma services and location of acute beds. A workshop had been held with medical staff on 22nd January 2004 to discuss the challenges and the demands currently being placed on the service. Further discussions would be held with medical and other groups of staff; it was recognised that the status quo was not sustainable.

Mr Ritchie commented on the unbearable difficulties posed in trying to sustain current services. He was pleased, however, that there was recognition from the Trust about the problems faced by clinical staff. The health and safety work currently being undertaken was having an impact on bed numbers, but a 12% increase in emergency admissions across South Glasgow and the medical staffing issues of junior doctors and number of hours worked were also having a significant impact.

Mr Calderwood stated that the acute medical admissions had now stabilised, although generally medical and surgical admissions had risen over recent months. Many were elderly patients with chronic conditions and multiple admissions.

Ms Hughes felt the Trust acknowledged the problem and were trying to address it, but she was not sure that the NHS Board were giving proper recognition to the substantial issues being faced by hospitals with increased emergency admissions.

Mr Ritchie raised the concern about the inequality of distribution between North and South Glasgow in terms of clinical staff compared to the population served. In acknowledging the point, Mr Calderwood pointed out that the North did have more pan-Glasgow services than the South, although some of that would change with the full implementation of the acute services strategy.

The Chairman expressed his surprise at the disparity of clinical staff members between North and South Glasgow.

A bid had been made to the NHS Board for finance to open additional beds at the Victoria Infirmary, but its consideration had to be seen against the severe financial position being faced by the NHS Board. A re-design of existing services was also being considered should development monies not be made available in 2004/05. It was also important for the NHS Board to meet the waiting time targets set by the Scottish Executive Health Department; currently patients waiting for in-patient or day care treatment required to be treated within 9 months of going onto the waiting list – this was to be reduced to 6 months by December 2005.

11. PRESENTATION ON ACAD DEVELOPMENT

The Chairman thanked Mr Calderwood for attending the meeting to present and update members on the ACAD development and next phases of the acute services strategy, in particular, how it affected the Southern General Hospital. A range of questions had been asked at the previous meeting. These had been brought forward to this meeting and the Chairman hoped Mr Calderwood would cover in his presentations.

Mr Calderwood advised that the proposed timetable for the ACAD development was as follows:-

- 10th March 2004 - Issue Final Invitation to Negotiate
- July 2004 - Bid Returned
- July – February 2005 - Evaluate Bid
- April 2005 - Complete Final Business Case and ensure financial affordability
- May 2005 - Construction commences
- December 2007 - ACAD operational (after 3-month period to fit-out and commission)

The arrangements for proceeding with a single bidder had been reviewed by the Scottish Executive Health Department, the external auditors, the NHS Board and included input from Partnership UK. The arrangements had been approved and would be monitored to ensure value for money.

The Acute Services Team would be meeting the consortia to ensure the design aspects were acceptable and the cost profiles stayed within budget.

Discussions were ongoing with City Council officials on the site plan and some amendments were being made to accommodate comments from the Council.

Mr Sandeman expressed concern about parking and transport issues – in particular, the width of Prospecthill Road. The Council would determine the specification of the roads and have looked at the Traffic Impact Study.

Mr MacIntosh asked about the apparent delay in the overall programme. Mr Calderwood replied that the 4-month delay was possibly understandable in that very challenging timescales had been set for this project. It was planned to be one of the quickest projects of its size from start to finish.

The increase in the initial cost of the project had been attributable to the additional services and new rehabilitation beds which had been added to the ACAD development. Mr Ritchie was concerned about patients getting to the Victoria Infirmary and parking over the next 2/3 years. It was recognised that efforts would be required around a Green Transport Plan as car parking would be severely restricted during the construction phase.

Mr Sandeman asked about the Official Journal of the European Community (OJEC) advert for Project Management work. This was formalising the next phase of the Project Management work and the project would continue to be supported by the appointed Legal Advisers and Financial Advisers. The ACAD Project Team would be led by Alex MacIntyre from the South Acute Trust.

