

SAFER AT WORK AT NEW A & E

Patient assaults against nursing staff in Britain have risen by more than 200% in the last four years.

Patient assaults on nursing and medical staff in Britain have risen by more than 200% in the last four years. And it seems that Accident and Emergency staff are the most likely to be at the end of abusive language and physical violence from the patients in their care. Although Health Minister Malcolm Chisholm recently launched a pilot scheme aimed at raising staff and public awareness of the problem, the new Glasgow Royal A&E unit is one step ahead.

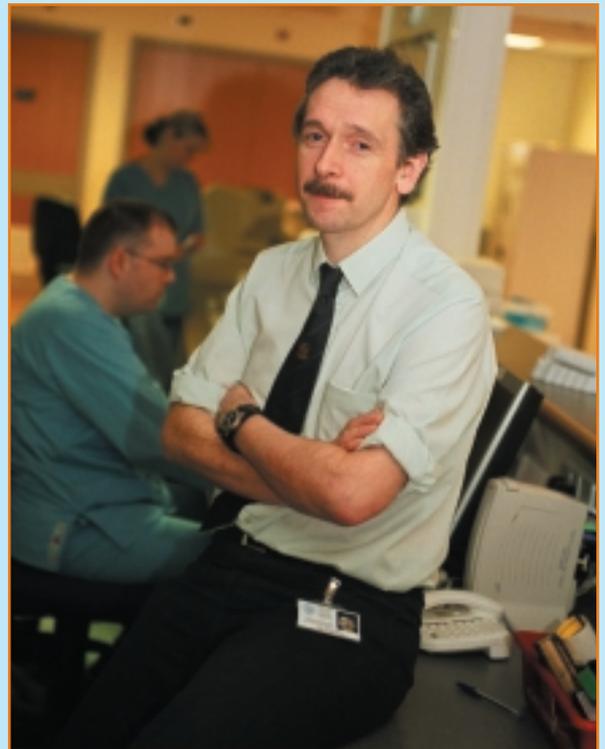
The new unit's layout and increased security has had a dramatic effect, reducing attacks on staff to almost nil.

Derek Nelson, Clinical Nurse Manager for Glasgow Royal Infirmary's A&E unit, said: "The new building has been even more successful than we'd hoped for. "The layout is ideal as it means staff aren't at risk in enclosed and hidden areas with unstable patients. "More importantly, there is a 24 hour security presence that provides an entrance deterrent to filter out problem people."

Derek added that members of the public have actually complained that security was TOO tight! People must prove they are accompanying A&E patients and not attempting to unlawfully access the area.

When asked about other hospital staff within the building, Derek explained: "We have swipe cards

[inside this issue](#)



that stop through-traffic. That way we know that it's only casualty staff who are present and everyone knows the state of play."

But what if something potentially dangerous does occur?

Derek said: "That's the best bit. We have issued each member of staff with a personal alarm, so if a patient proves a threat we can jump to attention."

But it's not merely mini attack alarms that staff carry. Up-to-the-minute radio alarms signal alerts to tiny ceiling sensors that subsequently send details of the exact location to security staff's computers, meaning if anything does happen, it's 'all systems go'!

So, what's happening elsewhere in Glasgow? Turn to page three to find out.

The
burning
issue



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City's
health
past



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It's all
double
dutch



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Employee Director Bill Goudie updates on the sign up to Agenda for Change

BALLOT RETURNS “YES” TO EARLY IMPLEMENTATION

Most trade unions have agreed to either full implementation of Agenda for Change or for twelve pilots with a final vote in 18 months time.

The pilots will provide national job profiles for more than 80% of NHS employees. The next step for Greater Glasgow NHS Board is to establish a Project Board in partnership with staff. This Board will oversee and be responsible for setting up Job Evaluation Matching Panels that will decide whether your job matches one of the national profiles. A pool of trained Job Evaluators and Analysts will support this work.

The Panel will compare your agreed current job description to the national profiles and where there is a match you will be allocated to that pay band.

If there is a disagreement at this stage, or if there is no national profile available there will be a local evaluation



Bill Goudie

process where Job Analysts will ensure that your job description is complete, comprehensive and appropriate. They will assist in completing an Evaluation Questionnaire and the Job Evaluators will apply the questionnaire to the national Evaluation System giving a score and a band. If not there is an appeal process. The appeal will consist of the same process of local evaluation but with different Analysts, Evaluators and Panel.

If you think that is complicated wait till the details of the Knowledge and Skills Framework come out, but that's a story for another edition.

Job Evaluation Handbook is available

online from: www.doh.gov.uk/agendaforchange/jobevaluationhandbook.pdf

Good luck!

Retiring...give the Fellowship a ring

By John Hamilton

The NHS Retirement Fellowship was founded in 1978 and soon grew to an organisation with around 180 branches - 15 of which are in Scotland.

The Fellowship exists to provide facilities for retired NHS staff, including those working for outside contractors on PPP/PFI arrangements. Branches arrange their own programmes of meetings, with topics of interest, visits and social functions.

Membership provides retired NHS staff with the opportunity to keep in touch with their former colleagues and to make new friends. A benevolent fund is also run by the Fellowship which is used to assist members in financial distress.

In addition, the Fellowship also has access to preferential rate legal services and to other discounted services. Membership costs are a very reasonable £5.00 per year.

The Fellowship has recently created a new part-time post of Development Officer (Scotland), to which it has appointed Ken Thomson, retired Chief Executive of Yorkhill NHS Trust.

The Glasgow branch meets on the last Wednesday of each month at 1.00pm in Renfield St. Stephen's Church Centre, Bath Street. All new members will be made very welcome. The NHS Board Liaison Officer with the Fellowship is John C Hamilton, Head of Board Administration – 0141 201 4608. If you have the happy prospect of retirement coming up, get in touch with your local branch by contacting the Chair - Renee Gibb at 4 Court House, 77 High Street, Dunblane FK15 0EE (01786 824095) or Ken Thomson, Development Officer, 14 Clevedon Drive, Glasgow G12 0SE (0141 334 7773).

