

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 June, 2008
in the Board Room of the Contractors' Offices,
New Victoria Hospital, Langside Road, Glasgow, G42

PRESENT:

Mr Peter Mullen (in the Chair)

Mrs Pat Bryson
Dr Donald Blackwood
Ms Catherine Fleming
Mrs Margaret Hinds

Mr James Kelly MSP (from Minute 13)
Mr Ken Macintosh MSP
Dr Ken O'Neill
Mrs Enid Penny

Mr James Sandeman

IN ATTENDANCE:

Mr Grant Archibald	...	Director, Emergency Care and Medical Services (to Minute 11)
Mr Robert Calderwood	...	Chief Operating Officer, Acute Services Division
Mr John C Hamilton	...	Head of Board Administration, NHS Board
Ms Carmen McAteer	...	Scottish Government Health Directorate
Ms Kate Munro	...	Community Engagement Officer, NHS Board
Ms Mairi McLeod	...	ACAD, Hillington Project Office

ACTION BY

9. APOLOGIES AND WELCOME

Apologies for absence were intimated on behalf of Dr Brian Bingham, Ms Sandra Davidson and Councillor James Dornan.

The Chair welcomed Mr Grant Archibald, Director of Emergency Care and Medical Services and Ms Carmen MacAteer, Scottish Government Health Directorate to their first meeting of the Group.

10. MINUTES

The approved Minutes of the South Monitoring Group meeting held on 14 March 2008 [SMG(M) 08/01] were noted.

11. PRESENTATION ON EMERGENCY CARE AND MEDICAL SERVICES

The Chair introduced Mr Grant Archibald, Director of Emergency Care and Medical Services, Acute Services Division who was attending to give a presentation to members on Emergency Care and Medical Services (with a particular emphasis on the Victoria Infirmary).

The presentational overheads are attached as part of the Minutes of the meeting.

Mr Archibald had provided members with a copy of a paper setting out the service changes from 2003/04 to the present day outlining key issues, activity levels and the way forward for Emergency Care and Medical Services. The presentation covered:-

- Emergency Services – A&E, Minor Injuries and GEMS
- Dermatology
- Cardiology
- Respiratory
- Rheumatology
- Diabetes/Endocrinology
- General Medicine/Gastroenterology

Members welcomed the presentation and the clear way the facts and detail had been laid out in the paper. Mrs Hinds was, however, concerned about the travelling to and from the south-west and south-east of Glasgow depending upon which service required to be accessed – out-patients or in-patients. Strathclyde Partnership for Transport had confirmed to her recently that the public transport infrastructure was not currently available. Mr Sandeman agreed and stated that the impact on traffic movement in both directions had not been addressed.

Mr Calderwood reminded members that up to 88% of current attendances to the Victoria Infirmary would continue to attend the new Victoria Hospital. Discussions were being held with Strathclyde Partnership for Transport to bring about improvements once services had moved and work undertaken to identify how patients travelled to hospitals was suggesting that it was more likely by car. Transport surveys had been conducted and previous meetings had highlighted the need for good transport links once the new services were available. It was agreed to ask Mr Niall McGrogan, Head of Community Engagement – Transport to provide an update at the next meeting of the Group.

N McGrogan

Mrs Hinds passed members a copy of her comments on the draft minutes of the 14 March 2008 meeting. She felt the message that the new Victoria Hospital would not have in-patient beds and no A&E service was not being communicated adequately by the NHS Board. She had met carers who were unaware that the new Victoria Hospital was not a like-for-like replacement of the current Victoria Infirmary.

Mr Calderwood advised that the new Victoria Hospital did not open until the summer of 2009 and at that time the Victoria Infirmary would still be open and would have A&E and in-patient beds.

