

# **Greater Glasgow Acute Hospital Services Strategy: South Glasgow Monitoring Group**

**1430hrs, Friday 6<sup>th</sup> June 2003, Library, Floor E Conference Room,  
Victoria Infirmary**

## **Present:**

Peter Mullen (Chair)  
Pat Bryson, Convenor, Greater Glasgow Health Council  
Dr Harry Burns, Greater Glasgow NHS Board  
Margaret Hinds, Chair, Health Service Forum South-East  
Janis Hughes MSP  
Ken MacIntosh MSP  
Jane McCready, Staff Side Chair, Local Partnership Forum  
Dr Ken O'Neill, Local Health Care Co-operative  
Dr David Ritchie, Chair, Victoria Infirmary Medical Staff Association  
Ann Simpson, Chairperson, Friends of the Victoria Infirmary  
Dr Yvonne Taylor, Area Medical Committee

## **In Attendance:**

Louise Laing, Secretary, Health Service Forum South-East  
Jim Whyteside, Greater Glasgow NHS Board (acting as Secretary in place of John Hamilton)

### **1 Welcome and Introduction**

Peter Mullen welcomed everyone to the first independent meeting of the South Glasgow Monitoring Group.

### **2 Minute of 28<sup>th</sup> March Joint North and South Glasgow Monitoring Groups Meeting**

The minute was approved subject to the following correction:

Page 11, paragraph two, third sentence to read as 'In Greater Glasgow the Board had done its best to overcome many problems in taking forward the Acute Hospital Services strategy.'

### **3 Matters Arising – Remit**

Peter said that the changes made to the remit at the previous meeting had been reviewed and incorporated into enclosure 5a.

He was anxious to maintain the group's independence and now presumed that the line of reporting went to the new Deputy Minister for Health and Community Care, Mr Tom McCabe. Peter was also anxious that the formal minute of meetings would be placed in the public domain. He hoped that group members would feel free to speak their mind at meetings but once the minute had been approved, it should be made public.

The group agreed this.

David Ritchie asked if Orthopaedics and Accident & Emergency services (A & E) had been incorporated into the 'named services' covered by the remit. Peter said that the position had been clarified and referred group members to enclosure 5b. Orthopaedics could be regarded as a named service but A & E could not. It was explained that A & E fell under the remit of a different group and had not come to the monitoring group in order to prevent duplication. However, it was still important for the monitoring group to remain up to date on A & E services and obtain information from the other group. The monitoring group would still therefore be able to address pertinent issues linked to A & E services.

Peter agreed to take back Janis Hughes' point to Tom Divers that the 'named services' in the group's remit were not clear due to the use of a table of definitions provided separately from the remit.

Peter sought agreement to insert Orthopaedics into the named services in the remit and that information about A & E services would be made available to the group. He undertook that if any member of the group was unhappy about any changes proposed to A & E that he would take the matter up with the NHS Board.

This was agreed.

Ken MacIntosh remarked that medicine for the elderly, although in the remit, had not been included in the expanded list of named services. Peter asked Harry to check this and determine if an error had been made.

#### **4 Matters Arising – Statistical Baseline of Patient Throughput and Bed Numbers**

Harry Burns delivered a presentation based on data as summarised in enclosure 5c. He explained that this information had been requested by the group as a means to provide a baseline to monitor in future change in provision of services by specialty.

Harry made the points that:

- the data was very complex and difficult;
- people admitted for specific operations can be coded in the records for another procedure;
- it was probably useful for the North Glasgow Monitoring Group to see the South's data and vice-versa;
- there was a need for the group to build up expertise in reading data so that trends could be analysed and that there would be no surprise diminution of services.

Peter expressed his gratitude to Harry for his presentation.

## **5 Matters Arising – Issues and Future Reporting Arrangements**

It was agreed that the group's minutes could be posted on the NHS Greater Glasgow website ([www.nhsgg.org.uk](http://www.nhsgg.org.uk)), forwarded to local libraries and to the Area Medical Committee and that summaries should appear in NHS Greater Glasgow's quarterly *Health News*.

Margaret asked if the Health Forum South-East could post the approved monitoring group minutes on its website. Peter said that it could.

It was also agreed that a tour of the site of the new Victoria Infirmity ACAD site be incorporated into the next meeting of the Monitoring Group.

It was further agreed that the group would request detailed plans for the ACAD from the South Glasgow Trust and that the Chair would request that a senior manager come before the group to explain planning for future staffing and bed numbers.

## **6 Date of Next Meeting**

Friday 5<sup>th</sup> September 2003. The group will rendezvous on Langside Road (on the opposite side from the Victoria Infirmity's outpatient department) beside the former Grange Road School at 1400hrs. Following a tour of the ACAD site, the group will reconvene for its formal session at 1430hrs in the Floor E Conference Room of the Victoria Infirmity.

Peter brought the meeting to a close and thanked everyone for attending.

The meeting concluded at 1555hrs.

Jim Whyteside  
11<sup>th</sup> June 2003.