

CALL TO SPEED UP ACUTE MODERNISATION PLAN



NHS Greater Glasgow, in common with other health systems in Scotland, is facing extreme medical staffing challenges due to the radical changes in consultants' working hours, junior doctors' working hours and the impending impact of modernising medical careers.

A number of groups, including Trust and Board managers and frontline medical staff, are reviewing the implications of these changes and seeking ways to ensure that patient care is maintained.

Our frontline medical staff are calling for a speedier implementation of planned acute hospitals modernisation plan to ensure services are protected and delivered safely while the £700m new hospitals building programme continues toward implementation.

There's a lot of planning to be done. It will be done in close consultation with staff and with patient groups ... full details on pages 2 and 3.

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Doctors make call modernisation of



She has 21st Century training.
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NHS Greater Glasgow will have to modernise adult acute hospital services more quickly than currently planned due to an impending series of significant changes in working and training regulations for frontline staff.

Medical staff are pressing for urgent decisions to safeguard key service provision - in particular emergency out-of-hours cover in acute hospitals.

Current consultant lead doctor rotas are not sustainable in the mid to long term, especially with the introduction of the European Working Times Directive, new contracts for consultants, new arrangements restricting the time doctors in training spend delivering direct patient care and a recent court decision that rules doctors' sleep breaks on night shift rotas in hospital must be regarded as part of the new shorter working week.

The effects of all these changes - some anticipated and others which have arrived sooner than expected - have put huge new pressures on NHS systems throughout Scotland.

Dr Brian Cowan, Greater Glasgow's Medical Director based at the city's Southern General Hospital, said that clinical, nursing and allied health professionals are all aware that change must be delivered - and soon - to ensure services can continue to be delivered effectively and safely.

With the changes affecting every health system in the UK, the only prospect of preventing services from collapsing due to non-compliant rota systems is to implement more quickly the approved current acute hospitals modernisation plan for Glasgow.

The Acute Hospitals Modernisation Plan addresses the problems of too many rotas, too many doctors on call, under-utilised facilities and support teams (theatres and intensive treatment units) and the wrong facilities.

"The modernisation package for Glasgow delivers modern adult acute services that can be run efficiently and safely with 28 consultants and 44 junior rotas by 2010-2012 ... instead



Dr Brian Cowan

for accelerated city's acute services

What's the 'Hampden roar?'

Early drafts of two of the display boards

£750 million invested in our hospitals, that's what.

www.nhsgg.org.uk/modernisation



of the 43 consultants and 70 junior rotas in place every night during 2003," said Dr Cowan.

"The problem is that we cannot wait until then. The pressures are intense for an accelerated programme of change in service organisation and provision."

Talks are ongoing in other Scottish NHS areas to reduce the number of Accident and Emergency sites open out-of-hours and to introduce the new style "walk-in walk-out" acute hospitals (ACAD's) that have been part of Glasgow's modernisation plan since 1997.

Tim Davison, Chief Executive of four of Glasgow's adult acute hospitals - The Royal, Western Infirmary, Gartnavel General and Stobhill - said: "The problem is that the current Glasgow plans will take ten years to implement in full and, with the emerging pressures facing NHS Scotland as a whole, it has become clear that we cannot continue to spread our medical workforce over six adult inpatient sites for the next decade.

"We now need to work with staff, our patients and the public to explore how we might accelerate our modernisation plans to ensure that we continue to provide the safe and effective patient care that the people of Greater Glasgow deserve."

Greater Glasgow NHS Board is currently working with

clinical and allied health professions to investigate options that will deliver adult acute services that are sustainable, while progress continues with the £700m Acute Hospital Modernisation Plan that will provide the city with:

- three inpatient sites;
- two accident and emergency units;
- two walk-in walk-out ACAD hospitals;
- two maternity units.

The current Modernisation Plan affects adult acute and inpatient care and does not include the Accident and Emergency and inpatient paediatric services provided at the Royal Hospital for Sick Children at Yorkhill.

