

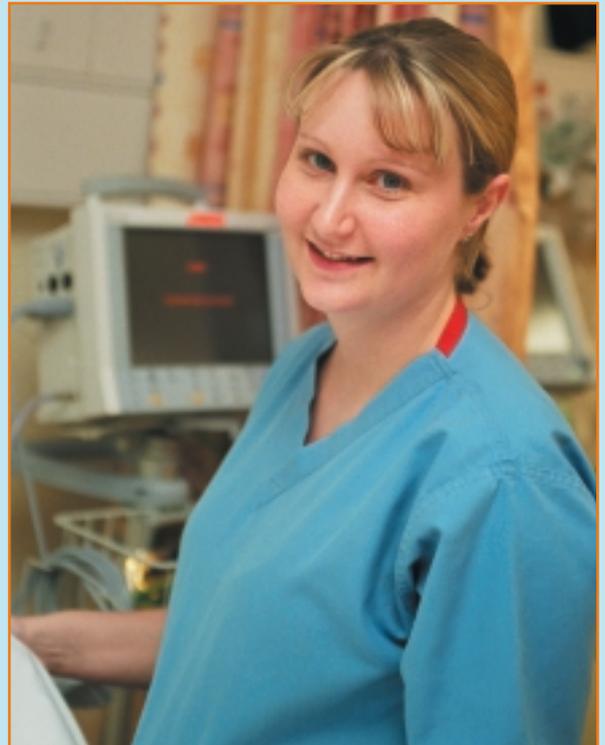
## IT'S OUR NEWSPAPER!

**Welcome to the first ever  
newspaper for the 33,000  
NHS staff working in the  
Greater Glasgow area.**

This first edition has been inspired and written by staff for staff and has the full support of the Partnership Forum.

We want this newsletter to be a forum for discussion on issues which you feel are important. So, if you want to know more about what's happening with the Acute Services Review; if you have views about your pay and conditions; or you just have something to say about your workplace, we want to hear from you.

This newsletter is not about management speak; it's not a tool for the high heid yins to trumpet the latest new developments. This is your newsletter, so get involved. What we want is serious (and not so serious) discussion about what it's like to be a member of the Health Service staff in Greater Glasgow. You can write about anything you like - within reason - and submit it to the editorial team for consideration for publishing.



Please: no stories about births, deaths, retirels or marriages! Most of you have got your own local in-house newsletters for that.

The editorial team consists of members of the Area Partnership Forum and we're keen to hear from you. If you've got an article to submit, send it to: Olivia Cornacchia, Co-ordinator, Greater Glasgow Area Partnership Forum, NHS Greater Glasgow, Dalian House, 350 St Vincent Street, Glasgow or email her on: [olivia.cornacchia@gghb.scot.nhs.uk](mailto:olivia.cornacchia@gghb.scot.nhs.uk)

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# The White Paper - WHAT IS IT AND DOES IT AFFECT

By now, the majority of us should have had a briefing on the White Paper 'Partnership for Care' which sets out, how as a Health Service, we can improve and develop the way we deliver services.

But exactly what does the White Paper mean for us? Will it mean job losses? Or will it bring new opportunities? We asked Alan Boyter, Director of Human Resources at North Glasgow Trust to take us through it.

He writes: "At the core of this programme is a need to redesign and plan NHS services around patients' needs. There is a new emphasis on integration of primary and secondary services to look at the whole picture of care from the patient's view.

And there is a plan to develop more robust national standard setting and monitoring processes to give the public confidence that health services are as safe and effective as possible.

The key leaders in this programme of reform are seen as frontline staff. The Scottish Executive proposes that decision-making be devolved and that staff be given the tools and freedom to redesign services and lead change in partnership with patients.

The White Paper also proposes to remove unnecessary organisational barriers to support the development of integrated, decentralised healthcare services that meet the needs of patients. They propose that Trusts be dissolved and that staff be transferred into the employment of the local NHS Board.

Understandably, staff have been asking how the changes proposed in the White Paper will personally affect them. No member of staff will lose their job and nobody will suffer detriment as a result of the White Paper. If you currently work within one of the four Greater Glasgow



Alan Boyter, Director of Human Resources at North Glasgow Trust

Trusts, you will transfer to the employ of the NHS Board on your existing terms and conditions and your service will be counted as continuous.

The Trusts are to be replaced by Operating Divisions. NHS Boards are to draw up practical proposals to enable Trusts to be dissolved and for their functions, staff and assets to transfer intact to new Operating Divisions of the NHS Board. The Scottish Executive expect that, in the majority of Board areas, these proposals will cause minimal disruption and the existing organisational arrangements will roll over into the new structures. More radical proposals to change organisational arrangements will need to demonstrate that the gains to be made will outweigh the 'pain' of the upheaval. Boards have been asked to consult on their proposals for the new arrangements as soon as possible, and certainly by no later than April 2004.

Many frontline staff are, however, likely to experience change in terms of the new ways of working being proposed in the White Paper. The redesign of healthcare to meet the needs of patients requires a number of new skills and behaviours among staff. The White Paper recognises the cultural change that this will bring and a number of NHS bodies are charged with supporting staff in achieving this new culture of patient focus.

# HOW YOU?

There is to be a new national body, NHS Education for Scotland, who will support us to achieve the principles of a patient-focused approach through a variety of training and development opportunities. A newly created Centre for Change and Innovation (CCI) will also provide practical support and expertise to help improve the way care is provided. And NHS Boards are expected to co-ordinate redesign activity by putting in place service redesign programmes which ensure that sufficient staff time is freed up to enhance knowledge, skills and ability to lead service change.

As part of this redesign of health services, staff will also be expected to work as part of flexible teams providing services that patients need, irrespective of organisational boundaries. NHS Boards will be developing plans for staff flexibility and the development of new healthcare roles that respond to patients' needs.

Frontline staff will also be increasingly involved in decision-making - a right that will bring with it its own responsibilities. NHS Boards are to implement decentralised approaches to local decision-making that will give real influence to frontline staff within a framework of clear strategic direction and rigorous performance management.