Spiritual Care

Spiritual Care is high on the agenda for NHS Greater Glasgow following the development of a draft Spiritual Care Policy. The policy is about to go out to consultation with the public, services users, staff, faith groups and others. Put together by a working group comprising of representatives from NHSGG, the Area Partnership Forum, the Local Health Council, the main faiths in Greater Glasgow, chaplains and the Humanist Society of Scotland, the finalised Spiritual Care Policy is to be submitted to the Board in late 2003 for approval. See our website for the full draft policy: www.nhsgg.org.uk.

NHS Staff give 10K a run for its money

Congratulations to all NHS Greater Glasgow staff who ran in the Women's 10K which took place at Bellahouston Park in May.

More than 70 women from the Board, the PCT and the three hospital trusts ran on the day.

And many were taking part to raise money for a variety of good causes including: the Queen Mum's Paediatric Department, Princess Royal Maternity Appeal, Breast Cancer at Beatson, Glasgow City Mission, Southern General Intensive Care Department, Age Concern Eastwood Dementia Project, Oxfam (Girls' Education), OCHRE (Oesophageal Cancer), Multiple Sclerosis, Maggie's Centre, the Maxie Richards Foundation, Down's Syndrome Scotland, Shelter and the Prince & Princess of Wales Hospice.



First run in 1993, this year's race saw more than 10,000 women taking part.

Pictured above are some of the NHS runners, Joan Murphy, Alison Grant, Sarah Russell from Yorkhill who presented a £300 cheque to Jonathan Coutts, Consultant Paediatrician for the Queen Mother's Paediatric Department which cares for premature and sick babies.

Second Staff Survey is Coming

In October every member of staff in NHS Greater Glasgow will be provided with a survey questionnaire. **THIS IS AN IMPORTANT DOCUMENT!** The answers you give will influence the work of the NHS in Greater Glasgow. The process is completely anonymous and, once replies are received, the information is analysed and helps to inform your Trust Partnership Forum Action Plan for the coming year. The recommendations from this are passed to your Trust Management Team. As a result of last year's survey Partnership Fora and other groups dealing with survey issues have been set up and Partnership Agreements signed. So, watch out for your form in October and use the opportunity to make your voice heard.

Safety at work at new A&E...cont'd from page 1.

- North Glasgow University NHS Trust was awarded £20,000 by the Scottish Executive, which is being spent developing training materials on violence and aggression in high-risk areas;
- Greater Glasgow Primary Care Trust is using more than £38,000 to conduct in-depth research into the cause of inpatient violence within mental health services;
- Yorkhill Hospital is ploughing £15,000 into dealing with violent and aggressive child patients in its care.

What is Wrong with Health Inequality? EVERYTHING!

Congratulations to the editors for an interesting first issue of Staff News and for getting a reader reaction at your first attempt.

It was the piece on health inequalities that really got me going. The 'analysis' of Dr McLachlan and Professor Swales presented in this piece nearly caused me to choke on one of my five pieces of fresh fruit... and compelled me to write a response.

I found the overall argument (that there's nothing much wrong with health inequality) to be confused, based on a serious misunderstanding of health inequalities policy and quite frankly insulting. The WHO defines health inequalities as differences in health between populations that are "avoidable, unfair and systematic". In order to be worth a formal policy response and the commitment of effort and

resources, it needs to be clear that large scale health inequalities are not inevitable. There is ample evidence that in Britain the enormous gaps in health experience between affluent and disadvantaged groups are not "givens" or set in concrete. Quite the contrary – the fact that the gap widened dramatically across Britain during the 1980s and 90s and that Britain (and Greater Glasgow specifically) compares badly with most of the rest of the western world, tells us that large inequalities in health are created by the societies we live in and the policies that governments and others adopt.

At its heart, debate about health inequality is an ethical and moral one: are we prepared to tolerate very large gaps in health experience - including lifespan - between different sections of society, knowing that we have the means to do something about this? The internationally agreed policy, endorsed by UK and Scottish governments, is to 'narrow the gap' to more acceptable levels, not to create some impossible goal of equal health status for the whole population.

So when the authors pose the question: "Who or what has any related obligation concerning the health and lifespan of these particular people [poor people]?" my response would be: it's the responsibility of the whole NHS and our many partners to narrow the gap.

Dr Trevor Lakey
Health Promotion Manager
Greater Glasgow NHS Board

The

The race

Alan Rumley, a biochemist at the GRI, obviously has a bit of time on his hands, because after a spot of web-surfing he found a rather cynical view of the NHS at www.things-that-make-us-smile

"Once upon a time, it was decided to hold a boat race between a Japanese team and a NHS team. Both teams practised long and hard to reach their peak performance. On the big day, the Japanese won by a mile.

Not surprisingly, the NHS team became very discouraged and morale sagged. Senior management decided that the reason for the crushing defeat had to be found and a working party was set up to investigate and recommend appropriate action. The conclusion was that the Japanese team had eight people rowing and one person steering, whereas the NHS had eight people steering and one rowing.

Senior management immediately hired a consultancy company to study the team's structure. Millions of pounds and several months were spent towards the conclusion that 'Too many people are steering and not enough rowing'.

To avoid losing to the Japanese in the following year, the NHS team structure was changed to incorporate three 'Assistant Steering Managers', three 'Steering Managers', one 'Executive Steering Manager' and a 'Director of Steering Services'. A performance and appraisal system was set up to give the person rowing the boat more incentive to work harder.

The next year the Japanese won by two miles. The NHS laid off the rower for poor performance, sold off all the paddles, cancelled all capital investment for new equipment and halted development of a new canoe. The money saved was used to fund higher than average pay increases to senior management." Meeoow!

It's gotty be Dotty

A Former MSP, famed champion of free speech and still at the cutting-edge of free-thinking, Dorothy Grace Elder took NHS Greater Glasgow to task in the Evening Times last month. "Try telling strangers that Glasgow's health planners fancy building a maternity hospital next to a sewage works. Jaws almost hit the floor", she barked. The site incurring Ms Elder's wrath? – the Southern General, which has had a maternity hospital on the site since the 1930s. It's nice to see that our elders and betters are keeping up with the latest developments in the NHS. Keep up the good work.