Some detailed proposals on how acute services can be re-configured are expected to be put before the NHS Board and Staff Forums early this year.

Staff News will ensure all Greater Glasgow's 33,000 staff are kept well informed and details and any related planning documents or proposals will be posted on the NHS website www.nhsgg.org.uk

Display boards giving staff and patients a glimpse into how our hospitals will change are planned. On these pages some of the early drafts of some of those visual images have been used.



Staff the Results

The staff survey results are now in and a detailed analysis of the findings have been carried out.

Organisers say more people completed the questionnaire this year than last and that views were extensive and constructive, with the survey letting staff take a close look at their own feelings.

One employee told Staff News: "I didn't realise that I'm actually quite lucky when it comes to training. I know that for a lot of other people this is a really difficult area, so it wasn't until I stopped to think about it for the survey that I realised I had some advantages."

Another added: "I knew I was stressed, so I ticked that



Delivering Safe Services for Mothers and Babies

SPECIAL MEETING FOR NHS GREATER GLASGOW STAFF
TUESDAY, 27th JANUARY 2004

As part of NHS Greater Glasgow's public consultation on the future of maternity services, a staff meeting will be held at:

Radisson SAS Hotel
301 Argyle Street, Glasgow G2
*(At the corner of Argyle Street and
Hope Street by Central Station)*

This will be an open space event, commencing at 7.00pm and closing at 9.30pm

Brief presentations will be followed by question and answer sessions at 7.30 pm and again at 8.30 PM. Throughout the evening you will also have a chance to discuss each of NHS Greater Glasgow's seven proposals for Maternity Services with different teams involved in the planning and delivery of care.

This is your chance to find out the facts about the proposed changes to maternity care and why they are necessary.

If you require further information, please call 0141 201 4477

Survey are in!

box right away, but when I came to the next question I had to think about why I was stressed. That was the first time I'd actually stopped to analyse the problem.

"Instead of just thinking that I wasn't coping, I realised I had too much work and it wasn't that I was inefficient. It'll be interesting to see if things change from now on."

So what were the key findings after staff got on the soapbox? Here we have given you a flavour of the main results:

- The majority of staff (73%) enjoy working for NHS Greater Glasgow;
- 54% are dissatisfied with the current level of training and 58% feel that training needs are not reviewed;
- 79% feel their jobs offer opportunities to use their initiative;
- 79% feel they are under stress due to work demands;
- 43% disagree that NHS Greater Glasgow provides good support to help balance work and home responsibilities and awareness of Work Life Balance Policies has increased since last year;
- One in four members of staff in Greater Glasgow has experienced a violent or aggressive attack, with half of these having happened two to five times;
- Around one in ten staff have experienced bullying and harassment, mainly from colleagues, but only a third have reported these incidents;
- 72% of staff feel they can put forward ideas and suggestions for improvement;
- 48% of Greater Glasgow staff are still unaware of the existence of Partnership Forums.

Among the significant number of staff who have experienced verbal or physical abuse, the survey went on to reveal that many incidents are not reported, because they're shockingly perceived as "part of the job".

Following the first staff survey last year, the Trusts produced action plans based on the results.

Similarly, this year each Trust (North Glasgow, South Glasgow, Yorkhill and Primary Care) has a breakdown of its own results and, in the coming months, will adjust its action plan to reflect the new findings.

So look out for notices of staff briefings in your Trust.

In the meantime, if you have any comments on the survey or would like further information, contact: Olivia Cornacchia, Partnership Co-ordinator, Greater Glasgow Area Partnership Forum, 3 West, Dalian House, 350 St Vincent Street, Glasgow, (tel: 0141 201 4458 or email: olivia.cornacchia@gghb.scot.nhs.uk).

Taking a ZERO TOLERANCE approach

NHS Greater Glasgow operates a zero tolerance attitude to violence and aggression against its staff.

We've already been implementing a series of measures to try and combat attacks on staff.

