

**GREATER GLASGOW ACUTE HOSPITAL
SERVICES STRATEGY**

SOUTH GLASGOW MONITORING GROUP

2006-07

ANNUAL REPORT

INTRODUCTION

In August 2002, after extensive consultation had been carried out with the public and staff by the Greater Glasgow NHS Board, the Minister for Health and Community Care approved the Board's Acute Services Strategy. The Strategy outlined a modernisation plan for Glasgow's hospitals.

Subsequently, on 12 September 2002, the Minister's decision to approve the Strategy was endorsed by the Scottish Parliament. The motion agreed to by the Parliament resolved:

“That the Parliament welcomes the proposed £700 million investment in the modernisation of Glasgow's hospitals; accepts that the status quo is not an option and that improvements and modernisation must be progressed as soon as possible in order to enhance the quality of care; recognises that this is a long-term plan which must be flexible enough to take account of changing service demands and developing medical practice; supports an on-going monitoring and review process that includes external independent audit by Audit Scotland on an annual basis; endorses a commitment to keep named services at Stobhill and Victoria over the next five years and to have this locally monitored; gives high priority to the acceleration of ambulatory care and diagnostics developments in consultation with local communities; recognises the particular concern over the number of accident and emergency departments and supports a review of this in two years' time that involves staff, patient and community groups, Glasgow Health Council and the Scottish Royal Colleges, and welcomes current developments in the Scottish Ambulance Service which will include the near doubling of paramedics in Glasgow by 2005 and one paramedic in the crew of each front-line ambulance”.

The Minister, in the debate, gave an assurance to Parliament that named services will not be moved in the next 5 years from Stobhill General Hospital or the Victoria Infirmary, other than for clinical safety reasons.

To give effect to the decision to have locally monitored the commitment to keep named services at Stobhill General Hospital and the Victoria Infirmary, the then Deputy Minister for Health and Community Care established the South Glasgow Monitoring Group and the North Glasgow Monitoring Group.

MEMBERSHIP

The then Deputy Minister for Health and Community Care appointed an independent Chairman, Mr Peter Mullen, and decided that membership of the Group should comprise of local constituency and list MSPs, professional and NHS staff representatives and Local Health Council and community representatives. The membership of the Group during 2006/07 is detailed in Appendix I.

REMIT

The remit of the Monitoring Group is:

- To monitor that named services (General Medicine, Coronary Care, Intensive Therapy, General Surgery, Orthopaedics, A & E, High Dependency, Medicine for the Elderly [Assessment] and Diagnostic Support Services) are being sustained, through direct evidence brought by the Group and prepared by the Secretariat and to participate in discussion about proposed changes to named services provision if this was required for reasons of clinical evidence.
- To report annually on the Group's monitoring role.
- To raise with the NHS any concerns arising from regular monitoring by the Group, that the continuation of named services is threatened.
- To create an opportunity for stakeholder involvement in service design and other key implementation aspects of the Acute Services Plan.

SECRETARIAT/EXPENDITURE

The secretariat supporting the Monitoring Group is supplied by NHS Greater Glasgow and Clyde and costs are met by NHS Greater Glasgow and Clyde.

REPORTING ARRANGEMENTS

The Minutes of 2006/07 meetings of the Monitoring Group were forwarded to the Minister for Health and Community Care. The Minutes were posted on the NHS Greater Glasgow and Clyde website and were distributed to Community Councils, libraries and were available on request to any member of the public.

The Monitoring Group has no relationship or accountability to the NHS Board.

ACTIVITY DURING 2006 - 07

The South Greater Glasgow Acute Services Monitoring Group met on 4 occasions during 2006-07.

This annual report provides a summary of the main issues discussed at these 4 meetings and the decisions made by the Monitoring Group. The meetings were held on:

9th June 2006
8th September 2006
8th December 2006
9th March 2007 (Joint Meeting with North Monitoring Group)

THE NEW VICTORIA HOSPITAL

The Monitoring Group received regular updates on the progress relating to the procurement process, planning and design of the new Victoria Hospital. Mr Robert Calderwood, Chief Operating Officer, Acute Services Division provided these reports at the meetings of the South Monitoring Group whilst Ms Helen Byrne, Director of Acute Services Strategy, Implementation and Policy, addressed the joint meeting of the North and South Monitoring Groups on the implementation of the Acute Strategy.