And all of these changes will be delivered in partnership with staff. This partnership commitment is to be driven forward at national level with Staff Partnership Organisations through the Scottish Partnership Forum and, in Greater Glasgow, through both the Area and Local Partnership Forums.

This is a significant programme for all of us working in NHS Greater Glasgow. The detailed plans for Greater Glasgow will now be developed in partnership with staff via the Partnership Forums and the NHS Boards and the Trusts will communicate these plans as soon as they are known."



Yorkhill's Prescribing Nurses (left to right): Maureen Lilley, Ethel McNeill, Elizabeth Morton, Nan McIntosh, Joan Marshall, Ann Speirs and Karen Bissland. Not pictured is Susan McCartney.

## NURSE PRESCRIBING PIONEERS AT YORKHILL

The role of nursing staff has grown tremendously over the last decade with more and more training and development opportunities opening up all over the country.

Within Glasgow, many nurses are pioneering the way forward for their professions by committing themselves to further education, practical studies and much more - all at the same time as coping with their normal workload!

Nine nurse specialists at Yorkhill NHS Trust are just such a group of professionals and are amongst the first nurses in Scotland to pass the Extended Independent Nurse Prescribers Course.

The course, which lasts approximately five months, enables the nurses to prescribe a limited number of drugs to their own group of patients during clinics and elsewhere in the hospital, saving time not only for medical staff and patients, but reducing delays as well.

"There is no doubt that the course was very demanding, and all nine nurses are very proud of their achievement," said Ann Speirs, Dermatology Sister. "It was certainly a tough course, especially when we had exams and other assessments to deal with as well as our own workload.

"Throughout the course we were supervised and supported by a designated member of the medical staff within Yorkhill - this was invaluable in coping with the workload."

The nurse specialists attended Paisley University and Glasgow Caledonian University for one week each month to complete their course, which was a mix of the theory behind prescribing, the specific drugs involved, as well as the practicalities involved. At the end of the course, the new nurse prescribing service was launched at Yorkhill on April 1, 2003, with all nine now able to prescribe within their own specialties after receiving their registrations from the Nursing and Midwifery Council.

Dermatologist, Dr Mary Mealya feels this is an excellent development, she said: "From a medical point of view, the nurses with these new qualifications will be tremendous assets, saving time not only for themselves and patients, but for doctors on a routine basis.

"These nurse specialists are already very experienced in their jobs and this course is giving them a lot more independence. It's very fulfilling for the nurses involved, as well as the medical staff, as they take on a greater role in caring for their patients."

# Joint Future - what is it?

by Olivia Cornacchia, Area Partnership Forum

Joint Future. What is it? How do I fit in? What does it mean to me? Those are just some of the questions posed by staff working with other agencies under the Joint Future banner.

So what is Joint Future? Set up in 2000 by the then Minister for Health & Community Care, Susan Deacon MSP, the Joint Future Group was tasked with finding "ways to improve joint working and rebalance services for older people".

They recommended:

- Quicker and simpler access to services for older people;
- Better outcomes for people who use services, and their carers;
- Better use of resources, with decisions about their use

- which are transparent and in line with shared priorities;
- Better management of services under single managers;
- Better systems, with less bureaucracy and duplication and clearer responsibilities.

As part of the process, the Joint Future Group identified the need to improve assessment systems and results between Social Work, Health and Housing.

Although the recommendations of "A Joint Future" were initially for older people, the partnership working ethos has already been successfully introduced to other community services and will continue to be further developed.

For more information on the Joint Future agenda: [www.show.scot.nhs.uk/isd/joint\\_futures](http://www.show.scot.nhs.uk/isd/joint_futures)

## What does the Joint Future initiative mean for staff?

By Rona Agnew, Royal College of Nursing Representative on the Partnership Forum

Many of you will be saying that Joint Future already happens, and you're right. It does, and has for a long time.

However, the aim is to improve on and develop the process.

Although the premise has been around for some time, staff are now dealing with the practical issues of a new way of working and, inevitably, questions are beginning to arise.

As a staff-side representative I have been approached on several occasions by people concerned by what this might mean for them in a professional sense.

I asked Catriona Renfrew, Director of Planning & Community Care at Greater Glasgow NHS Board and Bill Goudie, Employee Director, to answer some of the most frequently asked questions:

**Q: How is my professional development going to be affected? Will I be able to continue to upgrade my skills?**

A: The intention of Joint Future is for different professionals to work together to improve services for patients. Your professional development will not be affected and changes will not be made without your involvement.

**Q: How does this work? Who's running things? Am I still employed by the NHS? Who do I report to?**

A: Services will still be provided by NHS Greater Glasgow, the local authorities and the voluntary sector. There are no plans to transfer staff between partners. Any changes to line management will be made in full consultation with staff, but staff are still employed by NHS Greater Glasgow.

**Q: Am I going to have any say in what I do or will I be used to fill gaps in areas where we're short of people?**

A: Staff will be expected to continue working in partnership and will be fully involved in any decision making over use of resources. Your agreement about your input into single shared assessment will ensure you are not used to fill gaps elsewhere.

**Q: We've been working with other organisations for years. Is this going to affect the relationships we've already built up?**

A: Our aim and commitment is to strengthen existing joint working and reduce the organisational barriers which can make that difficult. Our existing relationships should improve as the service develops and organisations should begin to work better together.

**Q: Are the difficulties in developing a single shared assessment form recognised?**

A: Yes, particularly issues over IT, it is recognised we need to make to progress in this area.

**Q: The people feeling most impact from this change seem to be staff in the community - nurses and AHPs from Primary Care. Will the Acute Trusts be affected by Joint Future?**

A: Yes, we want to start getting the Acute Trusts involved, particularly for Older Peoples Services.

Rona adds: "The general principle of Joint Future has been widely welcomed, but it raises a lot of issues and there is a need to keep lines of communication open so that people are informed and clear about the many changes which will take place as the process progresses."