A unique partnership between South Glasgow University Hospitals NHS Trust, Strathclyde Police and the Procurator Fiscal Service is delivering increased benefits for frontline staff at South Glasgow Accident & Emergency Departments and patients alike.

Under the scheme, anyone committing an act of physical or verbal aggression either within, or in the immediate vicinity of the A&E department, will find themselves a 'fast track' guest at the local police station and if there is sufficient evidence to bring charges, spend the night in the cells before being brought before the courts on the next lawful day.

Dr. Tim Parke, Clinical Director of Accident and Emergency at South Glasgow Hospitals said: "This partnership offers very real benefits to clinical staff and patients alike. Should a problem arise within the A&E department, it is swiftly dealt with by the police, leaving us to concentrate on what we do best – delivering emergency health care to our patients."

This innovative approach is the latest in a raft of policing measures at South Glasgow hospitals, as local police Superintendent Mike Deans explained: "We believe this partnership arrangement, alongside the Aggression Awareness Workshops for A&E staff which took place earlier in the year, offers very real benefits and is further enhanced by the recent appointment of a hospital based Police Constable."

Elsewhere in the system and the Royal Infirmary's new A&E unit was built with safety in mind. The layout means staff aren't at risk in enclosed and hidden areas with unstable patients; there is a 24 hour security presence that provides an entrance deterrent to filter out problem people; and staff have swipe cards to stop through-traffic. Staff have also been issued with mini attack alarms.

North Glasgow University NHS Trust was also 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. The Trust is also developing a new general medical service for patients with challenging behaviour and its Occupational Health Service has counselling in place to support staff who've had to deal with violent or aggressive patients.

And Yorkhill Hospital is ploughing £15,000 into dealing with violent and aggressive child patients in its care.

Cardiothoracic and the Golden Jubilee

The Golden Jubilee National Hospital (GJNH) is looking at a range of options for expansion of services at Clydebank.

One potential option now being explored jointly by NHS Greater Glasgow, NHS Lanarkshire and GJNH is the possibility of establishing a regional centre for adult cardiac and thoracic surgery at the hospital.

Plans currently exist as part of the Glasgow Acute Services Review to re-site the adult cardiothoracic surgery services provided from Glasgow Royal Infirmary (including the Scottish National Heart Transplant Unit) and the Western Infirmary on the Gartnavel General Hospital site by 2012.

Under the option being discussed, the development of a single site cardiothoracic service could be brought forward much earlier by the use of facilities in GJNH. Thoracic surgical services currently provided at Hairmyres Hospital in Lanarkshire are also part of the discussions.

SO, HOW IS THE PROJECT BEING MANAGED?

A Steering Group made up of representatives from each organisation is involved in overseeing the project. Mr Ronnie Cleland, Chairman of North Glasgow Trust, has been asked to chair this group.

A Project Group has been established to undertake a feasibility study on behalf of the Steering Group. This group has membership from all three organisations involved and is being chaired by Mr Kevin Hill, General Manager, Cardio-Respiratory Division, North Glasgow Trust.

Specific Advisory Groups have also been established and each will be examining key areas of current services and assessing the viability of a move to the Golden Jubilee National Hospital.

The Advisory Groups are: Cardiac Surgery, Nursing, Thoracic Surgery, Estate and Facilities, Anaesthetics, Human Resources, Cardiology, Communications, Laboratories/Clinical Support, Management.

WHAT TIMESCALES ARE WE WORKING TOWARDS?

At present an outline business case is being developed and it is anticipated that this will be submitted to the Minister for Health and Community Care early this year. If the Minister agrees in principle to the outline business case, we will then start working on producing a full business case.

WILL STAFF INVOLVED LOSE THEIR CURRENT TERMS AND CONDITIONS OF SERVICE IF THIS GOES AHEAD?

Exploratory discussions are only at an early stage, however we recognise that any suggestion of service change will inevitably lead to staff seeking information on how they will be affected by the change.

Both NHS Greater Glasgow and NHS Lanarkshire



operate organisational change policies. The policies state that "Staff will suffer no detriment as a result of organisational change/service change to current terms and conditions of service, including income and earnings levels, which will be fully protected should staff be compelled to change job, responsibilities, location or hours of working."

