

Health News



DECEMBER 2010

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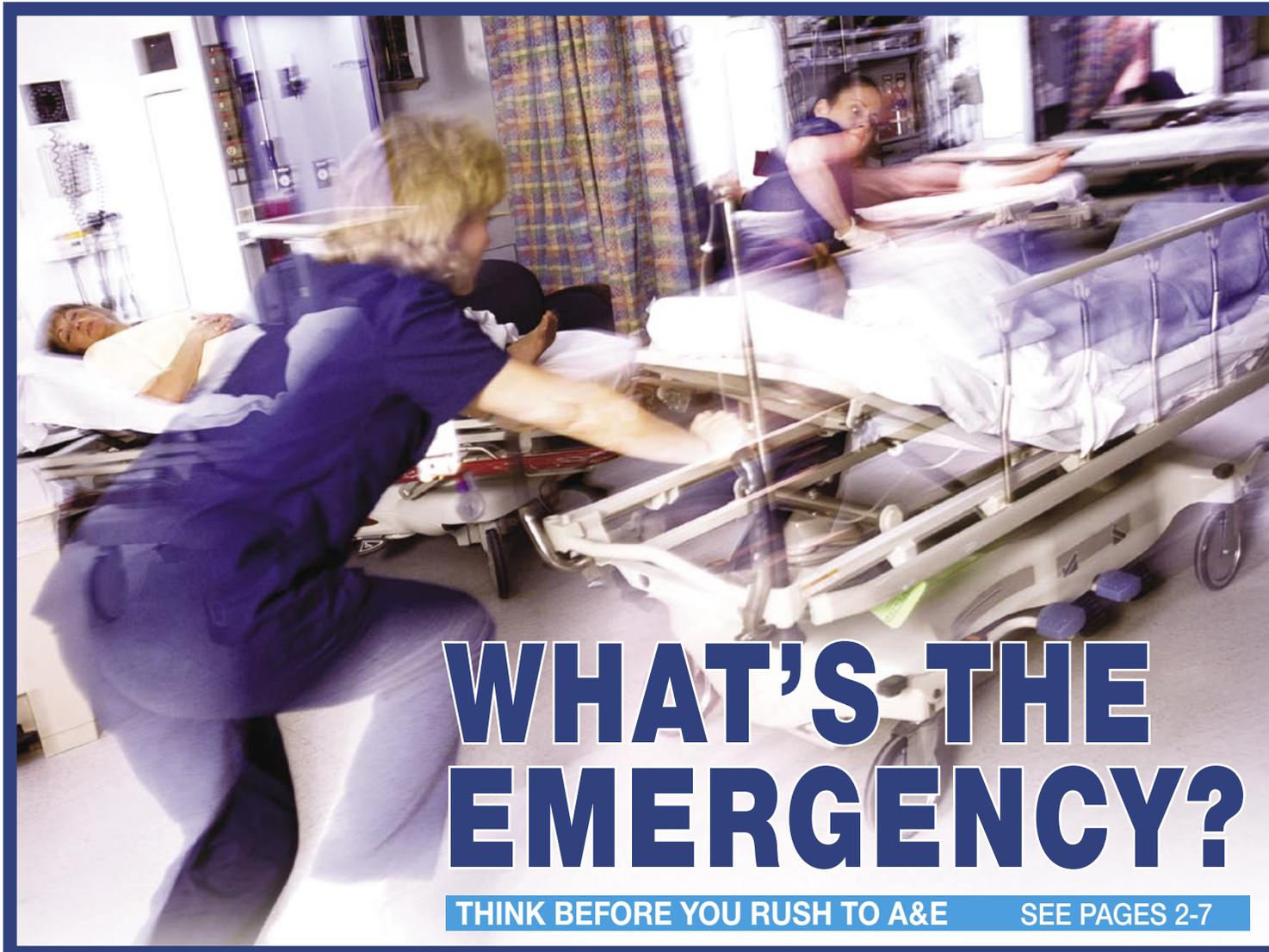
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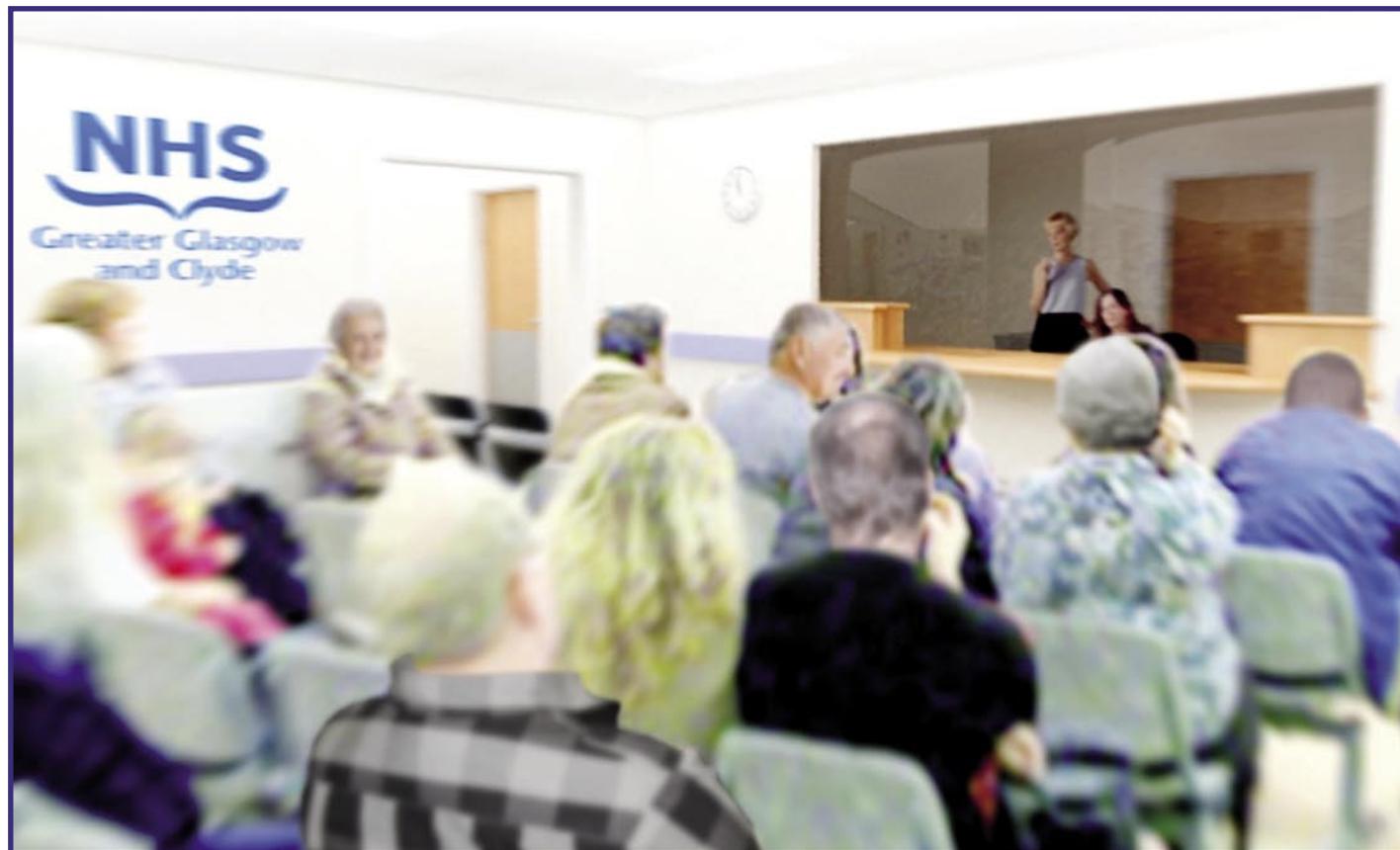
WHAT'S THE EMERGENCY?