# The Endoscope



Tim Davison  
(far right)  
and Andy  
McCulloch  
(left)



## In the Dark - Separated at Birth?

Upset by suggestions that he bears an uncanny, nay positively spooky, resemblance to early 80's electro-pop funmeisters Orchestral Manoeuvres in the Dark's frontman Andy McCulloch, North Glasgow Trust CEO Tim Davison said, "You should have stayed at home yesterday, oho it can't describe the feeling and the way you lied, these games you play, they're gonna end it all in tears someday."

In a fit of obvious pique, he added, "Well, you'd better be careful with the things that you say, your mouth will get you in trouble one of these days." A unique approach to negotiations with the unions perhaps, but a refreshing change you have to admit.

## Silence of the bams

Courtesy of our friends at the Herald Diary, we learn of the incident at the Victoria infirmary where a young chap from Castlemilk was being treated after a street altercation that left him with bruised vocal cords. As he was unable to speak, the nursing staff gave him a writing pad to communicate with. One nurse, happy at her work (yes, there are some), humming away to herself, notices the lad scribbling on his pad, so she goes over and picks up the note, which reads, "Your singing's crap, by the way."

## Wannabe a surgeon, nurse?

Overheard in a ward after Princess Anne opened the Princess Royal Maternity:

One nurse coming on late shift asks a colleague: "What was she wearing?"

Colleague replies: "Really nice blue shoes with a small heel, a fabulous royal blue skirt suit with gold buttons, blue gloves and a scalped neck top under a neck scarf." Perhaps the neck scarf was serving a double purpose!

## Who let the dogs out?

Recent, distressing stories of attacks on NHS staff by patients reminded some of the older hands of how things were much better in the good old days.

A certain senior officer, who gave up real work to join Public Health, recalls as a Junior Doctor in the Western Infirmary seeing the terrifying sight of the night superintendent. Described as being somewhat 'sinister', the chiefly remembered feature of this lady was the 16 stone cross-bred (with a wolverine) Alsatian attached to her at the other end of a lead. Patients and staff alike scattered in panic as the dark corridors filled with the sound of the superintendent's sensible shoes clomping around accompanied by her red-eyed hound's hungry panting and wheezing. Drunks carted into the A & E knew better than to cause trouble since the day a couple of the Partick Tavern's more bolshie regulars had disappeared mysteriously. Despite her fearsome reputation no-one can remember the superintendent's name (is there anyone out there as old as our informant who can?) but, strangely, everyone can remember that the cur had two names - officially it was 'Rufus' but usually patients knew it as "Keep that dug aff ma neck".

*If you've got a funny story for the Endoscope, email for the attention of The Endoscope to:  
olivia.cornacchia@gghb.scot.nhs.uk*

## Pride of Glasgow Awards

The Adolescent Self-harm Service was awarded first prize in the Pride of Glasgow Health awards, which took place at the City Chambers in March. The service provides intensive support to young people who have had an episode of self-harm. It is providing a 365 days a year, 24 hour service with the young people being provided with a mobile number to contact team members outwith normal office hours. The service has assisted young people and their families to identify appropriate programmes of treatment and support and has helped clients through these. The team came first in the Young People category, and were presented with a trophy and a cheque for £250. The team included: Margo Fyfe, Chris Cameron, Annemarie Friend, Carolyn Denham, Gary Bodie and Eileen McCafferty. The Sandyford Initiative were also commended at the awards, as were Drumchapel Community Health Action Team.

# What is a Partnership Forum?

by **Olivia Cornacchia, Area Partnership Forum**

Hands up how many of you know about your local Partnership Forum? A show of hands again if you know what it does? Any ideas? No?

Well it's a problem faced by many of us. The Partnership Fora - there's more than one - work very hard for us, but unfortunately, going by the staff surveys, not an awful lot of us know about them or know what they do.

So what are they? A Partnership Forum is a group of managers, trade unions, professional organisations and other staff representatives tasked with working together to develop new policies, training and development opportunities, and new initiatives for staff.

There are three different types:

- Local - the Board and each Trust has its own Partnership Forum which undertake an annual survey of staff, the results of which help to form the basis of a Trust Action Plan, which is agreed in partnership;
- Greater Glasgow Area - Trust Action Plans are discussed by the Area Forum, together with wider issues across the Health System. Reports from the Area Partnership Forum are submitted to the national body, the Scottish Partnership Forum;
- Scottish - Strong links have been forged between the Scottish and Area Partnership Fora. This provides the Scottish Partnership Forum with much of the information they need to formulate policy and strategic direction for the NHS in Scotland.

Another major area influenced by the Local Partnership Fora is the Staff Survey. You may remember this from last year: the Staff Survey asks a number of questions about what we, as staff members, think of NHSGG as an employer. The responses are collated and help form policies and initiatives.

The next questionnaire is due to be circulated in October 2003. The survey is completely anonymous and gives us the opportunity to make our views known. It's a real



Olivia Cornacchia (right) chats to Partnership Forum rep Linda Murray.

opportunity to influence things at Trust and Board level, so keep an eye out for it.

So, we've got a rough idea as to what a Partnership Forum is, how, then, do we raise issues for the Forum to discuss? It's easy. Each Forum has trade union, professional organisation or staff representatives who can be either be approached directly by any member of staff with an issue they want raised for discussion or via our line managers.

*If you'd like more information about Partnership Fora, contact: Olivia Cornacchia, Co-ordinator, Greater Glasgow Area Partnership Forum on: 0141 201 4458 or email: [olivia.cornacchia@gghb.scot.nhs.uk](mailto:olivia.cornacchia@gghb.scot.nhs.uk)*

## Health Council Awards

Two treatment room nurses, a GP, a dentist and a consultant psychiatrist have been honoured by Greater Glasgow Health Council's 2003 Award Scheme. Greater Glasgow Health Council awards give patients and the public a chance to acknowledge and publicly thank skilled and dedicated NHS staff for outstanding treatment and care. Catherine Ferguson and Moira Laing, who are both nurses at Rutherglen Primary Care Centre were presented with a Merit Award, which recognises outstanding service within the NHS to the people of Greater Glasgow. The presentation ceremony took place at Glasgow City Chambers in February. Consultant psychiatrist at Parkhead Hospital, Dr Prem Misra scooped a Merit Award for his exceptional contribution to NHS services in Glasgow. Dr Richard Afuakwah, of Mill Street Practice in Rutherglen and Mr Stewart Paul, whose dental practice is at Govan Road, also were among the list of winners.