Should the current proposal be introduced, this policy would apply.

HOW DO I FIND OUT MORE INFORMATION?

We will ensure that staff and patient groups are fully involved in taking this forward and exploring all aspects of the proposal. We are planning to hold a number of staff briefings on this issue and details of these will be made available in due course.

We also plan to establish a web page, which allow you to access project information and developments plus meeting minutes and other key information. You will also be able to use this facility to feed us your comments and suggestions. Our staff newsletters will also feature regular information and up-dates.

In the meantime if you would like any further information please do not hesitate to contact: Kevin Hill, General Manager Cardiology, Cardiothoracic & Respiratory, Western Infirmary, Dumbarton Road, G11 6NT, Glasgow (tel: 0141 211 8536 and e-mail: kevin.hill@northglasgow.scot.nhs.uk).

EXTERNAL COMMUNICATION

As well as issuing a media release, we will continue to inform the public throughout the period of the development of the outline business case via the website and through the publication of information leaflets. At an appropriate stage there will also be public consultation.

The Endoscope

Fat Chance

Dan Jenkins and his colleagues in Health Promotion had their world rocked recently. Disturbing evidence reached them to confirm that everything they had been trying to tell the good people of Glasgow about their diet was, as the appropriate metaphor would have it, mince. The photo (right) was taken in a supermarket in York and the Endoscope has not seen such a quantity of butter and lard in one place since viewing Marlon Brando's appearance in Last Tango in Paris. One may snigger at the juxtaposition of lard and lard-based products with the healthy lifestyle tag but consider this: the people of York are skinnier than Glaswegians and they don't die off so much either. So, it's official! Drop that carrot and slap some Lurpak on your pie: the NHS's problems will soon be over!



Blame Bevan

As many people have observed, working in the NHS would be hunky dory if it weren't for the pesky patients and their hangers on, the general public. And as we know, what is true in general terms is always more so in Glasgow. However, a recent incident suggests that the good burghers of these parts have the capability to bear a grudge longer than anyone could have imagined.

Some poor soul despatched to talk to a 'patient group' in order to undertake some 'community engagement' was greeted at the door by one of the members who was obviously advanced in years. Lodged in her bath chair, she looked him up and down in a most disapproving way. In a querulous but still icily vicious tone she rasped: "The Health Service went down the tubes when you lot nationalised it!" Can't argue with that, can you?



Stand up the real Jason King!

Hirsutes You Sir

The latest look-alike brought to the Endoscope's attention hails from Yorkhill, the "jewel in the crown of Glasgow's hospitals" (© Evening Times, 2003). If the institution he works for can be so described, then John Marshall, the Trust Secretary, must surely be the lettering in Yorkhill's rock or the Ann in its diamond. Without doubt the most suave and sophisticated man in the entire NHS, John's sense of style is up there with the cultural giants of this once proud nation. For proof look no further than the archive photo of John (above) and it should be clear that his role model was none other than Jason King, of 1970's TV's Department S.

Jason was famous for solving a mysterious mystery whilst at the same firmly enveloping a young gel in his foppishly attired arm. John has taken much the same approach to minute-taking at Yorkhill's committee meetings

Wait a minute! – look more closely at that photo. It can't be but it surely is! Readers of the last Endoscope will recognise Ally McLaws' mullet and Bob Calderwood's tash – together in one package. Obviously, such an icon as John had first go and cast the fuzzy bits off to be taken up by lesser sartorial lights. As they say, hair today...



Homeless Website Launched

The first website aimed specifically at homeless people has been launched in Glasgow.

Homeless Information Pages (HIP) at www.hipinglasgow.com, created by the Glasgow Homelessness Network, provides information and advice for homeless people in Glasgow.

The website covers issues such as accommodation, food, clothing, addictions, health, employment, money advice and support services.