NHS Greater Glasgow and Clyde's Emergency Departments treat around half a million patients a year. The majority of these patients have serious injuries or illnesses that need the specialist skills of an emergency team.

Every day, however, there are people who turn up at our emergency departments with problems that are neither serious nor an emergency. In doing so, they are taking up valuable NHS time and resources that they do not need... and diverting these busy services away from the people who need them the most.

To help us find out why, we carried out a major survey of people who decided to attend their emergency department rather than another NHS service.

This showed that



people go to A&E for a variety of reasons... because it is convenient or their GP surgery is closed or because they know they will get an X-ray, free medicine or be seen within four hours.

Worryingly, only one in four give the seriousness

of their injury as the key reason for attending.

What also emerges from the survey is that people just aren't aware of the alternatives... less than half those questioned could think of another NHS service where they could have

received advice and treatment.

This special edition of Health News has been produced in response to these findings – to help give an understanding of the wide range of services on offer and how best to access them.

Selecting the right service will not only ensure you receive the right treatment in the shortest possible time, it helps the NHS run efficiently, freeing up emergency services for those who really need them.



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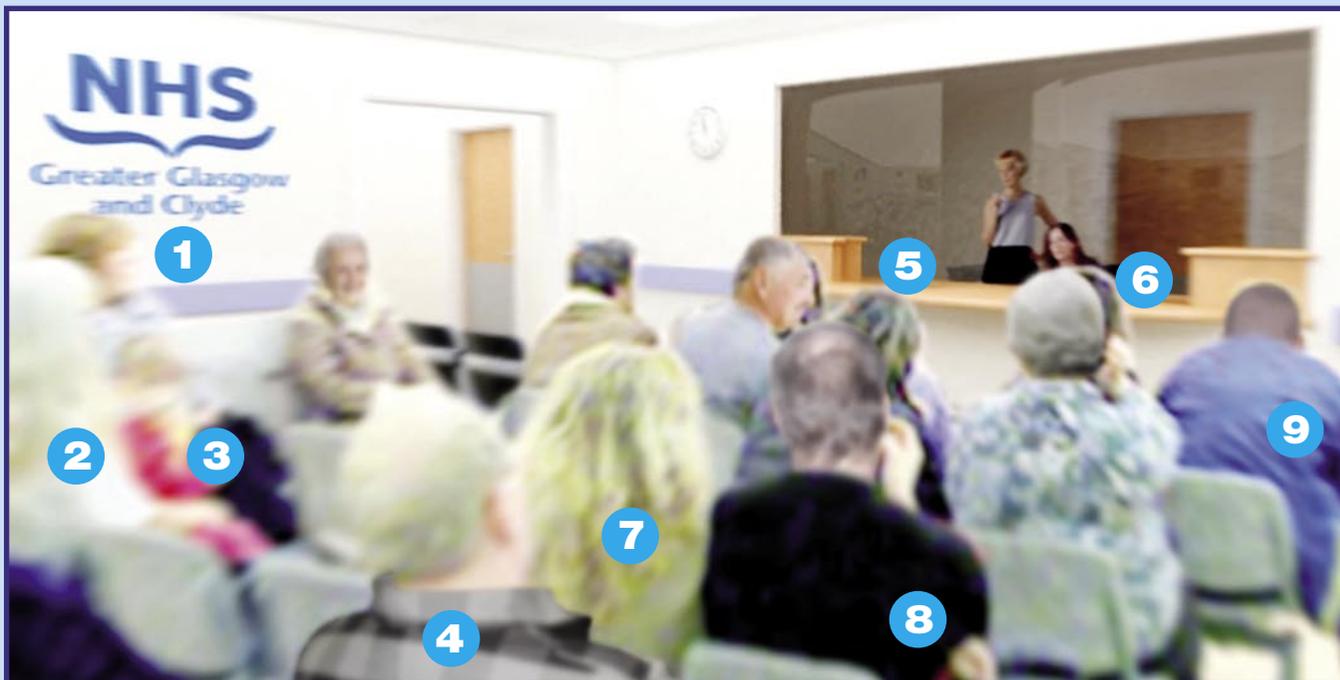
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A typically busy day in A&E but how many of these patients should NOT really be there?