Mr Calderwood advised members at the meeting on 9th June 2006 that the enabling works were due to be completed by the end of that month and that the Planning Application was being considered by the Planning Committee in late June or early July. The value for money and affordability had been confirmed and the Final Business Case was being submitted to the Scottish Executive Health Department.

Mr Bingham, Chairman of the Medical Staff Association, stated that he and his colleagues had now signed off their plans and designs for their clinical areas in the new hospital and now looked forward to moving there in 2009.

Some members continued to intimate concern at the reduction in elderly rehabilitation beds and therefore the subsequent reduction in care for elderly and vulnerable people in the community, which had been part of the arrangement for a subsequent increase in the number of overnight beds at the new hospital. While acknowledging the concern, Mr Calderwood advised the arrangement had been agreed with clinicians and the delayed discharge targets had been met.

At the Monitoring Group meeting held on 8th September 2006 Mr Calderwood advised that the contract had been signed with the Consortium and the Contractor would be on site from late October 2006. He explained the change control process. The building design allowed for expansion and if new beds were required then it was possible to commission an extension to the current building design. Canmore were the lead company in the Consortium and they would sub-contract the various elements of specialist work as necessary.

The fact that the Minister for Health and Community Care cut the first sod on 13th November 2006 and the construction work is due to be completed by 31st March 2009 was reported to the Monitoring Group at their meeting on 8th December 2006. Members were also advised that the Final Business Case (except the information deemed commercially sensitive) was now available on the NHS Board's website – www.nhsggc.org.uk - via “ Major New Improvements” and then “Documents, Reports and Publications”, and that a hard copy of the document was available from John Hamilton, Head of Board Administration.

Mrs Hinds and Mrs Penny asked about the possibility of the overnight beds rising above the current prediction of 12 beds and if this happened would this be a new service development or a re-distribution of beds from the rehabilitation beds? Mr Calderwood confirmed that if the rise occurred it would be a re-distribution of the rehabilitation beds.

At the joint meeting of the Monitoring Groups Mrs. Byrne answered a wide range of questions including the information provided below.

The premise, which underpins all the Board's planning, is the need to work to ensure that there is a model of care in place where people who need beds are in beds and appropriate services are available in the community. On the availability of beds, planning was on the basis of an 82% bed occupancy rate which gives a statistically high confidence level.

Bed blocking was monitored, as is the work of the Scottish Ambulance Service, and clinicians and others are involved in monitoring this.

That 85% of current activity at Stobhill and the Victoria would continue to be provided at the new hospitals.

A study of the work of Minor Injury Units suggested that a higher percentage of Accident and Emergency attendees could be appropriately seen within Minor Injuries Units with the figure being anywhere between 40% and 65%. Further work in this area would be undertaken by the NHS Board in 2007/08.

MONITORING TEMPLATE

Mr Sandeman reported, to the June 2006 meeting of the South Glasgow Monitoring Group, on his interpretation of activity figures made available to him by NHS management and he indicated his concern at the reduction in orthopaedic beds at the Victoria Infirmary and the rise in activity at the Southern General, which could suggest a migration of services from the Victoria to the Southern General.

Mr Calderwood agreed to provide the completed annual figures and stated that since the base year (2002/03) there were now more doctors and services at the Victoria and the national patient guarantees were being exceeded. Mr Bingham advised that the medical staff do not have any concerns about any run-down of services at the Victoria Infirmary and believed the new hospital will also offer an even better service to patients.

At the meeting held on 8th September 2006 Mr Sandeman presented the latest set of activity figures and intimated that he was asking the Monitoring Group to send the Monitoring Report to the Minister of Health and Community Care in order to fulfil the Group's remit. The issue of an absence of data to monitor Diagnostic and Support Services was a concern and meant that no evidence-based monitoring could take place. Mr Calderwood advised that while he agreed with the figures in the Monitoring Report (his staff had provided them), he did not agree with the interpretation contained within Mr Sandeman's report. Mr Calderwood took each speciality: General Medicine; Surgery and Orthopaedics in turn and explained the figures and activity levels.