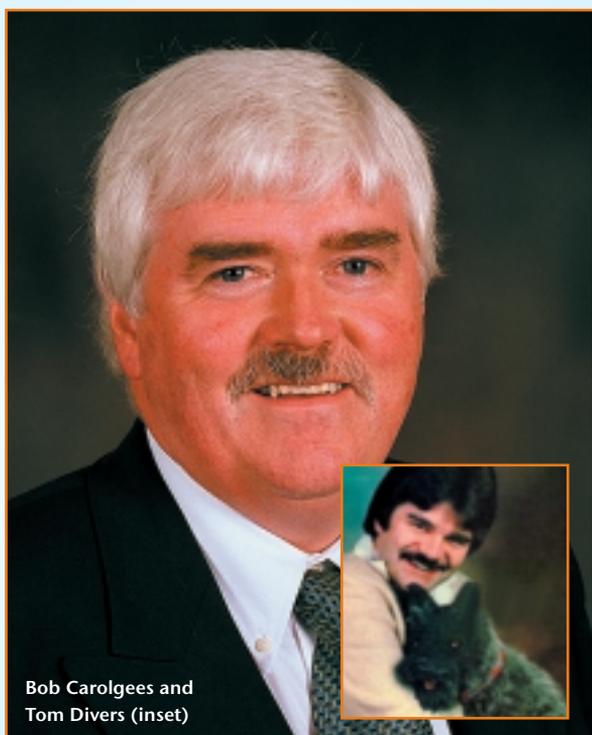
Street of shame

Tim Street, who bravely admits to being a pedant, music anorak, takes *The Endoscope* to task for mixing up our musical has-beens. It seem we inadvertently suggested that Tim Davison of the North Glasgow Trust is the double



Endoscope

of Andy McCulloch of OMD and not, as he is actually named, Andy McClusky. Fellow students of the obscure will note that McCulloch is the surname of the lead singer of Echo and the Bunnymen. We apologise wholeheartedly to Mr McCulloch, his family and lawyers for any shame, mental trauma and general distress we may have caused by suggesting he looks like Tim Davison.



Bob Carolgees and
Tom Divers (inset)

Chief Exec has a dog of a day

Terror stalks the corridors of power. Already recoiling from the horror that was the North Glasgow Trust Chief Executive's strong physical resemblance to a washed-up 80's pop star in the last *Endoscope*, senior NHS Greater Glasgow managers wonder who will be next. Wonder no longer big cheeses, because the answer is – Tom Divers. Yes, it has been brought to our attention that the biggest of the giant gorgonzolas at the NHS Board bears an unfortunate resemblance to 1970's cult children's entertainer Bob Carolgees from TV's *Tiswas*. Obviously, a spot of Grecian 2000 might be needed to turn Tom into a true body double but it leaves us wondering who (or what) looks most like Bob's legendary canine sidekick Spit the Dog. Answers on a postcard please to *The Endoscope*.

What's in a name?

The people in charge of modernising the acute hospitals have been alarmed to find that most people think that 'ACAD' is a proprietary brand of drain cleaner. Therefore, the hunt is on to find something more meaningful to the average punter.

Suggestions so far centre on the hi-tech replacement for the Victoria Infirmary which, if it is really to be brought into the 21st Century, should be called either the *Victoria Beckham* or the *Queen Vic*. New names for the Stobhill ACAD are a bit harder to come by but, given the surname of a prominent local councillor who doesn't like the plans very much at all, one wag has suggested the *Grassy Knoll*.

Opportunity knocks up

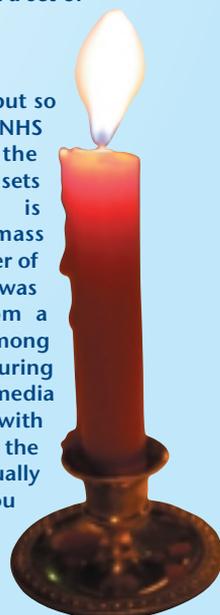
If that last one went over your head (which is more than can be said for Dallas in November 1963), then it's time to aim a little lower with the Sexual Health Team at the Sandyford Initiative (a.k.a. the 'Aye Infirmary' or 'Itchycoo Park').

Scurrilous rumour suggests that recent shocking statistics of spiralling rates of sexually transmitted disease were produced via a new piece of software known as the *Clapometer*. This pinpoints how many people have caught a dose in Glasgow's postcode areas. Strangely, the number of (ahem) entries for G12, host of the world-renowned 'Cleopatra's' nitespot, seem to rise substantively at times which coincide with shift changes at the Western Infirmary and final medical exams at the yooni.

And we thought Hughie Green was another fondly remembered 70's TV star and not a set of symptoms.

Say a little prayer for me

It's a sign of the times perhaps, but so bad is the press coverage of NHS Greater Glasgow (you know, the organisation which deliberately sets out to close hospitals and is responsible for weapons of mass destruction) that one new member of Communications and PR staff was forced to seek intervention from a higher plane. She confessed (among other things) to visiting chapel during her first weekend 'on-call' for media enquiries and lighting a candle with the fervent prayer that none of the gentlemen of the press would actually call her. We'll be the first to let you know if the editors of the *Evening Times* and the *Kirkintilloch Herald* become victims of divine retribution.



Palliative Care Info Now More Accessible

By John Sweeney, Project Coordinator, Palliative Care Information Network

It's a sign of the times that more and more people use the internet to find out about health issues.

And that's why NHS Greater Glasgow's Palliative Care Information Network has developed a website which aims to help more people access information about palliative care (pain management) services.

A three year lottery funded project based in Maryhill's Chapel Street, the aim of the Network was to provide a simple, easy-to-use website that:

- contains anything of relevance to palliative care in Glasgow;
- contains information on how to contact these services;
- explains the roles of many of the healthcare staff people meet during their illness.

And that's what it's done. Now in its second year, the Network has redeveloped the popular site and improved access to it by placing web terminals in a range of community settings across Glasgow. This includes hospices, community resource centres, health centres and pharmacies.

Containing useful information on services in and around Glasgow, the site also has a number of links to selected sites to make it easier for people to find useful information about their own condition.