1 LISA (33) woke up today with swelling to her face. It's not gone down, and as her dentist is now closed, she's come to the emergency department for advice. There are a number of seriously ill patients in the department and she has to wait until they've been seen.

Lisa should have called her dentist where she would have received a recorded message advising her to call NHS 24 on 08454 24 24 24. NHS 24 would have quickly assessed her, and if necessary, would have arranged for her to attend the Emergency Dental Treatment Centre in Glasgow.



2 58-YEAR-OLD Margaret has a high temperature and a cough. By 8pm she decides that she can't tolerate this through the night and needs to get help.

Margaret decides to come to the emergency department for assistance.

Having confirmed that her situation was not life-

threatening Margaret has to wait for more urgent cases to be dealt with. If Margaret had instead made a quick call to NHS24, she would have been referred to the GP out-of-hours service and asked to go to her local primary care emergency centre. There she would be seen quickly by an out-of-hours GP who would have diagnosed her chest infection and prescribed her antibiotics.



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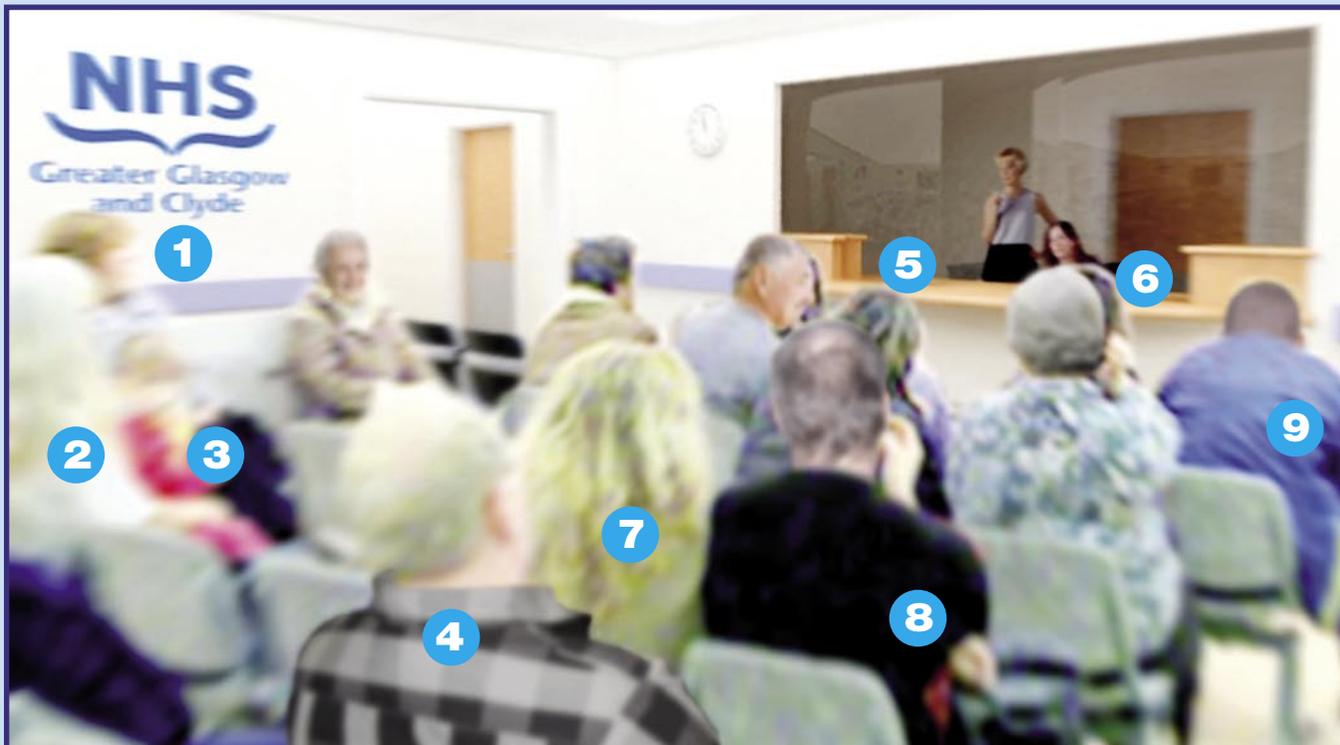
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3 TOM, aged 8, has had a runny nose and cough for two days. His mother is worried that his cough hasn't cleared and has brought him to A&E.

Instead, she should treat his cold by keeping him warm and rested and giving him plenty of fluids to drink. Paracetamol will reduce his high temperature.

Most people recover from viral infections like colds within four to seven days.



4 JIM, aged 55, has come to the emergency department after his wife encouraged him to get a three-week old back injury checked out and X-rayed.

As Jim has not just been injured, he should have gone to his GP where he could have been assessed and given advice and a prescription. His GP would also arrange for him to see a back specialist if necessary.

5 BOB, 27 from Springburn, has just woken up after his work's Christmas night out. His ankle is swollen and really hurts but he can walk on it. Bob decides to go to the A&E at Glasgow Royal Infirmary to have his ankle looked at and get strong painkillers.

