

NHS GREATER GLASGOW

Minutes of the Meeting of the Greater Glasgow – Acute
Services – South Glasgow Monitoring Group held
at 9.30 a.m. on Friday, 24th March 2006
in the Conference Room, Management Building,
Southern General Hospital, 1345 Govan Road, Glasgow, G51 4TF

P R E S E N T :

Mr Peter Mullen (in the Chair)

Mr Brian Bingham	Mrs Margaret Hinds
Mrs Pat Bryson	Ms Janis Hughes MSP
Mr Eric Canning (from Minute 3)	Mr Stewart Maxwell MSP
Ms Catherine Fleming	Ms Jane McCreadie (to Minute 6)
Mr James Sandeman	

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

Mr Robert Calderwood	..	Chief Operating Officer – Acute Division
Mr John C Hamilton	..	Head of Board Administration
Mr Niall McGrogan	..	Head of Community Engagement

ACTION BY

1. **APOLOGIES**

Apologies for absence were intimated on behalf of Dr David Blackwood, Mr Ken Macintosh MSP, Dr Ken O'Neill and Mrs Enid Penny (who was represented by Mr E Canning)

2. **MINUTES**

The approved Minutes of the South Monitoring Group meeting held on 2nd December 2005 [SMG(M)05/02] were noted.

3. **MATTERS ARISING**

a) Monitoring Template

In relation to Minute 20(a) of the South Monitoring Group meeting held on 2nd December 2005, Mr Sandeman presented a single page of activity data for the Victoria Infirmary and for the Southern General Hospital in relation to the Group's remit to monitor named services, together with a summary page.

Mr Sandeman expressed his gratitude to Mr Jim Crombie and his staff for their assistance and efforts in pulling together the data presented.

Mr Sandeman advised that he believed that the figures for Orthopaedics, Medicine for the Elderly and Geriatric Assessment (although those data were incomplete) appeared to show services declining at the Victoria Infirmary and migrating to the Southern General Hospital. He felt a message should be given to the Minister for Health to this effect.

In response, Mr Calderwood tabled a paper on the activity data, separating out in-patient data, day case data and out-patient data for General Medicine, General Surgery and Orthopaedics and related to the base year – 2002/03. Overall the trend from 2002/03 to the present day was one of a fairly consistent pattern of annual activity. Mr Calderwood advised that he could not accept Mr Sandeman's conclusions. The national waiting time guarantee of all patients being seen within 26 weeks by 31st December 2005 had been achieved at the Victoria Infirmary; there were more Consultant Orthopaedic Surgeons at the Victoria Infirmary than the Southern General and therefore more patients would be seen at the Victoria and placed on the waiting list at the Victoria; there had been a year-on-year increase of orthopaedic activity at the Victoria since 2002/03 and there had been an increase in resource to Orthopaedics at the Victoria since 2002/03.

In addition, to compare in isolation the activity figures between the Victoria Infirmary and the Southern General was not taking account of patient flows and preferences, changes in patient flows, changes in sub-specialty specialisation, capacity issues. Mr Calderwood did advise, however, that as national targets became more challenging, future investments would be targeted at longer term sites and activity figures would change.

Mr Sandeman commented on the number of cross-boundary flow patients from NHS Argyll and Clyde and the size of the catchment area for the Victoria Infirmary, which was larger than the catchment area for the Southern General.

Mr Calderwood advised that activity was only one measurement; waiting times targets were being met, accident and emergency was receiving patients at the Victoria Infirmary with the full range of back-up services to treat the seriously ill patients and discussions with staff had not highlighted any concern about services at the Victoria Infirmary being run-down. Acute specialties in NHS Greater Glasgow were moving to a single specialty basis across all sites and future investments to meet waiting time guarantees will be made on those sites with a long-term future.