Professionals too can use the site and up-to-date information on guidelines, treatments and sources of help are included. It contains material developed locally and from around the web, giving users access to guidelines and online educational materials. There are also links to the West of Scotland Managed Clinical

Network for palliative care and related discussion groups.

In addition to providing additional public terminals later this year, the project team plans to work directly with a group of patients receiving palliative care.

Use of the internet by patients is often a controversial issue for health professionals with some firm advocates convinced that the availability of information is necessary for patients to be able to fully understand and cope with their situation. Others feel that the unrestricted nature of the internet too often alarms patients and families.

To examine the effects of internet access on patients, the Network will be lending patients a PC through which such access can be made and during this period their anxiety levels and satisfaction with information will be monitored and evaluated.

In developing the website and embarking on the other aspects of the project the network team of John Sweeney (Project manager) and Paul Corrigan (Information officer) have in turn begun to take on other roles too with the WOS MCN. In collaboration with palliative care staff from around Glasgow, they are involved with training of staff in different aspects of IT use and also in introducing patients and families to the internet and its many therapeutic uses.

For more information check out the website which currently includes a link to our annual report or email us at info@palliativecareglasgow.info

Glasgow Palliative Care Information Network:
www.palliativecareglasgow.info

Professor Rodger Joins Beatson

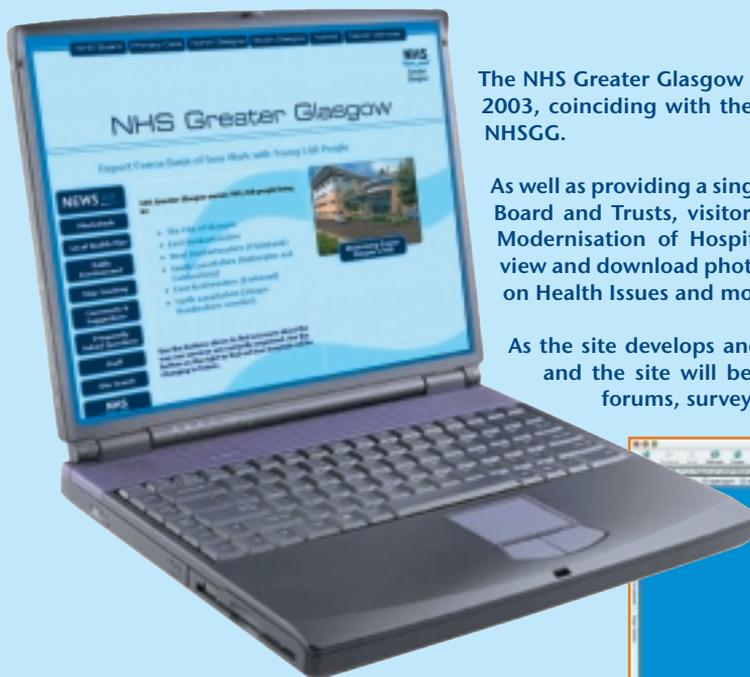


The Beatson Oncology Centre has a new Medical Director, Professor Alan Rodger, who is an internationally renowned breast cancer specialist.

Professor Rodger joined the Beatson team at the beginning of June, when he took over from Dr Adam Bryson, who had been Interim Director at the Centre for the previous 18 months.

The Story So Far...

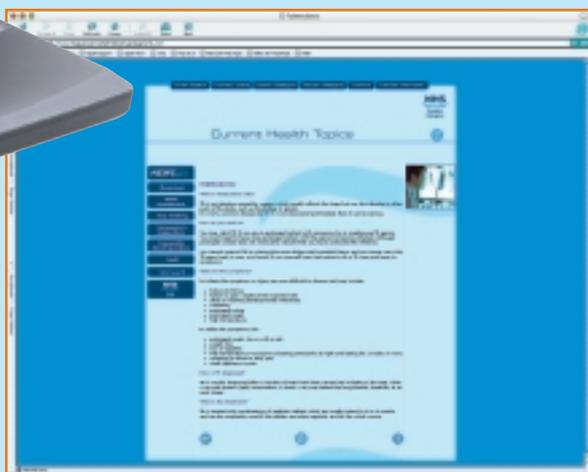
By **Brian McMullan, Web Developer**



The NHS Greater Glasgow Website was launched at the end of February 2003, coinciding with the launch of 'Health News', the newspaper for NHSGG.

As well as providing a single access point to the existing websites for the Board and Trusts, visitors can view information on the plans for the Modernisation of Hospitals & Services, get up-to-the-minute news, view and download photographs from the PhotoDesk, get information on Health Issues and more.

As the site develops and content grows, new features will be added and the site will become more interactive through chat rooms, forums, surveys, etc.



Amongst the latest site additions is 'Health Issues'. This section contains the existing 'Stop Smoking' pages, along with new content on 'Current Health Topics'; topics which are affecting, or of interest to, the people of Greater Glasgow. Health Issues will be updated and added to on a regular basis, providing more and more information, downloadable leaflets, etc, on a wide variety of health issues.

Since its launch, there have been more than 6,600 visitors, a number that continues to grow on an hourly basis. Through our site statistics, we were able to find out some interesting facts which we would like to share with you...

- Most site hits are the result of visitors going straight to the site via the domain name: www.nhsgg.org.uk. 97% of traffic uses the NHSGG site as a gateway to the Board & Trust sites.
- The highest number of referrals to NHSGG comes from SHOW.
- The most popular Search Engine used to find us is Google, using the phrase "nhs greater glasgow". If you enter "nhsgg", you'll find the site at the top of the search results!
- Activity on the site peaks at the end of a month and the beginning of the next.
- The most popular Web browser used is Microsoft Internet Explorer.
- The most common computer operating system is Windows 2000 (as used by most of the staff throughout NHSGG), followed closely by Windows XP.
- Most visitors hail from the UK, however numerous visitors have also come from other parts of Europe as well as the Americas, Australia and Asia.
- Time spent visiting the site averages between 2-5 minutes. But the longest time spent so far has been over 61 minutes!