Bob should have gone to his local Minor Injuries Unit (MIU) at New Stobhill Hospital where experienced nurse practitioners are available to treat minor injuries such as sprains and cuts. Instead of having to wait for more seriously ill patients to be seen, Bob would have been seen quickly at the MIU and sent home with advice and painkillers, reassured that his ankle was not broken.



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6 27-YEAR-OLD Anna has recently immigrated to Scotland and has found out that she is pregnant. She has come to the emergency department for antenatal advice and to arrange a scan as she is not aware of how the NHS works.

Anna should have gone to the NHS24 website www.nhs24.com where she would have found out how to register with a local GP and a list of GPs in her area. She should then have made an appointment with her GP for her antenatal care.



7 MARY, 24, has a long-standing mental health problem. With Christmas looming, she's finding it all too much to cope with and is in crisis. Mary's neighbour has brought her to the emergency department as he's concerned that she may be

suicidal and wants someone to see her urgently. Glasgow and Clyde's Mental Health crisis teams* work seven days a week, 365 days a year to support people in crisis and help resolve their problems. A visit to Mary's GP or a call to NHS 24

would have resulted in an urgent referral and immediate response from the team. *In Renfrewshire and Inverclyde, this service is provided by the Intensive Home Treatment Service.



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8 53-YEAR-OLD Iain is an alcoholic. He decides to stop drinking whilst drunk and comes to the emergency department demanding help to stop.

Instead, Iain should have contacted his own GP when sober who would refer him to an addictions worker. The addictions team would identify and put in place the support Iain needs to stop drinking.



9 JOHN, aged 23, has a number of verrucas on his foot and he's limping with pain. He has turned up at his emergency department because he is due to play football tomorrow night and he wants the problem cleared up before then.

Verrucas are one of a number of minor ailments that your local pharmacy can treat. Instead of a long wait in an emergency department, John should have made a quick trip to his pharmacist for advice and medicine to clear the infection up.

When time is critical... that's the time for A&E



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EMERGENCY Departments (EDs) are busy not only in winter but all year round.

These departments treat patients with any condition that is felt to be so urgent that no reasonable alternative exists for their treatment and where 'time critical' interventions are required.

Emergency teams will see patients regardless of their source of referral, including "999" calls and GP referrals, but the vast majority of patients are self-referrals – people who decide themselves that they need emergency care.

And it is to those people in particular that Dr Alastair Ireland is appealing to ensure that they only attend their local Emergency Department if it is a real emergency.

He explained: "We treat three categories of patients - those that require resuscitation, and those that ARE classified as either a major or minor case.

"Examples of major cases can include people with chest pains, breathing difficulties, potential stroke, significant injury, collapse and overdose.

"Minors generally tend to be patients who have limb injuries and who have made their own way to hospital, and it would be expected that they are treated and discharged."

The overwhelming majority of ED patients do require this specialist assessment and care, but unfortunately some have a skewed idea of what an emergency is.

Dr Ireland and his colleagues have had patients dropping into EDs looking for treatment for verrucas, ear wax or other conditions more appropriate for a GP consultation or clinic appointment.

Others decide to take advantage of the on-site availability of the department because they happen to be visiting a relative or friend in





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the hospital.

"It can be the perception of some of these patients that they need an X-ray for a condition that they have ignored for many months," explained Dr Ireland, "and others attend because of pressure from their workplace or 'other half' insisting that they get themselves checked out."

On occasion patients attending an ED may be redirected to the GP Out-of-Hours service if they are on-site and depending on the time of day.

Similarly patients attending MIUs and GP Out-of-Hours centres are sometimes quite appropriately redirected to the ED.

There are very good working relationships with the Out-of-Hours GPs and this allows care to be delivered in the most appropriate setting for the patients.

The two Minor Injury Units



Doctor Alastair Ireland.

within the New Victoria and New Stobhill Hospitals (and the established 'stand alone' unit at the Vale of Leven hospital), are working very well.

People with limb injuries who would normally have attended the Victoria or Stobhill Emergency Departments are now encouraged to go directly to the Minor Injury Units at the new Victoria and Stobhill Hospitals. Children under the age of five should be taken to

either the nearest Emergency Department or Yorkhill and any child with an illness rather than an injury should be seen either by their GP or, if potentially serious illness is suspected, by Yorkhill's Emergency Department team. The Minor Injury Units are not designed to manage such cases.

In Glasgow, minor injuries are still and will continue to be seen in the Emergency Departments at GRI, SGH and the Western and at all other departments outwith the normal opening times for MIUs (9am to 9pm). The same advice applies in the Clyde area where there are Emergency Departments at RAH and Inverclyde with an additional Minor Injury service at Vale of Leven.

Dr Ireland summed up: "Emergency Departments are busy, but staff spend a lot of time trying to ensure that patients are seen in the right place, at the right time, and by the right person."

WHEN YOU'RE ILL, KNOW WHO TO TURN TO.

WHEN you're ill, it's vital to know who to turn to for the right help.

Selecting the right service not only ensures you receive the right treatment in the shortest possible time, it also helps the NHS run efficiently, freeing up emergency and out-of-hours services for those who need them most.

And to help you make the right decision, we've produced a special pull-out guide: **When you're ill, know who to turn to.**

The guide – which runs over the next six pages – sets out the healthcare options available to you, how to access them and some examples of conditions most effectively treated by each type of service.

Please keep the guide handy – it can help you choose the right medical assistance when you need it.