# NHS Scotland -

## The Development of Partnership Working

by Mike Fuller AMICUS-MSF Scottish NHS Officer



It started with Gerry Marr, then Chief Executive of Yorkhill. It gathered pace with the election of a Labour Government in early 1997. And it reached fruition when the Minister of Health, Sam Galbraith opened up discussions with the trade unions and professional organisations on a new way of working.

The proposition was that management, staff and the Health Department should commit to developing the NHS in co-operation. The beauty of partnership in the public sector was that everybody subscribed to the end product - a better quality service for the patient. Against that backdrop, we sought to change the culture of NHS Scotland.

First came the structures. The establishment of a tripartite Scottish Partnership Forum (SPF) in October 1998 and then replicating that process at Health Board and Trust level. Next came the policies.

Priority number one was to deliver an Organisational Change Policy - produced in January 1999, the policy emphasised the end of compulsory redundancies in the Scottish NHS and confirmed lifelong protection for those whose earnings were affected by organisational, managerial or structural change. That was the first of many attempts by the Scottish Partnership Forum to say that staff would be reasonable in responding to change and in maintaining an effective and efficient service only if there was an absolute guarantee that there would be no victims.

After that, the flood of glossy documents increased with a new HR strategy, a strategy for Occupational Health and Safety Services and another for Education, Training and Lifelong Learning.

Across the service, partnership was given a major boost in 1999 with the production of the partnership model and the outline of practices and behaviours necessary if partnership were to succeed at every level. It was not clear if this was a deliberate change in policy by the Scottish Executive as a means of improving services and improving staff. The two went hand-in-hand.

For 135,000 staff, Partnership opened doors and offered opportunities for greater involvement not just around terms and conditions but also in local and strategic decision making processes. Partnership Forums were set up at Board and Directorate and Departmental level -

wherever it was necessary to get management and staff together to achieve consensus on service delivery. It was by no means easy.

The pace of change increased. The Scottish Partnership Forum toured every Health Board and Trust in Scotland. A Partnership Conference commenced in January of each year. PIN Guidelines grew as a new way of working together on Scottish issues. Partnership representatives attracted staff who found it easier to work with conviction in an environment of co-operation rather than conflict.

But the scale of change varied enormously and that led to stage 2 - the conversion of partnership into Staff Governance.

Under the leadership of the new Yorkhill Chief Executive, Jonathan Best, the Staff Governance Standard and, later, the Self Assessment Audit Tool were developed.

By these means, the Scottish Partnership Forum sought to codify the changes required, to set the standards of evidence, and to tie the delivery to a benchmarking process set by the staff themselves in an annual survey.

Numerous action plans will now seek to deliver Staff Governance and to determine how far Partnership has progressed against the five objectives set out in the Staff Governance Standard:

- Are staff more involved in decision making?
- Are they being treated fairly?
- Are they adequately trained?
- Is their health and safety paramount?
- And are they well informed?

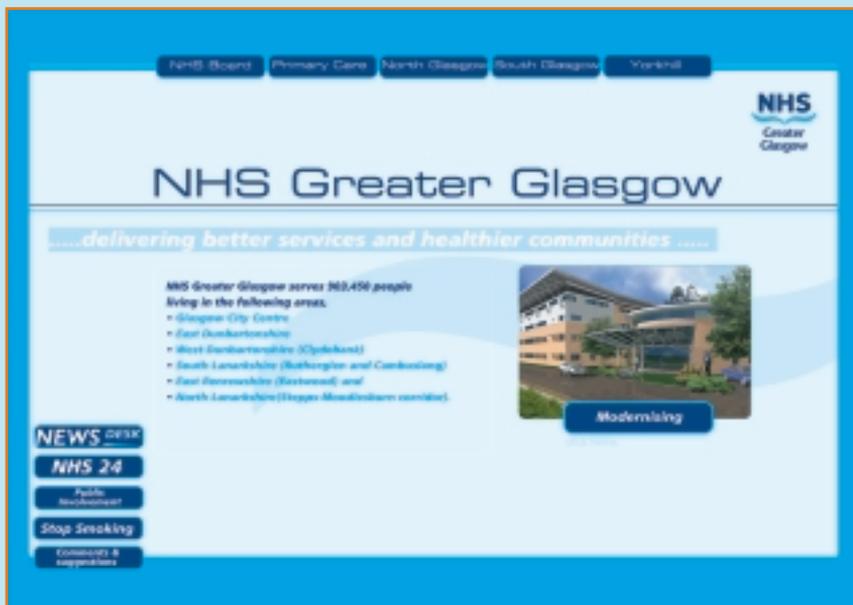
The delivery of these standards will become part of the Performance Assessment Framework and ultimately the Annual Accountability Review by which the priorities of Chief Executives and their management teams are monitored and evaluated.

Staff Governance will then sit alongside corporate governance and clinical governance and that will help to ensure that the NHS Scotland becomes an exemplar employer where staff are fully involved in seeking a consensus on all operational and strategic decisions.

As the quality of staff improves so will the quality of the service provided to patients. The last piece of the jigsaw will have been completed.

# Visit us @ our new website

[www.nhsgg.org.uk](http://www.nhsgg.org.uk)



Make sure you visit our new revamped website

Trying to keep up to date with the massive modernisation programme for Greater Glasgow's NHS system isn't easy. Most of us find it difficult enough coping with heavy workloads and trying to keep up to date with what's happening in our own hospital, health centre or office.