As a result of comments and feedback, the site has proven to be a great success so far and will continue to be improved upon. We'd be grateful if you'd continue to send in your comments and suggestions, so please visit www.nhsgg.org.uk and fill in the form!

SMOKING AREAS ... THE BURNING ISSUE



Should smoking be banned
in all public places?



Within a week of taking up post at the Beatson Oncology Centre medical director Professor Alan Rodger produced his own personal smoking gun ...

He wants smoking banned in ALL public places.

This is an issue that has often been discussed in regard to hospital smoking policies.

While NHS properties are festooned with SMOKING KILLS signs, our hospitals continue to have designated smoking areas for patients.

Walking into – or out of – virtually any hospital building in Glasgow is a gauntlet of tobacco fumes. The front steps of our hospitals are littered with fag ends.

Professor Rodger's comments were aired in a national Sunday newspaper where he revealed that at his former hospital in Australia he even banned smoking from open-air entrance areas and in the grounds of the hospital ... unless in specially constructed "smoking huts".

At a recent Greater Glasgow Health Plan meeting this whole issue of totally banning smoking – not only in hospitals but also in all public places – earned widespread support from the representatives of partnership organisations.

One voice commented smoking should not be regarded in any different way than alcohol in hospitals ... zero tolerance to both.

Hundreds of NHS staff are engaged in the ambitious stop-smoking campaigns. Pharmacists throughout Greater Glasgow are fronting major stop-smoking initiatives as part of the scheme.

Patients who are smokers will be offered support and practical help to stop smoking.

There is little doubt we are going down the same road as most US States in banning the single biggest cause of ill-health and death in all public places.

Comments to nhsggstaffnews@gghb.scot.nhs.uk

We've Gone Online

Staff News has gone digital and is now available in a PDF format on our website.
So, if you're looking for back issues of the magazine, visit: www.nhsgg.org.uk

DELVING INTO THE CITY'S HEALTH PAST

High in the attics of the Mitchell Library a man works methodically and meticulously to file and record the workings of Glasgow's NHS machine.

It's a huge job, it's a vital job, but someone's got to do it.

The man's name? Alistair Tough. His title? Archivist and Records Manager. His job? He's the man in charge of thousands of bits of paper, photographs, film and assorted odds and ends that chronicle the city's health history over the past 200 years.

Minutes of meetings, reports, ward and patient records, videos, microfilm, photographs, letters, diaries and ledgers. You name it and Alistair's probably got it.

He said: "We've got records and information right up to the present day. Some of our records are very old, dating back to the 1790s, while others are more recent and include information about people who are still alive. They provide a very useful historical archive of health services within Greater Glasgow over the past 200 years."

Largely in a paper format, through time Alistair hopes to store as much of the archive digitally as he can. The process has already begun: Alistair and his part-time assistant have produced a website on the contents of the archive. It's already becoming popular with researchers from abroad, particularly Australia and New Zealand. Anyone can use the website and its address is: www.archives.gla.ac.uk/gghb/collects/default.html

Alistair said information contained within the archive is useful to a range of different people.

He said: "It contains information that helps epidemiologists and public health consultants trace patterns of disease. It's also of great interest to genealogists studying family histories and researchers wanting to find out more about certain hospitals, treatments or famous doctors.

"I've noticed a huge difference over the past couple of years in the types of people wanting to use the archive. We're now seeing people, members of the public, coming along who are saying they were treated as a child in a certain hospital and wanting to see their records. We're getting adopted children wanting to find their birth parents and people wanting to trace relatives.

"If we have the information, we're happy to supply it. However, we have to be aware of patient confidentiality



and will not be able to supply information on a patient who's still alive unless their consent is given."

Archivist of the NHS for 13 years, Alistair came to Glasgow following more than a decade working for Warwick University archiving the history of trade unions.

"I enjoyed my position at Warwick, but felt the need for a change and when this job came up I went for it. It was a steep learning curve. There was a lot to learn in a short space of time, but I find this job very rewarding," he said.

Through his position, Alistair was seconded to the Government of Tanzania for 18 months to oversee a records management project and re-establish professional record keeping in central government. For this and his contribution to records management training, Alistair was given the title of Records Manager of the Year 2002 by the Records Management Society of Great Britain.

When he's not working in the archive, Alistair, who's employed by Glasgow University, is teaching students in his role as a Senior Research Fellow within the university's Humanities Advanced Technology and Information Institute.

There's So Much More to the Clinical Trials Unit

By Dr Moira Mungall

The range of expertise offered by Greater Glasgow's hospitals is well recognised but while we are all aware of the frontline clinical departments, there are other less visible specialties which also contribute services. The Clinical Trials Unit, based at Glasgow Royal Infirmary, is one such department.

A self-funded facility, we have extensive experience of conducting large-scale pharmaceutical research projects in conjunction with North Glasgow University Hospitals NHS Trust and the University of Glasgow.

Established in 1988, we were originally located within the research laboratory of the Pathological Biochemistry Department of Glasgow Royal Infirmary. However, the success of our work and the need for more space has necessitated a relocation to much more extensive facilities. The new unit, which was opened by the Health Minister Malcolm Chisholm in March 2001, constitutes the entire top floor of the Walton Building at Glasgow Royal Infirmary!

So what do we do? Well, the Clinical Trials Unit provides a unique service for facilitating medical research locally, nationally and internationally. We can initiate and manage all aspects of the research process from protocol design, managing the way the trials are carried out and monitoring patients to long-term patient follow-up and coordinating input from other agencies.

During our 15-year history we've been responsible for more carrying out clinical trials on more than 12,500 patients.

We also have a training role. The priority that is given to evidence-based medicine means that there will be a growing need for well-designed and well-run large-scale clinical trials. The increasing legal and regulatory issues that govern such studies, particularly the planned



implementation of the EU Directive on Good Clinical Practice in 2004, implies a need for professional training that will equip health professionals with the knowledge and skills to perform such trials. The extensive experience of the Clinical Trials Unit makes us ideally placed to provide such training.