The Chair thanked Mr Calderwood and Mr Sandeman for providing the information to allow this full discussion and in particular thanked Mr Sandeman for the amount of time and effort he had put into extracting and presenting this activity data in line with the Group's remit. He asked that Mr Sandeman be given the opportunity to study Mr Calderwood's tabled paper and consider a further submission to the next meeting of the Monitoring Group. He also reflected that national targets were being met at the Victoria Infirmary and Mr Bingham and Ms McCreadie (both staff from the Victoria) had advised that staff had not believed that services were being run-down at the Victoria Infirmary.

DECIDED:

That Mr Sandeman study the tabled paper from Mr Calderwood and consider a response to be submitted to the next meeting of the Group.

J Sandeman

b) Membership of South Monitoring Group

It was reported that the Employee Director was conducting a process, as part of the Board-wide review of partnership working, to identify new staff representatives to sit on the North and South Monitoring Groups in time for the next meeting in June 2006. Ms McCreadie was therefore attending her last meeting in that capacity and the Chair, on behalf of the Group, thanked her for her contribution to the Group.

NOTED

4. **FEEDBACK FROM CHAIR'S MEETING WITH THE MINISTER FOR HEALTH AND COMMUNITY CARE**

The Chair provided the Group with feedback from the annual meeting he and the Chair of the North Monitoring Group had with the Minister for Health and Community Care on 25th January 2006. He covered the following points:-

- The Minister had conveyed his appreciation and thanks to all those who served on the Monitoring Groups and had been impressed with the diversity and depth of the Group's discussion.
- The Minister was keen to extend the timescale of the Monitoring Groups until the new hospitals at the Victoria and Stobhill had been completed.
- The Minister had asked if there were any obstacles to completing the development of the new hospital which he could assist with – none were identified.
- There was recognition that many of the successes and proactive stories from the NHS were not always covered in the media and that remained a challenge.
- Transport remained a major challenge for the population and was a key and central issue when moving to the new arrangements.
- The Chair had raised with the Minister whether funding the NHS from general taxation was sustainable in the future – the Minister advised that there were no plans to change policy on that matter.

The Chair had felt it had been a good and productive meeting and looked forward to continuing to Chair the Group until the new hospital had been completed.

Transport

The members returned to the issue of transport as it remained a major concern for all. Nothing was being ruled out and consideration had been given to running NHS buses; motorised walkways from local train stations; the possible impact if Lanarkshire Health Board concluded their consultation on acute services by deciding to close Hairmyres Hospital; influencing bus companies and subsidising routes to hospitals and bringing a co-ordinated approach to transport to the health service facilities.

Mr McGrogan highlighted the issues which were regularly raised with his team – genuine difficulties of getting public transport out of specific housing estates; poor accessibility to hospitals and health care establishments; security issues using public transport at night; regular reductions in current bus service and with elderly and those with mobility problems accessing public transport.

ACTION BY

He commented upon the Concessionary Fare Scheme being introduced from April 2006 across Scotland at a cost of £150m. The current subsidy for public transport in NHS Greater Glasgow was £5.4m and even a small re-distribution of the figures set aside for the Concessionary Fare Scheme could have made a significant difference to public transport availability and accessibility in NHS Greater Glasgow. There needed to be a sequence of improvements in public transport as the new hospital facilities came on line and continuing to raise such matters with elected representatives was a significant way of ensuring the issue was tackled and improvements made.

The Regional Transport Partnership would have obligations from April 2006 to develop a strategy for access to health care premises and Mr McGrogan looked forward to working with the Partnership to achieve the aim of improving transport links to health premises. The National Transport Strategy would be launched on 30th May 2006 and would have a significant influence on the improvements that will be required to transport services.

The concern remained that the bus companies' first priority was to shareholders and therefore only profitable routes would remain at a time of redistribution of community buses could reduce isolation and accessibility. More central direction from the Scottish Executive in terms of the National Transport Strategy and the Regional Transport Partnership could bring about significant improvements to an area which causes so much concern for so many of the population.

Public Relations

There was a recognition that the whole external communications role within NHS Scotland needed to be improved. Mr McGrogan agreed to collate the press releases and features provided to the media over the last 3/6 months and compare this with the press cuttings relating to the same issues in order to highlight some of the difficulties faced by the NHS in matters relating to communications.