A new one-stop NHS website in Glasgow is now up and running offering staff, and the public, a quick and accurate way of tapping into the latest information on NHS news and developments surrounding the progress of the new hospital building programme and update the Health Plan as it develops the future of service delivery and health improvement in the years ahead.

WWW.NHSGG.ORG.UK is very user friendly showing images of how the new hospitals will look, aerial maps showing precise locations for the soon-to-be built ACAD's at Victoria and Stobhill and of the re-development of the Southern General site.

The site is updated daily and every month new features are being added and new links being created to other sites such as NHS 24.

The Beatson web-site is now re-vamped and completely modernised and is a full part of the new [www.nhsgg.org.uk](http://www.nhsgg.org.uk) site.

Communications staff in Glasgow's four Trusts and at the Board deal with news releases and media responses constantly. The press releases issued are posted on the news desk of the web site for everyone to see ... at the same time as journalists get their copy.

It's nowhere near the finished article yet, but it is developing and growing and will become a useful part of the efforts to improve communications with staff and with the people we serve.

Feedback has been good so far. Many people have called for better information on things such as the SARS outbreak or on TB and other such public health concerns. This is now being addressed.

Use the feedback button to send in ways it can be further improved.

# MOVING FORWARD WITH THE ACADS



Victoria ACAD



Stobhill ACAD

Plans for the new Stobhill and Victoria ACAD hospitals have taken a significant step forward with legal and financial advisors appointed and several major construction firms expressing interest in the £101m contract.

A single company or consortium will build both hospitals with work starting in Autumn 2004 and going fully operational early 2007.

Several major firms have expressed an interest in bidding for the contract - choosing the most able and best value bidder is the next stage in the process.

Project legal adviser Sharon Fitzgerald outlined the strict legal procedures surrounding such public contracts at a recent Board meeting and as soon as the issue of "soft FM" services being included in the contract was mentioned the journalists at the press table began scribbling furiously.

News that the cleaning, portering and domestic services (soft FM services) are to be included in the initial bidding stage caused some concerns amongst staff and attracted strong reactions from some unions and politicians in the newspaper columns the following day.

Ms Fitzgerald explained that these services were included in the advert for tenders - but she added that a "negotiated procedure" had been built into the process allowing flexibility around the "soft FM services" issue.

This means that when the business cases are finalised the issues of these services can be examined and negotiated out - or left in - on the grounds of best value.

As the process evolves and reaches the next stages the issues of whether "soft FM services" will be included in

the final contract will remain a subject for full and constant dialogue between Staff Partnership reps and NHS management.

Bill Goudie, employee director and NHS Area Forum chairman has made it clear that he wants soft FM services kept totally within the NHS.

GGNHS has given a guarantee of continued employment for staff and has recently publicly reinforced its commitment to no compulsory redundancy.

#### WANT TO KNOW MORE ABOUT VICTORIA ACAD?

Jane Sambrook is the Victoria project co-ordinator based at the South Trust HQ on the Southern General Hospital site. She can be contacted on 0141 201 1626.

"It is essential continuous and open lines of communication are maintained throughout this process with our staff. They are key to everything we do. The redesign and modernisation of services will improve working conditions for staff and the services we provide to patients, not only at the Victoria site but throughout the wider NHS system."

#### WANT TO KNOW MORE ABOUT STOBHILL ACAD?

Margaret Campbell is project co-ordinator of the Stobhill ACAD development. Based in the Stobhill Hospital management offices Margaret can be contacted on 0141 201 3396.

"Some concerns have been expressed about job security surrounding the proposed changes and removal of inpatient beds - guarantees of continuous employment have been agreed, and while some jobs will transfer to the Royal Infirmary or Gartnavel General the total number of job opportunities on the Stobhill Hospital site will increase with the implementation of these various developments."

# Stub it out!



Pharmacists play a key role in helping people stop smoking

Picture the scene - you're standing outside the office, desperately puffing on a cigarette, it's pouring with rain and you have guilt-inducing looks from fellow workers to look forward to when you creep back to your work area smelling like an ashtray.

## **Not exactly a positive part of working life, is it?**

But even if your New Year's resolution to quit the ciggies went up in a puff of smoke on January 2, it's never too late to ring the changes - which is something those who troop under George Square's massive smoking helpline banner are unlikely to forget!

The huge advertisement, part of NHS Greater Glasgow's ongoing campaign to cut smoking, provides a freephone number that anyone, including staff, can call for valuable advice and support in giving nicotine the elbow.

And according to Principal Health Promotion Officer, Agnes McGowan, Glaswegians are signing up in their droves to the city's smoking cessation groups, or are following local pharmacy programmes in a keen bid to quit.

Agnes said: "In short, things are going brilliantly for our campaign in Greater Glasgow. More and more smokers are coming to us for help in giving up.

"Smoking cessation teams across Glasgow have been inundated with calls for help. As a result we decided to set up our own helpline offering smokers information on their nearest group or participating pharmacy, as well as dealing with requests for stop smoking packs."

Research shows that smoking is the biggest cause of premature death in the city, and smoking related illnesses cost the NHS an estimated £14.4 million annually.

However, Glasgow folk clearly believe that enough is enough, as the number of pharmacies involved in the cessation scheme is extending over the next month due to high demand, while there is a waiting list of more than 70 people keen to join quit smoking community groups.

Pharmacist Facilitator Liz Grant said: "It's encouraging to hear that on completing our three-month pharmacy programme 60% of participants have stopped smoking, while a further 23% have cut down significantly.

"It was because of this success that we decided to roll out the campaign and add more participating pharmacies to the list, whilst creating the new freephone line and displaying its advertising banner in George Square."

Liz went on say that stop smoking patches are the most common cessation product used in the pharmacy scheme, in which 59% of all participants are eligible for free treatment.

She added that a whopping 91% of smokers following the programme say they found pharmacy staff very helpful along the way!

So there you have it - NHS Greater Glasgow has the key to binning tobacco once and for all, and all you have to do to get started is pick up the phone.