So, what does the future have in store for the unit? Our record of completing and publishing large-scale clinical trials, on-time and within budget, speaks for itself. However, we are careful not to rest on our laurels. Further large-scale studies within the field of cardiovascular medicine are planned, as the Clinical Trials Unit is keen to continue to provide a valuable service for medical research in the West of Scotland and beyond.

Moving Forward With the ACADs

NHS Greater Glasgow may be on the brink of its massive regeneration move, but what stage are the ACAD (Acute Ambulatory Care and Diagnostic) developments really at?

Although both planned buildings (one at Victoria Infirmary and the other at Stobhill Hospital) are at their early stages, things are definitely on the move.

Mairi MacLeod, South ACAD Project Manager, said: "The Project Team is at present working on what we term Clinical Output Specification, which involves consulting the staff to ensure all the services to be provided at the hospital are included.

"Access for geo-technical ground surveys at the proposed site for the hospital have just been discussed with Glasgow City Council, so this work is commissioned to be carried out in the coming weeks."

Margaret Campbell, North ACAD Project Manager, said: "The ACAD hospital projects are in the early stages of what is a very lengthy procurement process. As stated in the last staff newsletter, there will be a constant dialogue between Staff Partnership and NHS management."

She went on: "During July, as part of the site preparation for the Stobhill ACAD, the biochemistry and haematology laboratories will move into their newly refurbished laboratory, which used to be a pathology lab. This will allow the refurbishment of the vacated laboratories to accommodate clinical physics, audiology and the urodynamics service."

A spokesperson for Primary Care Trust added that thorough site preparation for the new addictions unit planned for Stobhill is now complete. It has been confirmed that the construction work will begin in July.

FINANCING THE HEALTH PLAN

GREATER GLASGOW'S NHS system is facing financial challenges to deliver on everything that was originally planned in the 2003/2004 Health Plan.

Unexpected funding pressures have forced the Board to re-phase some planned developments and re-examine the overall long-term financial plan for Greater Glasgow's NHS system.

Despite investment adjustments this financial year, the NHS in Greater Glasgow will deliver a whole raft of service developments and health improvement initiatives highlighted in the local Health Plan.

expanded

During this financial year many services will be expanded and developed including:

- Improvements in cancer services - £1.5m
- Providing extra diabetes and heart disease nurses in the community - £1m
- Child mental health teams - £1m
- More than 1000 extra people with addiction problems put onto recovery programmes - £1m
- Older peoples teams in every community - £800,000
- Home support for older people with dementia - £500,000

The shortfall in funding has resulted in some planned developments this financial year to be re-phased into Health Plan actions the following year. Affected will be the scale of development and expansion of services in mental health, child and maternal health and acute, primary care and community services.

The financial pressures that have led to the overhauling of the financial plan for Greater Glasgow NHS include:

- Instead of prescribing costs increasing by the forecast 10 per cent or less, new and more expensive products will see costs rise by 12 or 13 per cent.
- Glasgow's dwindling population has affected our Arbutnott Formula status – the system used to calculate Greater Glasgow's share of national allocations. Instead of a continuing gain year on year, the 2003/2004 allocation has delivered a smaller increase than planned for to the tune of £7m.
- The cost of pay and pay related inflation (including significantly higher National Insurance costs this year) are ahead of those planned for in the financial

framework.

- The impact of the Junior Doctors' "New Deal" agreement is several millions of pounds higher than the early years' estimates.

Despite these challenges NHS Greater Glasgow intends to deliver on increased national clinical and service priorities including improved targets on waiting times and diagnosis.

The new financial strategy is now in place to ensure that pressures can be met without affecting the long term objectives of the Health Plan for Greater Glasgow.

investment

In total the NHS system will invest £1.2 billion this financial year while almost £7m of Health Plan developments in this year's Plan have been re-phased or reconsidered for year two and beyond. Affected are aspects of developments in mental health, child and maternal health, acute and primary care and community services.

Sir John Arbutnott, Chairman of Greater Glasgow NHS Board, said: "The Board remains committed to developing the Health Plan and recognises that continuity of commitment to the people of Greater Glasgow in areas of recognised need is paramount. This often involves major partners. Financial pressures will be felt in some newer priority areas where the commitment to future funding has to be secure before these can be initiated."

Finance Director Wendy Hull said: "The NHS Board remains committed to making real improvements to the health of the population covered by the Health Board. These service developments and health improvement initiatives are highlighted in the Local Health Plan.

"National targets, particularly those relating to waiting times for in-patient treatment and diagnosis, remain a priority; together with the need to be in a position, in the longer term, to ensure sufficient funding is available to support the Acute Services Reconfiguration.

"In the meantime, some aspects of this year's Plan have, or will need, to be rephased. Even so, significant non-recurrent funds will be used towards achieving breakeven. Consequently, there is an urgent need to reprofile the financial plan for the next three to five years."



The Orchard LFPU in Edinburgh

What is an LFPU?

You may have read stories in your papers over the past few years about something deemed a “mini Carstairs”. What the press are actually talking about is a new Local Forensic Psychiatric Unit being built at Stobhill.

BUT WHAT IS IT? AND IS IT REALLY A MINI CARSTAIRS?

So, what is an LFPU?

It's a specialist psychiatric hospital that provides treatment and supervision for patients with a mental illness who have committed an offence or have the potential to commit an offence as a result of their illness.

Why is this new specialist psychiatric facility needed?

To ensure patients who – need to be treated in a secure environment for their own safety and that of others – are no longer treated in general psychiatric hospitals or mainstream prisons which were not designed for this purpose.

Where and when will the new specialist psychiatric hospital be built?

The 74-bed hospital will be built on the Stobhill Hospital site alongside existing general and mental health services. Work is expected to start in early 2004 and should be complete by late 2005. The hospital is expected to be fully operational by 2006.

What kind of patients will stay at the new hospital?

People who suffer from various types of mental illness, including depression, will be treated at the hospital.

How will the new hospital help increase public safety?

Unlike the majority of people who commit crimes, patients with mental illness who have committed an offence have done so because they are unwell. Providing improved levels of treatment and supervision in a purpose built specialist hospital will increase the chance of recovery and significantly reduce the risk of patients committing an offence again.

How long will patients stay in at the new hospital?