Ms Munro advised that the community engagement effort for the new Victoria Hospital had taken account of the timing of the changes to services. Recent work in the community indicated that, generally, people were aware of the re-configuration of services but that there was some anxiety over the perception of an early closure of A&E and a level of confusion over when the new services would be operational. As the move to the new Victoria Hospital approached, increased information on Minor Injury Units (MIU) and Emergency Nurse Practitioners (ENP) was to be provided. ENPs are closely involved in preparing information resources and in speaking at public events. The evidence where MIUs have already been introduced has indicated that the public welcome and understand information on MIUs and that they are able to distinguish between the care provided in A&E, MIU and GP settings. It will be important to ensure that the information provided to our local communities is appropriate, timely and facilitates the smooth transfer of services.

Mrs Hinds could not understand how the A&E Department could be lost from the Victoria Infirmary when it was the best and busiest in the country.

The Chair thanked Mr Archibald for his helpful and informative presentation.

12. **MATTERS ARISING**

a) Monitoring Report

In relation to Minute 4(b) – Remit of South Monitoring Group – and Minute 7(a) – Monitoring Group Report – Mr Sandeman asked for an update on the production of the finalised version of the draft Monitoring Report which he had submitted and which had been agreed at the last meeting. Mr Calderwood advised that the activity data which formed a core part of all three presentations to be given to the Group allowed members to monitor named services from 2003/04 to the present day.

Mr Sandeman indicated that he was unable to determine from that data whether named services were being maintained – the data was inadequate for that purpose. Mr Calderwood advised that most of the information was in the public domain and he would present it in whichever format the Group sought. He had met with Mr Sandeman and had held discussions with him over this matter and no agreement could be reached on their different interpretations of the data. Named services required to be maintained at the Victoria Infirmary to September 2007 – this had been met. In relation to the bed model, it had been produced for clinicians and the NHS Board – the Group received it as they had asked to receive a copy once it was available.

Mr Sandeman reiterated that the Group were receiving information overload and that the core remit had clearly been set aside. The Chair advised that the Group had agreed early on to take a broad view in relation to their discussions and not solely stick to the remit. He had been pleased with the way the Health Board officials had reacted to the Group's requests and the Group had indeed been information rich and it received what it had asked for.

Mr Sandeman was keen to stick to the Group's remit and have the proforma/template on services completed to allow monitoring of named services. The Group had been supportive of receiving this type of information and until the Group received proper monitoring information, it will have achieved nothing in 5 years.

Mrs Bryson and the Chair both believed that named services had been maintained at the Victoria Infirmary and asked Mr Sandeman if he disputed that. He emphasised that he did as he believed that some services had moved. He had also written to the previous Minister for Health with his minority report on monitoring and had not received any sensible answers to his points.

Mr Macintosh said that he did not believe that services had been eroded at the Victoria Infirmary and moved to the Southern General and there was no evidence that named services had not been maintained. If there had been it would be raised frequently with him and he would have been pursuing the matter vigorously with the NHS Board.

ACTION BY

It was reported that the monitoring data contained in the papers which supported the different Directorates, presentations had been welcomed by the North Monitoring Group as the type of information they had been seeking.

Mr Calderwood stated that he was keen to assist but had been at a loss as to what further monitoring information the Group required: however, if it assisted the Group he would update Mr Sandeman's template and send to members.

Mrs Penny described her recent experiences of a patient journey following a referral from her GP and the delays experienced in getting the treatment required to assist with the pain she was suffering.

DECIDED:

That Mr Calderwood would update the monitoring template provided by Mr Sandeman and send to members.

R Calderwood

13. NORTH MONITORING GROUP MINUTES: 7 MARCH 2008

The Minutes of the North Monitoring Group meeting held on 7 March 2008 were attached for information.

14. DATE OF NEXT MEETING

The next meeting of the South Monitoring Group was planned for 9.30 a.m. on Friday, 12 September 2008: however, there had been a number of apologies already for this meeting.

It was agreed that the Head of Board Administration would canvass for an alternative date (possibly in October 2008).

J C Hamilton

The meeting was followed by a short presentation of the new Victoria Hospital by the Contractors and a visit to the site.

The meeting ended at 10.30 a.m.