*If you want to quit, call the new freephone line on 08000 150 122 or contact the Smoking Concerns team on 0141 201 9825, and get ready to show those critical workmates what you're really made of.*

# STRESSED OUT?

What would your personal dictionary definition of the word 'work' be? Interesting, satisfying and productive? Or stressful, exhausting and nerve-wracking? If your answer is the latter, then it's time to take action.

Many would agree that following a career to be proud of shouldn't have to be coupled with stress. The EU Framework Directive on Health and Safety states that an employer has "a duty to ensure the health and safety of workers in every aspect relating to work, following general principles of prevention".

So how is NHS Greater Glasgow supporting staff to prevent or treat stress at work? Pauline Innes, NHSGG Health Promotion Project Officer, explained: "We have several means of combating stress and anyone who feels in need of support is more than welcome to consult us.

"We understand that when things all get a bit much it's not simply a case of easing the workload. There are external factors to consider too, such as family commitments and mental and physical health. SHAW (Scotland's Health at Work) is just one area of NHSGG that can ease the burden and inject a new lease of life into us all."

And there's no doubt we've all heard of SHAW (Scotland's Health At Work), but what exactly does it do for NHS staff on a day-to-day basis?

Pauline explained that physical activity is high on the committee's agenda as, although not a cure, exercise can ease symptoms of everything from stress and lethargy to anxiety and depression.

She said: "We've got a dance class for all NHSGG staff pencilled in for May so, instead of slinking off to the chippy or grabbing a few cigarettes at lunchtime, staff can ease tension with upbeat exercise. There will be details on the intranet in the next few weeks."

On a less physical note, NHSGG pays an annual fee to be a registered client of the Employee Counselling Service which offers all health workers free counselling on issues like stress at work, harassment and personal problems.

A spokesman for the group explained: "We've been operating in Glasgow for around 30 years and the NHS is one of around 170 businesses we have on our list.

"We have a team of approved counsellors, so when an employee makes his or her first call to us we can allocate the appropriate counsellor. After that, we arrange either face-to-face sessions at our base in Renfrew Street, or opt for telephone counselling.

"Another plus point is that employers don't need to know their staff have approached us."

In addition, staff working at Yorkhill can also access a Dignity at Work service to raise issues about their workplace.

And if it's merely relaxation techniques you need to smooth out your working life, Dalian House has Susan Clayton on board to practice holistic therapies like reflexology, Indian head massage and aromatherapy.

She offers her interesting skills to all GGNHS employees either at lunchtimes or after hours.

Susan said: "I work from the first aid room in Dalian House and most people who come to me are stressed, wound up and need some time-out.

"Even half an hour of some kind of relaxation therapy makes a difference to our mental state, therefore it's something I believe everyone should experience."

Complimentary therapies are also on the cards for staff at Yorkhill. The Trust is currently looking at the feasibility of making these available to staff working on that site.

*If you'd like more information, contact:*

- Shaw on 0141 201 4474
- The Employee Counselling Service is available Monday to Friday on floor 8 of the Savoy Tower on Renfrew Street (which has disabled access), or can be contacted on 0800 435 768.

- Holistic therapy bookings and price list enquiries can be made by calling Susan Clayton on 0141 4915.
- And last but not least, to request an NHS Health Scotland Work Positive pack, with top de-stressing advice, email [liz.donaghy@gghb.scot.nhs.uk](mailto:liz.donaghy@gghb.scot.nhs.uk) or call 0141 314 0024.

*What do you think? Is NHSGG doing enough to help combat stress in your workplace? Give us your views, contact: Olivia Cornacchia, Dalian House, St Vincent Street, Glasgow or email her on: [olivia.cornacchia@gghb.scot.nhs.uk](mailto:olivia.cornacchia@gghb.scot.nhs.uk)*



# WHAT IS WRONG WITH HEALTH INEQUALITY?

An excerpt from 'Scotland, health and inequality' by Dr Hugh McLachlan, School of Law and Social Sciences, Glasgow Caledonian University and Professor Kim Swales, Fraser of Allander Institute, University of Strathclyde

Suppose that working class people were not allowed to vote. Suppose, say, that working class people were given longer prison sentences than were middle class people who were equally guilty of having committed the same offences. Such inequalities would, manifestly, be wrong and unjust. However, not all inequalities are unjust; not all inequalities are wrong.

If, on average, people who are poor are more likely to suffer from ill health and to die younger than people who are rich, then - whether or not it might be a good idea to try to install laws and public policies to alter the situation - the situation is not necessary an injustice nor the result of one.

Who or what has a duty to ensure that these particular individuals do not have an unusually short life span? Who or what has a duty to ensure that these particular individuals are not more unhealthy than richer people tend to be? Who or what has any other related obligation concerning the health and lifespan of these particular people?

Had we been born in, say, the third rather than the second millennium or in Japan rather than Scotland or in Scotland but of richer parents, then we might have had a greater chance of better health and a longer life than we have, but this is not a matter of justice and rights: it is a matter of luck. In present day Scotland, women live longer than men. Is this fair? Is it unfair? We do not know. We most certainly do not think that public policy should be geared towards the elimination of this gender and health inequality.

Sometimes, even when they are not unjust, social inequalities are undesirable because they are socially



(left) Dr Hugh McLachlan and (right) Professor Kim Swales

divisive and produce disharmony. Sometimes, on grounds other than justice, policies to reduce inequalities might be justifiable. It is not clear that health inequalities come into this category.

Sometimes, inequalities are wrong because a larger share for some people necessitates a smaller share for others. Health is not like that. The distribution of health is not a 'zero-sum game'. If, say, we own more land now than we did ten years ago, you might think that our increased land-holding must correspond to the deceased land-holding of some other person or agency: there is only so much land available to be parcelled off. If, however, we are healthier now than we were ten years ago, it would be absurd to imagine that our increase in healthiness was at the expense of someone else's corresponding decrease.

In contemporary Scotland, although some other inequalities might be, inequalities of health are not socially divisive. Among the various other reasons is that, in general, people do not tend to think of themselves as being members of social categories, which have, for instance, different life expectancies than other social categories. Why should they? Relative death rates are, in any case, not widely known nor highly visible.