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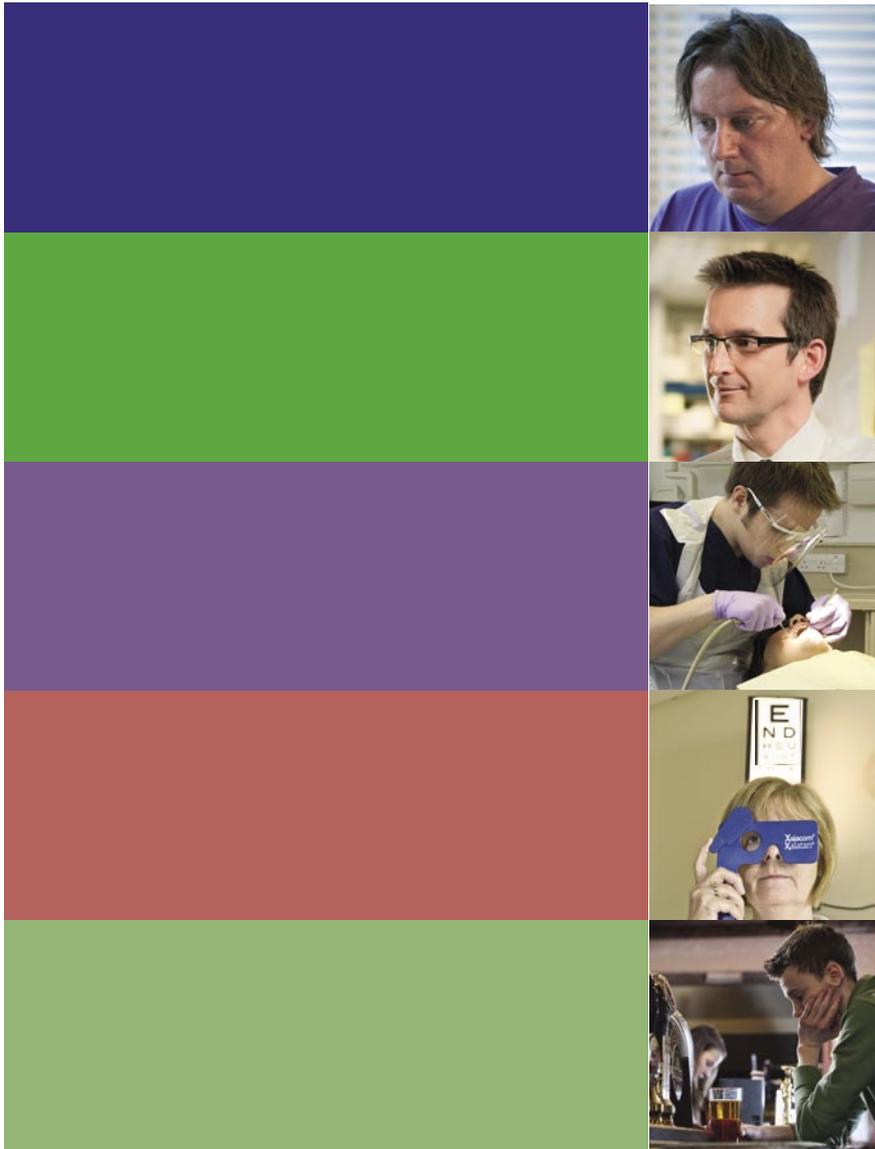
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A USER'S GUIDE TO NHS SERVICES IN THE GREATER GLASGOW AND CLYDE AREA





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COUGHS AND COLDS. SORE THROAT. GRAZED KNEE. TURN TO SELF CARE.

FOR a speedy recovery, self care is often the best if you have a minor illness or injury. A well stocked medicine cabinet means you'll receive the right treatment immediately.

Treat coughs and colds by keeping warm, resting and drinking plenty of non-alcoholic fluids.

Paracetamol and ibuprofen can reduce high temperatures and ease aches and pains. Most people recover from viral infections like colds and the flu within four to seven days.

Antibiotics won't help with the flu, colds and most coughs and sore throats.





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COUGHS AND COLDS. INDIGESTION. CONSTIPATION. ACHES AND PAINS. TURN TO YOUR PHARMACIST.

DROP into your local pharmacy any time to get expert advice or information on healthcare and help with your medicines.

Your pharmacist sells a wide range of over the counter medicines to treat minor ailments such as hay fever, athlete's foot and cold sores.

All pharmacies dispense prescriptions and most supply emergency contraception on the NHS. If you run out of your regular medicines and can't obtain a prescription from your GP, your pharmacist can dispense an urgent repeat supply.

The Minor Ailment Service is available from all community pharmacies in the area.

Once registered, you can have a consultation with a pharmacist without an appointment. Your pharmacist will offer advice and may supply – free of charge – an appropriate medicine to treat your symptoms.

To find your local pharmacy visit www.nhs24.com





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DENTAL PAIN. BLEEDING FROM THE MOUTH. FACIAL SWELLING. TURN TO YOUR DENTIST.

YOU should register with a dentist for regular check ups, planned routine treatment and emergency care.

If you have not registered with a dentist, try to do so as soon as possible. Advice and information is available by calling the NHS Inform helpline on 0800 22 44 88.

If your dentist is closed and you have a dental emergency, call the dentist with whom you are registered. You should receive a recorded message advising you what to do.

If you are unregistered and require emergency treatment, you should contact NHS24 on 08454 24 24 24. NHS24 will give advice and may arrange for you to attend the Emergency Dental Treatment Centre, based in the Glasgow Dental Hospital.

For a list of dentists in your area, visit www.nhs24.com





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BLURRED VISION. IRRITATED EYES. SUDDEN CHANGE IN VISION. TURN TO YOUR OPTOMETRIST.

OPTOMETRISTS carry out FREE NHS eye examinations which are available to all UK residents living in Scotland.

Community optometrists are now recognised as the first 'port of call' for eye problems. If you have any problems with your eyes, make an appointment with an optometrist. All high street opticians have an optometrist who provides NHS services.

The optometrist will carry out various tests and procedures to look for signs of eye disease. They may either treat the problem themselves or refer you to your GP or local hospital ophthalmology department for treatment.