Mrs Hinds commented that she found Mr Sandeman's document most informative and it was a shame to lose the services from that location. She acknowledged a number of improvements in the services to patients. Mr Calderwood reminded members that the Victoria Infirmary was being replaced and the clinical activity was to be provided from new and modern facilities in the future. 85% of current attendances to the Victoria Infirmary would continue at the new Victoria with emergency care being transferred to the Royal Infirmary and Southern General.

The Chairman, Mr Mullen stated that it was clear to him that there was no strong support for Mr Sandeman's request that the Monitoring Group endorse his report and submit it to the Minister. He advised Mr Sandeman that if he wished to submit his report to the Minister, he could do so as an individual or from any Community Councils who may support the report's conclusions.

Mr Macintosh intimated that the Minister would welcome relevant comments from any groups/bodies but the South Monitoring Group did not support the interpretations in the report.

ROLE OF AUDIT SCOTLAND

The Monitoring Group at its meeting on 9th June 2006 received a paper setting out the role undertaken by Audit Scotland to support the ongoing monitoring review process on an annual basis in connection with the implementation of the approved Acute Services Strategy. PricewaterhouseCoopers (PwC), the NHS Board's then external auditors, had been engaged to carry out this review. PwC's reports were submitted to Audit Scotland who, in turn, could submit reports to Parliament if necessary. The Auditor General reported direct to the Audit Committee of the Scottish Parliament.

BED MODEL

At the Monitoring Group meetings held in September and December 2006 the progress being made in finalising the bed model was discussed. At the December meeting Mr Calderwood advised that the draft bed model had, earlier that week, been presented to NHS Board Members at a seminar. He said that the bed model would continue to be developed as a result of discussions with clinicians and thereafter finalised in order to underpin the Outline Business Case for the new Southside Hospital.

Mrs. Hinds expressed her disappointment at the length of time it was taking for the Bed Model to be completed and shared with the Group. Mr Calderwood stated that the Bed Model was still being developed and that by using an average of 82% for acute medical admissions facilities, this would give a 99.5% probability of a bed being available. If demand were significantly greater, i.e. during a flu pandemic, then additional facilities would be made available by re-directing or postponing in-patient elective care.

TROLLEY WAITS

The South Monitoring Group at its meeting held on 9th June 2006 received a letter from Mr D A W Ritchie, Consultant in A&E, Victoria Infirmary highlighting concerns related to patients lacking privacy and dignity by having to wait prolonged periods in A&E on trolleys. Mr Ritchie was invited to address the September Monitoring meeting where he reported that there had been a reduction recently in the number of trolley waits, with none reported for several months. However he was concerned that the impact of winter pressures was likely to lead to an increase in trolley waits.

The performance at the Victoria in terms of waiting times for Accident and Emergency was good compared to the national performance. Mr Calderwood acknowledged that trolley waits had been a long running problem for the A&E Department at the Victoria Infirmary. He indicated that all steps were being taken to try and eliminate excessive trolley waits in hospitals. The A&E Department was an old-fashioned design: to ease congestion a medical admissions unit had been established originally with 10 beds then, after a short period of time, 18 beds. Discharge Lounges were also used.

NHS GREATER GLASGOW AND CLYDE – COMMUNICATIONS

At the June meeting of the South Monitoring Group Niall McGrogan, the NHS Board's Head of Community Engagement, submitted a paper setting out an analysis of external communications in relation to the new Victoria Hospital, highlighting some of the difficulties encountered in relation to communications. He followed that up with a presentation at the Group at the September meeting when he briefed members on the Community Engagement efforts made by the Community Engagement Team over the preceding 12 to 18 months.

Mr Macintosh praised the role of the Community Engagement Team for the efforts they had made to communicate with various different parts of the community. This, he said, had been exceptionally helpful and the information provided had been clear, easy to access and of benefit to individuals.

Monitoring Group Members raised a number of points as a result of Mr McGrogan's presentation. There was concern expressed at the term "Minor Injuries Unit" and the need to educate the population on when to access the various services i.e. A&E/Trauma, Minor Injury, NHS 24 or GP services. Mr McGrogan indicated that work is taking place looking at the term Minor Injuries Unit as well as the production of clear information to the public on when to access this service.