**A full version of this article appears in the Fraser of Allander Insitutes' Quarterly Economic Commentary.**

## Vrooming Marvellous!

Nearly 1000 bikers descended on Yorkhill over the Easter weekend to hand over funds and hundreds of Easter eggs. Now in its 15th year, this is the biggest Yorkhill Easter Egg Run to date!

# DRIVING UP IT SKILLS

An NHS Greater Glasgow staff member has driven forward her computer skills and become the 500th person to pass a special computer course at a Paisley college.

Gillian Milroy, a Personal Assistant with Public Health, is the 500th person to pass the European Computer Driving Licence at Reid Kerr College.

To mark the occasion, the college presented her with a cheque for £50.

Gillian said: "I am delighted with my achievements and would encourage all NHS staff to have a go. The gift from Reid Kerr College was an added bonus."

The European Computer Driving Licence (or ECDL) is the European-wide qualification that enables you to demonstrate competency in computer skills. It consists of the following seven modules:

- Module 1 - Basic Concepts of IT
- Module 2 - Using a Computer and Managing Files
- Module 3 - Word Processing
- Module 4 - Spreadsheets
- Module 5 - Databases
- Module 6 - Presentations
- Module 7 - Information and Communication

On completion, the key benefits to staff will be increased levels of competency in IT and computer application skills, an improvement in their IT productivity at home and work. It also provides staff with an industry-recognised qualification on successful completion of all seven modules.



(left to right) John McFadyen (Senior Lecturer in Computing, Reid Kerr College), Lorraine Dick (Communications Officer, NHSGG) Gillian Milroy (Personal Secretary, Public Health, NHSGG), Joe Mooney (Principal, Reid Kerr College) and George Johnson (Head of Computing, Reid Kerr College).

All NHS Greater Glasgow staff are actively encouraged to embark upon the ECDL training programme to study at their own time and pace.

Wendy Hull, Director of Finance, Greater Glasgow NHS Board and Champion of the Culture Change programme, said: "NHS Greater Glasgow is committed to supporting the ongoing development of all our staff.

"We continue to strengthen our staff development provision with the launch of 'Computers for the Terrified' - a one-day course for 400 NHS staff members, which was run jointly by NHS Greater Glasgow and Reid Kerr College during April 2003 as part of our Culture Change programme."

## NEW GUIDANCE TO HELP NHS DEAL WITH DOMESTIC ABUSE

New guidance to help healthcare workers help victims of domestic abuse was launched in March.

'Responding to Domestic Abuse: Guidelines for Health Care Workers in NHSScotland' is a Scottish Executive document aimed specifically at health service workers.

Prepared by a short-life working group of health and other professionals, the new guidance provides healthcare workers with:

- An overview of domestic abuse in Scotland
- Information about the health effects of domestic abuse, potential signs and indicators
- Practical advice on how to approach the subject of abuse with the patient

- Identifies what should be in place to help healthcare workers respond effectively to anyone suffering from domestic abuse
- Highlights good practice to help health professionals inform and support women
- Guidelines for the NHS about dealing with domestic abuse as employers

The guidance builds on guidelines already available from the Royal Colleges (Medicine and Nursing), professional organisations and other sources.

The guidance on domestic abuse is available on the Scottish Executive website: [www.scotland.gov.uk](http://www.scotland.gov.uk)

# Shaping the future

## Primary Care Strategy - Phase II



For most of us, contact with the Health Service begins and ends with our community health services - known as primary care.

GPs, dentists, health visitors, nurses, pharmacists, optometrists and other allied health professionals see, diagnose and care for 90% of all patient contacts within the Health Service.

In 2001, we published our Shaping the Future of Primary Care strategy which was put together following consultation with patients, staff, community organisations, local authorities and voluntary organisations.

Setting out our future vision for primary care, the strategy aimed to meet the needs of our patients and bring the quality of health in Glasgow and surrounding area up to a level at least equal to the rest of Scotland.

Around £38m has been invested in this ambitious plan and the results have been impressive. The commitment

and skills of primary care professionals has brought major new service developments including:

- the introduction of a chronic disease management programme for seven key disease areas;
- the implementation of emergency dental services and personal medical services for homeless people and nursing home residents;
- and the delivery of a wide range of individual projects for child health, mental health, young people and older people.

At the end of 2002, we held a conference - 'Putting It All Together' - to look at achievements and scope out what should happen next. A report - Phase II - was published setting out the way ahead.

Rather than signalling a change of direction, Phase II builds on what has already been achieved and sets out the key issues and health priorities for the coming years.

Terry Findlay, Director of Primary Care, said: "More than £100m will be invested over the next five years to take forward the strategy and bring a raft of new services to Greater Glasgow. We are planning to improve access to primary care services (within 48 hours), develop services for ethnic minority groups and achieve national targets for breastfeeding.

"We are also planning to roll out a range of new developments across Greater Glasgow that will provide better services for people with mental health problems, patients with chronic diseases and older people.

"Recognising we have a role to play in helping to ease the burden on our acute hospitals, we are looking develop community services in the areas of palliative care, child health, young people's services, men's health, dietetics and nutrition, women's health, pharmacy extended roles, dental services and optometry services."

Terry revealed that a key part of the plans would include improving the support infrastructure for staff particularly in training and development, IT and providing the correct levels of admin support. He/ she said: "This will run in tandem with the modernisation of many of our health centres and clinics."

Funding has already been secured for a number of the above initiatives, but additional funds will be sought to fully realise the vision for primary care over the next five years.

# WHAT'S HAPPENING TO OUR PENSIONS?!

Pensions. We work b\*\*\*\*y hard for them and we expect them to be there to look after us in our old age.

But, if the newspapers are anything to go by, our little pot of retirement 'gold' may not be quite what we think it will be.

Added to that is the less than comforting thought that we may all have to slog it out until the age of 65 before we can put our feet up and retire.