During normal working hours most optometry practices will see you on the same day if you have an emergency. If you develop an urgent eye problem when the practice is closed and can't wait until it re-opens, call NHS24 on 08454 24 24 24.





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**PROBLEMS WITH ALCOHOL OR DRUG ADDICTION?
TURN TO YOUR ADDICTIONS SERVICES.**

FOR alcohol and drug addiction problems you can either self refer direct to local specialist teams which are sited across NHS Greater Glasgow and Clyde area, or contact your GP who can also refer you to a local community or hospital service.

Crisis Services are also available at the Drug Crisis Centre based in West Street.

There are also various voluntary organisations operating in local areas to offer support for those who are having problems with alcohol or drug misuse.

Community Addiction Team Services are open from 8.45am to 5.00pm Monday to Thursday and 8.45am to 3.55pm on a Friday.

Glasgow Addiction Services Headquarters Number is 0141 276 6600 for any further information.





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NOT COPING WITH LIFE? DEPRESSED? SUICIDAL? TURN TO NHS MENTAL HEALTH SERVICES.

MANY people throughout their lives will have periods where they feel stress. In the majority of cases this is perfectly normal given the pressures that many of us have to face in everyday life. There will be times however, when stress becomes unbearable and some people who suffer from existing mental health issues such as severe depression or psychosis they may require to access urgent help.

The appropriate and rapid access to emergency mental health services is by contacting your GP who may put you in touch with your local Community Mental Health Team (CMHT) who if appropriate can see you the same day.

Access to urgent mental health services is available over 24 hours through the CMHT and Crisis Service.

Crisis Intervention Teams work closely with local teams to ensure that people who are at significant risk have access to a Mental Health Practitioner 24 hours a day, 365 days a year. Crisis Teams are specifically there to support people who are experiencing a mental health crisis and who require rapid intervention and can be accessed via your GP or through NHS 24 out of working hours.





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VOMITING. EAR PAIN. SORE STOMACH. BACKACHE. TURN TO YOUR GP.

WHEN you have an illness or injury that just won't go away, make an appointment to see your General Practitioner (GP).

Your GP will carry out detailed examinations and provide advice, information and prescriptions. Your GP also provides routine monitoring and management of ongoing health conditions such as diabetes, high blood pressure, stroke and heart disease and can also provide most contraceptive services, minor surgery, maternity services, immunisations and screening (e.g. smears and child health).

Your doctor can also refer you to a specialist healthcare professional for tests and treatment.

Everyone needs to register at their local GP surgery. To find your nearest GP practice, visit www.nhs24





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TOO ILL TO WAIT UNTIL YOUR GP SURGERY IS OPEN? TURN TO YOUR GP OUT-OF-HOURS SERVICE.

WHEN your GP surgery is closed, and you're too ill to wait until it re-opens, you can contact the GP Out-of-Hours Service by calling NHS 24 on 08454 24 24 24.

When you call NHS24, you will be put through to a health professional who will talk to you about your symptoms and arrange for you to see a GP if necessary.

The out-of-hours GP may either call out to see you or you may be asked to attend the primary care emergency centre where the out-of-hours GPs service is based.

The primary care emergency centres within the Greater Glasgow and Clyde region are based at:

- Drumchapel Day Hospital
- Easterhouse Health Centre
- Greenock Health Centre
- New Stobhill Hospital
- New Victoria Hospital
- Royal Alexandra Hospital
- Southern General Hospital
- Vale of Leven Hospital
- Western Infirmary

Please do not attend a primary care emergency centre without calling NHS 24 first.





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CUTS AND MINOR BURNS. SPRAINS. NOT SURE IF YOU HAVE A BROKEN BONE? TURN TO YOUR MINOR INJURIES UNIT.

If you live in the catchment area for the Vale of Leven Hospital, New Stobhill Hospital or New Victoria Hospital, you can attend your local Minor Injury Unit (MIU) to get urgent care for a minor injury.

MIUs are run by highly experienced Emergency Nurse Practitioners who will assess and either treat a minor injury or, if they find a more serious problem, arrange for you to be transferred elsewhere.

They can treat a range of injuries including sprains, burns and simple fractures.

They do not provide treatment for gynaecological or pregnancy problems, alcohol or drug issues, severe allergic reactions, chest pain, breathing problems or people who have collapsed.

The MIUs at New Stobhill Hospital and New Victoria Hospital open from 9am to 9pm every day and the Vale of Leven MIU opens from 8am to 9pm every day. Outwith these times, you should attend the nearest A&E.

Children with a minor injury under the age of one should be taken to the Royal Hospital for Sick Children, Yorkhill.

The MIU at the Vale will treat children aged one and above with minor injuries. Children aged one to five with minor injuries in Glasgow should be taken to the nearest adult A&E or Yorkhill.





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SUSPECTED STROKE OR HEART ATTACK. SERIOUS ILLNESS OR INJURY. TURN TO 999.

THE Scottish Ambulance Service and Accident and Emergency departments provide care for people with symptoms of serious illness or who have been badly injured.

When you call 999 the Scottish Ambulance Service will respond with the most appropriate help for your situation.

Of all the NHS services, 999 and A&E are services that should only be used for serious illnesses or injuries.

This means that essential treatment is given to those who need it as quickly as possible.

A&E Departments in the Greater Glasgow and Clyde region are located at Glasgow Royal Infirmary, the Western Infirmary, Southern General Hospital, the Victoria Infirmary (all Glasgow), Royal Alexandra Hospital, Paisley and Greenock's Inverclyde Royal Hospital.

A&E services for people living in the area served by the Vale of Leven hospital are provided at the Royal Alexandra Hospital in Paisley.