The Chairman, Mr Mullen thanked Mr McGrogan for his informative presentation and was pleased that the evidence suggested the population was much more informed about the Acute Services plans and overwhelmingly in favour of the developments about to take place.

Ally McLaws, Director of Corporate Communications, NHS Greater Glasgow and Clyde gave a presentation to the Monitoring Group at the December meeting on the NHS Board's Communication Strategy. The presentation covered both internal and external communications. He felt that the new centralised Communications Department had reduced costs and led to a significant improvement in the NHS Board's communications with the public, media and its staff.

The Chairman, when thanking Mr McLaws for his helpful and informative presentation and responses to questions, recalled expressing his serious concerns to the Minister and the Chair of the NHS Board three years previously about the inability of the Board to get its message across. He now believed that communications were now at the heart of the NHS Board. It was structured and diverse and the public and the staff were now much more informed.

NHS 24

Ms Janice Houston, Associate Director of Nursing, NHS 24 gave a presentation, to the December 2006 meeting of the Monitoring Group, on the role and services of NHS 24. In her response to questions Ms Houston advised that qualified nurses have a 7-week induction programme to complete when joining NHS 24 and that the organisation had the same levels of staff turnover as other parts of the NHS. She stated that attendances at A&E Departments had not changed since the introduction of NHS 24. She also informed Members that NHS 24 would remain in the Golden Jubilee Hospital but due to pressure for additional clinical space at the hospital, the local centre for NHS Greater Glasgow would be relocating within the NHS Board's area.

The Chairman, Mr Mullen thanked Ms Houston for an interesting and insightful presentation. He said that he was pleased to note the improvements, which had been achieved by NHS 24 and also the wide range of services available, including the out-of- hours service and link to the NHS Board-run service and the Health Information and Advice Service.

NATIONAL TRANSPORT STRATEGY

The South Monitoring Group received, for consideration at its meeting on 9th June 2006, the draft National Transport Strategy, which set out for consultation key questions about Scotland's transport future. Niall McGrogan, the Board's Head of Community Engagement, spoke to the consultation paper and urged each Group member and their parent body to reply to the consultation. He stated that the proposals, as presented, did not meet the needs of communities and no mention was made of patient transport and access to health facilities. The Chairman indicated that he would liaise with Mr McGrogan over the Group's response to the consultation paper on the draft National Transport Strategy.

Mr Bingham raised his concerns about the NHS Board's Car Parking Policy and the introduction of charges and the impact that levels have on the quality of patient care. Mr Calderwood explained the details of the Car Parking Policy and the criteria set out for NHS staff moving between different sites. Mr Macintosh advised that the Health Committee of the Scottish Parliament was currently discussing charges for parking on NHS sites and any evidence should be submitted as soon as possible.

At the joint meeting of Monitoring Groups Mr McGrogan advised members that the NHS Board would be reviewing some parts of the Car Parking Policy with the intention of implementing the reviewed policy from a later date.

STEPS TAKEN TO ADDRESS THE TRANSPORT ISSUES

At the Joint Meeting of the Greater Glasgow and Clyde North and South Acute Services Monitoring Groups held on 9th March 2007, Niall McGrogan provided detailed presentations on the steps taken to address the transport issues and on the Glasgow Hospitals Free Evening Visitor Service which he reported was working well.

June 2007

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2006-07 MEMBERSHIP

Mr Peter Mullen (Chairman)

Dr. Donald Blackwood, Area Medical Committee Representative

Mr Brian Bingham, Chair of Victoria Infirmary Medical Staff Association

Mrs Pat Bryson, Public Involvement Committee Representative

Sandra Davidson, Staff Side Local Partnership Forum

Mrs Catherine Fleming, Representative of Community Council

Mrs Margaret Hinds, Health Service Forum South-East

Ms Janis Hughes MSP

Mr Ken Macintosh MSP

Mr Stewart Maxwell MSP

Dr Ken O'Neill, Community Health and Care Partnership

Mrs Enid Penny, Friends of the Victoria Infirmary

Mr James Sandeman, Representative of Community Council

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