Patients will stay in this new hospital until they are well enough to be cared for in Glasgow's other psychiatric facilities or return to their own homes. Escorted visits and leave will be introduced as part of a carefully managed programme of rehabilitation that gradually allows patients more freedom as they recover. The average length of stay for each patient will be around two to three years.

Will patients be monitored after they are discharged?

Yes, community outreach teams will monitor patients on a regular basis to ensure they continue to stay well after they have been discharged from hospital. Patients can be re-admitted at any time if staff are concerned about their health.

Will the Glasgow facility be the only LFPU in Scotland?

No, all major population centres in Scotland are required to develop their own local centres, in line with national policy. Specialist facilities exist in Perth and Aberdeen and a purpose-built facility was opened in the centre of Edinburgh a few years ago. Plans to develop a second specialist facility in the West of Scotland to serve patients from Argyll and Clyde, Lanarkshire and Inverclyde have also been approved.

Will the new hospital treat patients from other parts of Scotland?

No, patients will come from the Greater Glasgow area and many will already be undergoing treatment in local facilities across the city.

Is the new hospital just a 'mini' Carstairs'?

No, the State Hospital at Carstairs is a high security hospital which is designed to accommodate severely ill patients who are considered to be a high risk to themselves and others. The new hospital will not accommodate patients who require high security levels and will therefore be very different in appearance, layout and operation to the State Hospital.

What type of staff will work at the new hospital?

Around 230 staff will work at the new hospital including specialist doctors, specialist psychologists, specialist nurses and specialist occupational therapists. Some of these posts will be filled by existing staff though many new staff will also be appointed.

How are plans for the facility being taken forward?

NHS Greater Glasgow is in the final stage of discussions with two companies who have expressed an interest in building and maintaining the new hospital as part of a Private Finance Initiative. Bids were being assessed and the preferred provider should be appointed by this month. This company will then work with staff to finalise the design and layout of the hospital in line with clinical and patient requirements.

Professor Reid Appointed

Professor Margaret Reid of the University of Glasgow has accepted the role as external chairperson of the city's Modernising Maternity Services group.

Professor Reid, a professor of women's health, heads the Division of Community-based Sciences at Glasgow University.

Along with non-executive members of NHS Greater Glasgow Health Board, the group will evaluate evidence from professional, clinical, patient and other sources to recommend which of the Queen Mothers Maternity and the Southern General Maternity would best serve a modernised maternity service for the city.

Peter Hamilton, former Greater Glasgow Health Council chairman, Professor Michael Farthing, Dean of Glasgow University's Medical School and Rosslyn Crocket, Director of Nursing for Greater Glasgow's Primary Care Trust, have accepted positions on the evidence gathering group.

It will gather evidence during the summer months and bring a recommendation to the NHS Board in September/October. The Board will then select a preferred option and launch a full public consultation process with a view to formalising a decision early in 2004.

NHS Board Chairman Sir John Arbuthnott said the consultation process would be thorough and inclusive, offering everyone from MSPs and maternity network groups to clinicians and Glasgow mothers a say on the city's future.

Two years ago, following widespread consultation with women's groups and medical professionals, it was agreed two maternity units should serve Glasgow - one being the new showpiece Princess Royal Maternity.

Falling birth rates and pressure to deliver the very best levels of clinical care for mothers and babies mean that one of the two older maternity hospitals will close.

Meanwhile considerable development and investment will continue at the Royal Hospital for Sick Children at Yorkhill, where all paediatric and A&E services are being centralised to serve Greater Glasgow for years to come.



New Website for Nursing and Midwifery

North Glasgow Trust's Nursing and Midwifery website is a new resource that can be accessed by nursing staff throughout Greater Glasgow. The website was created to form a "one stop shop" in terms of information on nursing and midwifery. It was designed principally for North Glasgow Trust staff but features details of training and development courses available to nurses across the city, along with extensive library support.

The North Glasgow Trust's Nursing and Midwifery website can be found at:

www.ngt.org.uk/nursing_midwifery

Jargon Busters

IT'S ALL DOUBLE DUTCH TO US



There is robust support within the SIPs and LHCCs for the ACADs. SEHD is confident that CHPs (who will eventually replace LHCCs) will continue to support the vision of GGNHSB for ACADs and the LFPU.

And CNORIS (as we say in Glasgow) he's just as bad!

Understand what we're going on about? Well neither do an awful lot of people.

It's difficult enough for health professionals to translate acronyms without expecting partner organisations or the general public to know what we are talking about.

And it's not enough to spell out an acronym and expect the full version to bring any understanding to most people: Ambulatory Care and Diagnostic (hospitals) doesn't convey much to most.

Then there's the issue of signage for the patients who come to our hospitals.

There may be a place for a sign to direct doctors and visiting professors to ophthalmology departments in our hospitals ...but when large percentages of our patients have difficulty in reading basic language, or can't read at all, is it not time the sign said "eyes" and included a symbol that looked like an eye?

As part of a public involvement/communication initiative, the NHS in Greater Glasgow is setting out on a jargon busting mission. We'll be looking to get our messages across in a way that everyone understands. Non-NHS staff will be consulted. They will be asked to help us get the message across clearly.

The "People Involvement" committee of NHS Greater Glasgow has now agreed a project to scope out with members of the public, patients and staff how best to move forward to a clearer way of communication.

With the massive modernisation of Greater Glasgow's hospitals underway this is viewed as a great opportunity to re-examine the way NHS signage is used. The plan is that our new hospitals will be far easier to access by the general public if we can adopt a new and more focussed approach to patients needs.

Greater Glasgow's newly appointed Head of Community Engagement, Niall McGrogan, is taking this issue forward although, in the meantime Staff News would be happy to hear suggestions from staff on alternative user-friendly terms for signs in hospitals.

Please send comments and suggestions to email address: news@gghb.scot.nhs.uk or in writing to: Olivia Cornacchia, Staff News, NHS Greater Glasgow, Dalian House, 350 St Vincent Street, Glasgow G3 3YZ.