Children with serious illnesses and injuries who are less than one year of age should be taken to the Royal Hospital for Sick Children, Glasgow. Children from one year on should either go to your local A&E department or to the Royal Hospital for Sick Children.





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How did we do?

EVERY NHS Board in Scotland was set a range of targets to achieve in 2009/10. These targets are designed to ensure national priorities, including commitments to reduce waiting times for treatment, are met.

At the Board's Annual Review on 1st November, 170 members of the public came along to hear that NHSGGC exceeded a number of these tough national targets in drug treatment performance, waiting times, smoking cessation, infection control, alcohol brief interventions and dementia last year.

Over the next three pages we look back at 2009-2010 and report on our performance. A full set of accounts and more detailed information on how we did, including audio clips of the Annual Review, can be found on our website: www.nhsggc.org.uk



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Praise for NHS staff

By Andrew Robertson OBE, Chairman,
NHS Greater Glasgow and Clyde

I AM very pleased to record my appreciation and pride in our 44,000 strong NHS Greater Glasgow and Clyde workforce after Nicola Sturgeon, Cabinet Secretary for Health and Wellbeing, praised the Health Board for our performance across a number of crucial health priorities at our Annual Review.

At the Review, we were able to report that we had achieved our best ever waiting times performance. NHSGGC is exceeding many of our waiting times targets and, as a result, thousands of patients have benefited through earlier treatment. Continuing to meet these targets is particularly pleasing when viewed in the context that we treated some 271,000 inpatients, 403,000 new outpatients and 148,000 day cases in 2009/10.

It is very positive testament to our staff that the new ways of working and the ongoing re-design of how we deliver our services to patients in hospitals, clinics and in the



community are achieving real results. Staff should be rightly proud of their mammoth efforts.

2009/10 has seen NHSGGC reach some very significant milestones in improving the quality of care offered to our patients. The New Stobhill (pictured above) and Victoria Hospitals opened last year to great acclaim. We made significant progress in delivering a sustainable long term future for the Vale of Leven Hospital and reached a key milestone in delivering the new South Glasgow Hospitals campus when Health Secretary Nicola Sturgeon cut the first sod in March 2010.

I am also delighted that we were able to report to the Cabinet Secretary that all this and more has been achieved on budget and the Board remains on track to achieve a break-even position at the end of this financial year.

Finally, a very big thank you to all staff throughout all locations for another year of high quality service meeting the health needs of our total population.



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What the Cabinet Secretary had to say about our performance

FOLLOWING the Annual Review, the Cabinet Secretary sent the Board Chairman an Annual Review letter setting out the main points and actions arising from the day. The following summary of that letter can be read in full on our website:

www.nhsggc.org.uk

Dear Chairman,

I would like to record my thanks to everyone involved in the preparations for the Annual Review. I found it a very informative day and hope everyone who participated also found it worthwhile.

NHS Greater Glasgow & Clyde met all key waiting time and other access targets in 2009-10. I am grateful for the efforts of staff in securing these. It was encouraging to hear that NHS Greater Glasgow & Clyde is continuing to meet the 31-day and 62-day cancer targets.

The Board has struggled to maintain the 4-hour A&E waiting time standard at certain points during 2009/10. You explained that much had been undertaken to improve public knowledge about appropriate attendances and the use



of minor injuries services and NHS 24 and to enhance Medical Assessment Units within A&E Departments.

In the priority area of infection control, I commended the Board on the excellent reductions in the incidence of MRSA and MSSA [and] on the very positive rates of cleaning compliance and hand hygiene as well as the largely positive Healthcare Inspectorate Reports on Inverclyde Royal Hospital, the Southern General Hospital and Glasgow Royal Infirmary.

The Board missed its inequalities targeted health checks HEAT target in 2009/10, largely due to data and logistical issues. You explained that considerable efforts have been undertaken and significant progress has been made against the target; with 56 GP practices across five CHPs now involved.

Smoking cessation is a major public health priority and I commended the Board on the very significant progress made in delivering the HEAT target. It is clear that this strong performance has been the result of considerable local work.

I wanted to hear what the Board was doing to deliver the Healthy Weight in Children HEAT



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target. You confirmed that NHS Greater Glasgow & Clyde had put in place an innovative programme with coaches offering leisure and dietary advice together with psychological support.

The Board continues to make good progress with the Alcohol brief interventions target. You explained that considerable additional effort had been put into addressing performance in this area and that the Board is confident it can exceed the March 2011 target.

I commended the Board on its addiction services and consistently high performance against the HEAT drug treatment performance indicators; with 99% of people offered an appointment for assessment within 4 weeks and 97% being offered a treatment date within 4 weeks.

I was more concerned about progress against the breastfeeding target. You confirmed that, whilst this remains a significant challenge for the Board, considerable additional resource has been invested in this area.

I commended the Board for its excellent performance against the challenging dementia HEAT target. Indeed, the Board has recorded the best performance in Scotland and you confirmed that this was largely attributable to the significant initial efforts made to register patients in both the community and in nursing homes.

I noted that the Board has struggled to make positive headway on the prescribing of anti-depressants, missing the March 2010 HEAT target. You explained that recent progress is encouraging with all CHPs reflecting positive outcomes in relation to the target, and in raising awareness of the

Keep us in the picture

It's your NHS... and we want to make it easier for you to have your say on how local services are run and delivered.

We want people from across Greater Glasgow and Clyde – young and old, men and women, people from all ethnic groups, disabled, straight and gay people. No matter who you are, your opinion and your experience is important to us.

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benefit of reviewing prescriptions.

The Board is to be commended on the significant progress made in terms of the provision of local dentistry services. The HEAT target is for 80% of 3-5 year olds to be registered with a dentist by June 2010 with the Board achieving 96.2% by December 2009.