So what's the truth about NHS pensions in Scotland? Is there, as the papers claim for local government pensions, a 'black hole' that will leave our fund short? Or will we all be able to retire in the knowledge that our pensions are secure?

We put some of the allegations the newspapers made about local government pension funds to the Scottish Public Pensions Agency, the agency responsible for the NHS Superannuation Scheme in Scotland. We wanted to know: if (according to the papers) the local government pension is in such a state, does that mean the Health Service pension scheme is too?

**Staff News: Is there a 'black hole' in the NHS pension fund as the newspapers claim is happening in local government? If so, how much of a 'black hole'?**

Scottish Public Pensions Agency: The NHS Superannuation Scheme (Scotland) does not have a pension fund in the commonly understood sense, with money invested on the stock markets. The income from contributions etc. passes to the Exchequer and benefits etc. are paid from money provided by the Exchequer. Since there is no pension fund, there is no 'black hole' of the type that has emerged in many funded pension schemes as a result of adverse investment conditions. The NHS Superannuation Scheme (Scotland) therefore offers a high degree of security for its members' eventual retirement income.

**Staff News: Will NHS staff have to pay more into their pensions? If so, what do they pay now and what will they have to pay?**

Scottish Public Pensions Agency: Government policy on public service pensions expects members of such schemes to meet the costs associated with any improvements to schemes' benefits packages. Only in those circumstances, therefore, would members of the NHS Superannuation Scheme (Scotland) be expected to pay more for their pension benefits. The contribution rate payable by most members is 6% of their pay, with those in manual grades paying only 5%. With tax relief on contributions, and a

lower (contracted-out) rate of NI contribution for scheme members, the effective cost of membership can be significantly less than 6% or 5%.

**Staff News: How much does the NHS put in now? Will the NHS have to up its payments? If so, by how much and where's the money coming from?**

Scottish Public Pensions Agency: NHS employers presently contribute at the rate of 5.5% of payroll. However, the funding of the Scheme is subject to review by its actuaries every five years to ensure, so far as is possible, that expenditure is covered by income. A review is currently in progress but the outcome is unlikely to be known until late 2003. If that shows that the cost of providing benefits has increased, for example as a result of improved life expectancy, an increase in the employer contribution rate is possible. The Scheme is also assuming responsibility for directly meeting the cost of inflation-proofing the benefits it pays: such pensions increase costs were previously met separately by the Exchequer. This is a significant additional liability to be met by the Scheme and the cost will be reflected in the employers' contribution rate. NHS employers' budgets will, however, be increased from the money previously spent by the Exchequer on pension increases and the overall impact on the NHS is expected to be neutral. The objective is to illustrate more clearly the full cost - and value - of the pension package available to NHS employees and their dependants.

**Staff News: Will NHS staff lose their right to take early retirement at 50? Will the new age be 55?**

Scottish Public Pensions Agency: The Government has been consulting on a variety of changes to pension scheme arrangements, including a possible increase in the minimum retirement age from 50 to 55. No decisions have been made and any future change would be likely to apply to members of all pension schemes, and not just the NHS Scheme.

**Staff News: Will the age for retirement go up from 60 to 65?**

Scottish Public Pensions Agency: This is another aspect covered by the Government's recent consultation exercise and, again, no decisions have yet been made. It is likely, however, that if there is an increase to 65 in the NHS Scheme's normal retirement age, those with an existing right to retire from age 60 may have that right protected.

*For more information on the Scottish Public Pensions Agency, go to their website: [www.scotland.gov.uk/sppa/](http://www.scotland.gov.uk/sppa/)*

# We all have responsibility for Data Protection



**Data Protection is increasingly becoming more important within the Health Service.**

## **But, what is it and how does it affect you?**

The Data Protection Act 1998 came into force on 1 March 2000. The Act not only enhances the rights in law of the individual who is the subject of personal data, it also:

- Expands the responsibilities of organisations which process personal data;
- And includes certain types of paper-based records under Data Protection legislation.

The scope of data protection is therefore now wider than before and it is the responsibility of each and every NHS Scotland staff member to be aware of his or her responsibilities under the act.

The original Data Protection Act dates back to 1984 and resulted from increasing public concerns over personal privacy in the face of rapidly developing computer technology. For the first time across the UK the legislation provided rights for individuals and demanded good practice in handling of computerised information.

How has the law changed? The scope of the Act is much

broader. Almost any activity involving personal data is covered by its provisions and it applies to both computer and paper files. Since the 1984 Act, an individual has the right to a copy of his personal information held by an organisation. These access rights have now been enhanced.

There are eight enforceable principles of good practice that must be followed by anyone processing personal data.

Data must be:

- Fairly and lawfully processed;
- Processed for limited purposes and not in any manner incompatible with those purposes;
- Adequate, relevant and not excessive;
- Accurate;
- Not kept for longer than is necessary;
- Processed in line with the data subject's right;
- Secure;
- And not transferred to countries without adequate protection.

If someone considers there has been a breach of one of the principles (or any of the provisions of the Act) they can make a formal complaint or representation to the Data Protection Commissioner. If the Commissioner considers the complaint is justified and cannot be resolved informally, then she may decide to take action against either the organisation concerned or an individual within the organisation or company.

Data users within the Health Service must ensure that they obtain information about their patients properly, keep it secure and handle it in accordance with the well-established rules of medical confidentiality.

By doing so the most important requirements which data protection legislation places on health service staff are likely to be satisfied.

It is vital that our patients have confidence in our ability to protect their privacy, comply with the law and safeguard their personal health data.

*If you have any issues of concern, questions or require further guidance in relation to Data Protection or Confidentiality, assistance can be obtained from the Data Protection Officer for your specific Trust/NHS Board, or found online at: [www.show.scot.nhs.uk/confidentiality](http://www.show.scot.nhs.uk/confidentiality). If the issue remains unresolved, then more specific advice can be sought from the Caldicott Guardian for your NHS Trust/ Board.*

*A NHS E-learning module on confidentiality and data protection is available at:  
<http://www.show.scot.nhs.uk/elearning>*