Glossary (in order of appearance): Social Inclusion Partnership; Local Health Care Co-operative; Ambulatory Care and Diagnostic (hospital); Scottish Executive Health Department; Community Health Partnerships, Greater Glasgow NHS Board; Local Forensic Psychiatric Centre; and last but not least Clinical Negligence and Other Risks Indemnity Scheme.

Making Good Headway

Waiting times are probably the most publicly visual yard stick of performance for an NHS system. NHS staff know it is only one aspect of measurement but on this front Greater Glasgow's staff have made great strides in recent months by ensuring that 84 per cent of patients are seen within three months and 92 per cent of patients are seen within six months.

The recently announced quarterly figures showed that 573 patients in Greater Glasgow exceeded the nine month waiting time (159 of those patients from outwith our local health system area).

The target for NHSGG is that by December 2003 no patients on the waiting list will have been there for more than nine months ... with the huge majority having been seen within three months.

EVERYONE'S A WINNER

Strike it lucky with the Staff Lottery and find out how you can 'benefit' from brand new staff services.

From the beginning of July, the administration of the staff lottery is returning inhouse and will be run by NHS staff for NHS staff.

At the same time, the new NHS Greater Glasgow Staff Employee Benefits Programme will be launched.

John Hamilton, Head of Board Admin, said: "The staff lottery has been around for a number of years and is going from strength to strength.

"There are 15 prizes every month with a top prize of £4,000. It could not be easier to join - just fill in the application below with how many chances you want. It is automatically deducted from your salary - £1.50 per chance for monthly paid staff and £0.35 per chance for weekly paid staff."

John revealed that a number of new lottery initiatives will be introduced in the coming months. This includes new and innovative lottery draws and prizes, news of good causes being supported by the Appeals Society and quicker

payment of prizes through optional choice to be paid via your payslip.

Want to find out more? Contact the Staff Lottery Centre, Treasury Building, Stobhill Hospital or telephone: 0141 201 4116.

Sitting side-by-side with the staff lottery is the new NHS Greater Glasgow Staff Employee Benefits Programme.

As from this month the new Staff Employee Benefits section will be aiming to impress staff with the range of benefits they have to offer.

Need independent mortgage or financial advice? - the Staff Employee Benefits can offer that advice with no cost to NHS staff.

As well as financial advice, the Staff Employee Benefits section has continued its association with Barrhead Travel, which offers a 5% discount on all holidays to NHS Greater Glasgow staff. Barrhead Travel has also donated a week in the sun for two for one lucky staff lottery winner later in the year.



NHS Greater Glasgow Staff Lottery Application Form

Part A:

Full name:..... Job title:.....

Department:..... Hospital/base:.....

I am: weekly paid month paid (please tick as appropriate)

Part B:

I am not a member of the lottery but want to join

No of chances required (at £1.50 per chance per month or 35p per chance per week).....

Enter details from top left of payslip:

Staff Pay Number.....

Pay Div.....

Pay Grp.....

Pay Pt.....

Part C:

I authorise the deduction of lottery subscriptions from my salary/wages with effect from the first day of the month following receipt of this form by the Lottery Centre, until cancelled by me in writing or until the termination of my employment with an NHS Greater Glasgow employer.

Signature..... Date.....

Return completed form to: Staff Lottery Centre, Treasury Building, Stobhill Hospital, Glasgow G21 3UW.

Tackling Glasgow's Poor Health Record

Glasgow has been battling for generations to rid itself of the "sick man of Europe" tag.

Despite huge and determined efforts by health professionals and the City Fathers, it still ranks amongst the worst in the world for heart disease and cancer.... and we are falling even further behind the rest of Europe.

However, building on existing health expertise and using the research excellence that exists in universities, the Centre for Population Health will focus on Glasgow's health and social needs and examine better ways of meeting those needs.

The Centre for Population Health will incorporate scientific research and health expertise into why Glasgow's health remains a major problem.

It will establish in Scotland an international research and development facility concerned with how to improve health and how we use the knowledge gained for the advantage of the people of Scotland.

Until now no-one has been able to pinpoint the X factor of why Scotland's health remains amongst the worst in the world. Using the "best brains" in the country, the Centre staff will get behind the facts and figures and try to establish what that X factor is.

Professor Sir John Arbuthnott, Chairman, Greater Glasgow NHS Board, said today: "There is no doubt that fresh thinking is needed to improve the health of people in Glasgow and the challenge is to change the current pattern of unhealthy lifestyles led by many Glaswegians.

"Glasgow is leading the way in combating poverty and ill health and we hope to turn the negative image into a positive image worldwide.

"We should build upon the gains of the last few years and

working in partnership with the Universities, the City Council and communities we serve, be a leading force in linking health improvement action in Scotland with other health improving activities elsewhere in the world.

"We have the backing of Malcolm Chisholm, the Minister for Health and Community Care, who has made a commitment to fund the centre for the next five years."

The University of Glasgow and Glasgow City Council have both given their backing to the Centre.

Professor Kevin Woods, Chair in Health Policy and Economic Evaluation at the University of Glasgow, is part of the team working with Professor Sir John Arbuthnott in taking the Centre forward. He believes this is an important step in improving Scotland's health.

He said: "There is a huge enthusiasm to go a step further in researching this vast and complex issue. An immense amount of work has already produced detailed results that have helped health professionals target health improvement measures for local and national populations.

"But despite this level of activity there remains an unfound key to unlock the door to Glasgow's unique and seemingly enduring dreadful health status."

Deputy Leader of Glasgow City Council, Councillor Jim Coleman, said: "Glasgow City Council welcomes the announcement of a Centre for Population Health.

"It is only by everyone working together that we can start to turn around Glasgow's poor health record.

"The Council for the first time now has a full committee dealing with Community Health and Safety, clearly demonstrating the Council's commitment to improving the health of the people of Glasgow."

Staff News

Written by staff for staff with the full support of the Partnership Forum. If you'd like to send an article, letter, photograph or comment to us....

Send them via
our new email address:
news@gghb.scot.nhs.uk

or

Send them to:
Olivia Cornacchia, Staff News,
NHS Greater Glasgow,
Dalian House, 350 St Vincent
Street, Glasgow G3 3YZ.