The brief for the project required to be frozen at a point to allow financial negotiations to be completed. As requested, the brief would be sent to the Monitoring Group members for information. The design would allow flexibility to change working patterns, hours of work and staffing.

12. UPDATE ON IMPLEMENTATION OF NEXT PHASES OF ACUTE SERVICES STRATEGY AFFECTING THE SOUTHERN GENERAL HOSPITAL

Mr Calderwood advised that the Southern General Hospital currently had over 1,000 beds; in terms of acute beds the current disposition was:-

i)	Southern	932 beds
ii)	Victoria	378 beds
iii)	Mansionhouse	<u>245</u> beds
		1555 acute beds

This figure, coupled with the partnership beds of 192 would bring the total to 1747. The beds from the Victoria Infirmary and mental health beds (620 in total) would be located in new facilities and 60 rehabilitation beds would be part of the ACAD.

The Final Business Case will show the admissions by postcode to the various hospitals in Greater Glasgow.

The NHS Board was undertaking a benchmarking exercise of its acute beds and day surgery rates to see if any lessons could be learned from other parts of the UK. Clinical groups were looking at their own services and options, especially around the possible acceleration plans of the acute services strategy. Options could include new build at the Southern; utilisation of the Mansionhouse Suite, single South-Side location for emergency care and a single location for elective care. Members explored some of the issues about possibly locating emergency care at the Southern and elective cases at the Victoria. Anaesthetics and out-of-hours rotas would play a big part in the final decision.

A series of options would be presented to the NHS Board and thereafter would be consulted upon. The Chairman said it was important to re-emphasise that the acute services strategy remained intact: other pressures may cause an acceleration of the proposals, but not a change to the strategy. The affordability of the strategy was critical and the phasing to 2010 in the current plan gave recognition to this point.

In response to a member’s question, Mr Calderwood advised that the Victoria Infirmary site was currently zoned as hospital use – a change of zoning could increase the sum which could be realised on the open market.

The Chairman thanked Mr Calderwood for his full and comprehensive presentations and hoped the members had found them helpful and informative.

13. PRESENTATION ON TRANSPORT AND ACCESS ISSUES AFFECTING ACUTE SERVICES

The Chairman welcomed Niall McGrogan, Head of Community Engagement and a member of the Transport Sub-Group which was Chaired by Mr J Best, Chief Executive, Yorkhill NHS rust.

ACTION BY

Mr McGrogan gave members a description of the issues facing the Transport Group and the possible solutions that would be needed to address the identified transport and access issues. The overheads of Mr McGrogan's presentation are attached to the minutes.

Ms Hughes raised the difficulties patients had from Rutherglen and Cambuslang in travelling to the South-side hospitals, particularly the Southern General. Some buses in housing estates in these areas stopped running at 6.00 p.m. In terms of the Scottish Executive funded pilot schemes, why was Castlemilk and Pollok included and not Rutherglen and Cambuslang? Mr McGrogan would liaise with Ms Hughes over this information and also, if the pilots were successful, whether thereafter they could be extended to other areas including Rutherglen and Cambuslang. Mr MacIntosh was concerned about the omission of parts of East Renfrewshire in such pilots/proposals. Many people from this area had real problems with access to suitable public transport.

N McGrogan

The Chairman thanked Mr McGrogan for his presentation and the lively debate it sparked.

14. **ANY OTHER BUSINESS**

In response to members' comments about the possible acceleration of plans affecting acute services, Mr Calderwood and Dr Burns reiterated the need for change and the requirement to plan the change rather than react to events. Clinical groups were already involved in working up proposals and consultation would be undertaken; the Monitoring Groups and Local Health Council would have an important involvement in that part of the process. Services required to be re-aligned in the next 12/18 months and any plans to do this would be in the context of the approved Acute Services Strategy.

15. **DATE OF NEXT MEETING**

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

J C Hamilton

Mr Sandeman indicated that he had a number of questions which had not yet been answered. The Chairman stated that the meeting was closed and any further questions should be submitted in writing to the Secretary.

J Sandeman

The meeting ended at 4.00 p.m.