N McGrogan

Audit Scotland

Mr Sandeman asked if the role undertaken by Audit Scotland to support an ongoing monitoring and review process on an annual basis was discussed with the Minister. A commitment had been given in Parliament for this external independent audit. The Chair advised that the matter had not been discussed and Mr Calderwood advised that Audit Scotland had arranged for the NHS Board's external auditors, Pricewaterhouse Coopers (PwC), to undertake the annual independent audit of the delivery of NHS Greater Glasgow's Acute Hospital Modernisation Strategy. PwC have reported annually to NHS Board Members on various key aspects of delivering the Acute Services Strategy.

Mr Sandeman was of the view that the reporting of the audit process should be to the Health Minister and not the NHS Board. The reporting mechanisms of this Parliamentary motion would be investigated and reported back to the Group.

J Hughes

NOTED

5. **UPDATE ON NEW HOSPITAL – VICTORIA**

Mr Calderwood advised that the pre-contract enabling works were well under way; the former Grange Road School was being demolished and a temporary car park created and the construction of the new road was under way. The enabling works should be finished in June 2006.

The Consortium would be submitting their detailed Planning Application for consideration at the cycle of Planning Committee meetings in May 2006. Once approved, the final costs can be submitted by the Consortium and then a final business case be submitted to the Scottish Executive Health Department for approval. Financial close was hoped to be achieved by 30 September 2006 and then construction work on the revised timetable would commence and planned to be completed in late 2008 and following a commissioning period of 14/15 weeks the new hospital would be open in early 2009.

Mr Bingham explained that he and his clinical colleagues have been involved in designing their areas of the new hospital. The staff were looking forward to this new hospital and wanted to ensure it was a success for patients. His main concern was the need to ensure that clinical staff must be able to purchase the best equipment available and that no cost reductions are imposed on the equipment budget. He was aware of the pressure placed on managers and clinicians to deliver cost effective services and meet national targets and he believed that the setting of targets was not helpful and could affect services to patients by clinicians losing out in training opportunities by having to treat more and more patients ahead of target timescales.

Mr Canning raised the Architects Scotland Report on the design of the new Victoria. The concerns related to the limited opportunities for expansion, temperature control and fire protection and a need to review the quality of the finishes.

Mr Calderwood advised that the new Victoria had built into it some modest expansion recognising the restricted options to expand the building on the current site. Temperature controls within the building were now available and the fire precaution measures met current standards. The Architects would be responding to Architect Scotland on their comments on the finish of the building and showing how they had been addressed.

Mr Maxwell enquired about the opening hours of the Minor Injuries Unit and was advised that an ongoing review and survey of attendances and times of attendance would ultimately influence the opening hours of the Minor Injuries Unit. The out-of-hours General Practitioner Service would continue to be run from the new Victoria.

NOTED

6. UPDATE ON SHORT-STAY BED PROPOSALS

Mr Calderwood advised that the new Victoria Infirmary would have 12 overnight beds (with a consequent reduction in elderly rehabilitation beds) which would result in up to 1,400 patients per annum being treated at the Victoria when it opened. The NHS Greater Glasgow decision was taken after an 8-month review by clinicians.

The Group welcomed this development.

NOTED

7. NORTH MONITORING GROUP MINUTES – 2nd DECEMBER 2006

The North Monitoring Group Minutes of the meeting held on Friday, 2nd December 2005 were noted.

8. ANY OTHER COMPETENT BUSINESS

None.

9. DATE OF NEXT MEETING

The Chair suggested that the Monitoring Group meeting move to Friday morning, instead of Friday afternoon. The majority of members found this helpful and the dates for the remaining meetings for 2006 would be as follows:

- i) 9.30 a.m., Friday, 9th June 2006
- ii) 9.30 a.m., Friday, 8th September 2006
- iii) 9.30 a.m., Friday, 8th December 2006

The meetings will be held in the Floor E Conference Room, Victoria Infirmary, Langside Road, Glasgow, G42 9TT.

The meeting ended at 11.30 a.m.