I was pleased to note that the Board met all three financial targets for 2009-10, alongside the 2% Efficient Government target. You assured me that there has been good progress to date on your in-year recurrent efficiency savings and that there continues to be active dialogue across the organisation to agree a challenging, recurring, longer-term savings programme.

In terms of service redesign, I noted that many accolades had been bestowed on the New Stobhill and Victoria Hospitals; not least from patients treated there. You confirmed that the Board has recently approved the Full Business Case for the new Southern General Hospital and I reiterated the Government's commitment to deliver this flagship project which is planned to be fully operational from the summer of 2015.

I would again like to thank you for a positive, productive and informative day. It is clear that progress has been made in the last year on a number of fronts and staff are to be congratulated for their efforts. However, you recognise that there is no room for complacency and that there remains much to do. The Board must maintain a clear focus on its financial position, and ensure that progress with health improvement and healthcare provision commitments is maintained. In doing so, the Board must ensure that it continues to engage effectively with staff and local communities.

NICOLA STURGEON



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We want to hear about the issues, needs and hopes of younger people and families across Greater Glasgow and Clyde. Let us now how you want to be involved and what you want from your NHS.

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PERFORMANCE AGAINST FINANCIAL TARGETS

The Scottish Government sets each NHS Board three budget limits on an annual basis. NHS Boards are expected to stay within these limits. NHS Greater Glasgow and Clyde met its three financial targets for 2009/10. The actual out-turn against these limits during 2009/10 was as follows:

* Scottish Health Department	Limit as set by SHD* £'000	Actual Outturn £'000	Variance (Over)/Under £'000
1 Revenue Resource Limit	2,100.3	2,100.2	0.1
2 Capital Resource Limit	329.0	329.0	0.0
3 Cash Requirement	2,353.0	2,352.9	0.1

Don't run out of your repeat prescription over Christmas and New Year. Order it now and pick it up in plenty of time. For winter health advice visit www.nhsinform.co.uk

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NHS Greater Glasgow and Clyde Annual Accounts for the year ended March 31, 2010

Operating Cost Statement

	2010 £'000	2009 £'000
Clinical Services Costs		
Hospital and Community	2,151,706	2,156,808
Less: Hospital and Community Income	419,914	398,178
	<u>1,731,792</u>	<u>1,758,630</u>
Family Health	572,151	553,817
Less: Family Health Income	19,158	20,924
	<u>552,993</u>	<u>532,893</u>
Total Clinical Services Costs	<u>2,284,785</u>	<u>2,291,523</u>
Administration Costs	11,545	12,295
Less: Administration Income	158	205
	<u>11,387</u>	<u>12,090</u>
Other Non Clinical Services	50,414	47,241
Less: Other Operating Income	57,093	56,740
	<u>-6,679</u>	<u>-9,499</u>
Net Operating Costs	<u>2,289,493</u>	<u>2,294,114</u>

SUMMARY OF REVENUE RESOURCE OUTTURN

	2010 £'000	2009 £'000
Net Operating Costs (per above)	2,289,493	2,294,114
Less: Capital Grants to Other Bodies	(1,798)	(3,972)
Less: Profit/(Loss) on disposal of fixed assets	(702)	(1,803)
Less: Annually Managed Expenditure (Write Downs)	(3,100)	(93,901)
Less: FHS Non Discretionary Allocation	(152,890)	(146,721)
Less: Expenditure on PFI Projects on Balance Sheet	(30,852)	0
Net Resource Outturn	<u>2,100,151</u>	<u>2,047,717</u>
Revenue Resource Limit	<u>2,100,273</u>	<u>2,046,661</u>
Saving/(excess) against Revenue Resource Limit	<u>122</u>	<u>(1,056)</u>



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Balance Sheet

	2010 £'000	2009 £'000	2010 £'000	2009 £'000
Non-current assets:				
Property, plant and equipment	1,487,780	1,358,740		
Intangible assets	1,230	768		
Financial assets:				
Available for sale financial assets	-	-		
Trade and other receivables	5,728	40,132		
Total non-current assets	<u>1,544,738</u>	<u>1,399,640</u>		
Current Assets:				
Inventories	25,334	20,244		
Financial assets:				
Trade and other receivables	69,602	89,414		
Cash and cash equivalents	992	1,121		
Available for sale financial assets	1	1		
Derivatives financial assets	-	-		
Assets classified as held for sale	-	-		
Total current assets	<u>95,929</u>	<u>110,780</u>		
Total assets	<u>1,640,667</u>	<u>1,510,420</u>		
Current liabilities				
Provisions			(27,333)	(64,546)
Financial liabilities:				
Trade and other payables			(345,448)	(359,385)
Derivatives financial liabilities			-	-
Total current liabilities			<u>(372,781)</u>	<u>(423,931)</u>
Non-current assets plus/less net current assets/liabilities			<u>1,267,886</u>	<u>1,086,489</u>
Non-current liabilities				
Provisions			(93,406)	(76,522)
Financial liabilities:				
Trade and other payables			(233,705)	(56,446)
Total non-current liabilities			<u>(327,111)</u>	<u>(132,968)</u>
Assets less liabilities			<u>940,775</u>	<u>953,521</u>
Taxpayers' Equity				
General fund			678,290	578,717
Revaluation reserve			250,925	363,086
Donated asset reserve			11,448	11,689
Other reserves			-	-
Government grant reserve			112	29
Total taxpayers' equity			<u>940,775</u>	<u>953,521</u>

Health News concept and production: NHSGGC Communications Directorate. Editors: Ally McLaws, director of communications and Sandra Bustillo, associate director of communications.

Health News is published four times a year. It is inserted in The Herald and the Evening Times newspapers and also distributed throughout hospitals and health centres. It is also available to read online or in audio format for the visually impaired at www.nhsggc.org.uk



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