

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Greater Glasgow – Acute
Services – South Glasgow Monitoring Group
held at 9.30am on Friday, 13 March 2009
in the Floor E Conference Room,
Victoria Infirmary, Langside Road, Glasgow, G42 9TT

PRESENT:

Mr Peter Mullen (in the Chair)

Mrs Pat Bryson	Mr James Kelly MSP
Cllr. James Dornan	Mr Ken Macintosh MSP
Mrs Margaret Hinds	Mrs Enid Penny
Mr James Sandeman	

IN ATTENDANCE:

Mr Robert Calderwood	...	Chief Operating Officer, Acute Services Division
Mr Richard Copland	...	Director of Health Information and Technology
Ms Jane Grant	...	Director, Surgery and Anaesthetics
Mr John C Hamilton	...	Head of Board Administration, NHS Board
Mr Niall McGrogan	...	Head of Community Engagement and Transport

ACTION BY

1. APOLOGIES

Apologies for absence were intimated on behalf of Ms Sandra Davidson, Ms Catherine Fleming, Dr John Larkin and Dr Ken O'Neill.

The Chair advised that Dr Donald Blackwood had resigned from the Group following his resignation from the Local Medical Committee. Dr Blackwood had intimated that he had found the meetings both informative and illuminating and had been impressed by the commitment of the lay members. The Local Medical Committee would be contacted for a replacement representative.

The Chair congratulated Robert Calderwood on securing the post of Chief Executive of NHS Greater Glasgow and Clyde and wished him well in his new duties and responsibilities.

2. MINUTES

The approved Minutes of the South Monitoring Group meeting held on 12 December 2008 [SMG(M) 08/04] were noted.

26. MATTERS ARISING

a) Monitoring Report

In relation to Minute 26(a) – Monitoring Report – Mr Sandeman pointed out that the sentence in the last paragraph on page two – “... it had not been possible to agree on an interpretation of the outline of the figures.” – was inconsistent with the Group endorsing the Monitoring Template at the previous meeting for submission to the Cabinet Secretary for Health and Well-being. He stated that this was giving out mixed messages. The Chair indicated that at the Chair’s annual meeting with the Cabinet Secretary the Monitoring Template had not been raised.

NOTED

b) Outcome of Chairs’ Annual Meeting with the Cabinet Secretary for Health and Well-being

In relation to Minute 26(c) – Outcome of Chairs’ Annual Meeting with the Cabinet Secretary for Health and Well-being – Mrs Hinds asked if any announcement had been made about the Group’s future. The Chair advised that the Group’s suggestions had been submitted to the Health Directorate and, to date, there had been no message from the Cabinet Secretary about the future of the Group. He agreed with Mrs Hinds that meeting dates would be set for the rest of the calendar year.

J C Hamilton

NOTED

4. UPDATE ON THE PROGRESS OF THE PAPER-LITE SYSTEM

The Chair introduced Richard Copland, Director of Health Information and Technology who had kindly agreed to return to the Group and give members an updated presentation on introducing electronic working systems in the New Victoria Hospital when it opens in the summer of 2009.

Mr Copland took members through the various strands of health information and technology systems and their introduction to the new Victoria Hospital and answered members’ questions as follows:-

- i) He confirmed that the storing, holding and sharing of information was in accordance with the Data Protection Act 1998 and the electronic systems had the added advantage of logging who had gained access to what information (so inappropriate use could be audited) and provided the facility of restricting access to certain information, if necessary.
- ii) Greater IT support would be required as dependency on IT systems increased. However, these costs would be off-set against reduced storage costs of paper records, reduced frequency of lost records and the provision of a more effective and efficient service to patients.
- iii) Staff training was a vital component in maximising the benefits of introducing new IT systems – this was in place and the phased introduction of systems was to take account of staff familiarisation and training needs.

- iv) Patient pathways were being improved and it was recognised that there was a culture change for some staff in moving from paper records to electronic records – changing a culture was a longer term aim/challenge and support would be required for some staff members.
- v) GPs could access the Scottish Care Information (SCI) store for hospital test results – the electronic exchange of information between Primary Care and hospitals continues to develop.
- vi) Clinical groups had been fully involved in developing the presentation of information on the screens, although some were more comfortable than others with being involved with this design work.
- vii) There would be identified electronic systems in place from the opening of the new Victoria Hospital and other systems would be phased in as staff settled into their new environment and ways of working.
- viii) A National e-Health Strategy was being developed which would lead to electronic access to the total health record from any hospital site in Scotland within 3 years – currently NHS Greater Glasgow and Clyde was at the leading edge of this development.
- ix) The revenue costs for all IT within NHS Greater Glasgow and Clyde are about 1% of the weighted capitation (some areas down south were spending in excess of 2.5%).
- x) The new Victoria and the new Stobhill would open with the paper case notes available as they are currently. There is a scanning procurement under way. The plan is to scan historic records allowing clinicians to search these records using key words/phrases as well as reading them chronologically. Scanning was also planned to be available for any information collected on paper during a clinic.

The Chair thanked Mr Copland for his very helpful and informative presentation and added that this was the first time every single member of the Group had asked a question on a topic – this had highlighted the members' interest in this matter.

5. SERVICES TO BE INCLUDED IN THE NEW VICTORIA HOSPITAL

There was submitted a list of the clinical and non-clinical support services to be provided from the new Victoria Hospital when it opened in the summer. Mr Calderwood advised that the clinical list was likely to expand as the closer to the hand-over and opening the clinicians were becoming more enthusiastic about what can be delivered from the new hospital.

The hand-over was planned for 3 April 2009 and the first patients would be seen in June 2009.

NOTED

6. NORTH MONITORING GROUP MINUTES: 5 DECEMBER 2008

The Minutes of the North Monitoring Group meeting held on 5 December 2008 were attached for information.

NOTED

7. ANY OTHER COMPETENT BUSINESS

a) Notification to Patients

It was confirmed that patients would be notified in writing about their clinic attendance moving from the Victoria Infirmary to the new Victoria Hospital and the Community Engagement Team would be involved with placing adverts and notices about the commencement and opening times of the new Victoria Hospital.

R Calderwood

NOTED

b) Victoria Infirmary

Mr Macintosh asked about the timetable for the retention of the in-patient services at the Victoria Infirmary. Mr Calderwood advised that under current plans the in-patient services would transfer to the new South-side hospital at the Southern General Hospital site once construction had been completed, which was currently planned for 2014. He did, however, acknowledge that if there were tight financial settlements in future years then any current plans may require to be re-visited.

NOTED

8. DATE OF NEXT MEETING

The next meeting would be held at 9.30 a.m. on Friday, 29 May 2009. The Chair suggested that the meeting should be held at the new Victoria Hospital and be followed by a visit to the facilities. This was agreed and John Hamilton would write to members with the details nearer the time.

J C Hamilton

The remaining meetings in 2009 would be:

9.30 a.m., Friday, 11 September 2009

9.30 a.m., Friday, 11 December 2009

The meeting ended at 10.45 a.m.