A spokesperson for Glasgow Homelessness Network said: "It is important that the website reflects the current needs of homeless people and access to information is vital. Homeless people can use our mobile training unit and can give feedback through the HIP Service Users Forum which we use to further improve and update the website."

Community Health Partnerships

Proposals on the shape and structure of Community Health Partnerships across Greater Glasgow are expected to be discussed at an NHS Greater Glasgow Board meeting on January 20, 2004. If approved, these will be widely circulated to staff, partner agencies, community and voluntary groups across Greater Glasgow as part of a formal consultation.

A copy of the consultation paper along with additional background information will also be posted on the NHS Greater Glasgow web-site (www.nhsgg.org.uk).

A new Community Health Partnership Development Group (CHPDG) has also been formed. Details can be found on www.show.scot.nhs.uk/sehd/chpdg

The Lab on

Cases of meningitis due to common bacteria may be falling, but who is it that helps Public Health practitioners in their fight against these diseases?

The Scottish Meningococcus and Pneumococcus Reference Laboratory is located in a small building known as the "House on the Hill" on the grounds of Stobhill Hospital.

One of eight reference laboratories in Scotland, its primary function is to confirm the identify of the three most common bacteria responsible for meningitis and septicaemia, namely *Neisseria meningitidis*, *Streptococcus pneumoniae* and *Haemophilus influenzae*.

Bacterial meningitis and septicaemia are a public health problem in Scotland and the laboratory confirmation of these diseases is very important as it provides valuable information for treatment.

Dr Stuart Clarke, Director of the Lab is a medical microbiologist and has been working with the Lab since 1998.

He said: "Although the number of *Neisseria meningitidis* cases in Scotland has dropped (in 1999 there were 349 cases of meningitis and in 2002 the number had dropped to 178), this is still a significant disease. The Meningitis C vaccination programme has gone some way to helping reduce the number of cases, but it still remains a problem."



A member of the lab staff at work

The Lab has a staff of 14 and can produce some results within 30 minutes but more complicated tests can take up to five days. Although the Lab is not 24 hours a day, should there be a need, they can do extended hours when and if necessary.

Funded by the National Services Division, the Lab is a national service and its primary users are the 26 diagnostic microbiology labs throughout the country, the 15 health boards in Scotland and the Scottish Centre for Infection and Environmental Health.

Dr Stuart Clarke also has a close working relationship with the three main meningitis charities: Meningitis Association (Scotland), Meningitis Research and the National Meningitis Trust.

He said: "In the past we have



the Hill



Dr Stuart Clarke

been given funding by the Meningitis Association (Scotland) which enabled us to fund new equipment at the Lab to enable DNA sequencing. This funding has improved the laboratory confirmation of the bacteria causing meningitis.

“These charities have a major role to play offering support and advice to families who have had a child affected by meningitis.

“Our job is to identify which bacteria is responsible for someone’s illness and get that information to our colleagues as quickly as possible for a patient’s treatment. The information we provide also helps with the management of outbreaks.”

Dr Syed Ahmed, Consultant in Public Health Medicine based at Dalian House, said: “We follow up all cases of bacterial meningitis to ensure that all relevant close contacts receive appropriate advice and preventative treatment. Without the work of the lab, it would be impossible for us to take these public health actions.”

Best in Europe

Glasgow’s Learning Disability Partnership has scooped the prestigious Eurocities 2003 award for its work on providing supported housing for people with a learning disability. The Partnership – which is a joint initiative between social work and health – provides care for people with a learning disability in supported accommodation in the community and came top in the ‘Housing for People’ category.

Over the past three years, around 500 people from the Glasgow area have been resettled into supported accommodation in the community following the closure of Lennox Castle Hospital, which first opened in 1936. In recent years, however, it was recognised that large scale hospitals do not provide the best care for people with learning disabilities, and that people can lead fuller lives in the community.

The Eurocities organisation has 117 member cities and aims to promote their benefits in terms of business, social issues and tourism. This year’s awards ceremony was held in Porto and was chaired by the city’s Mayor. Glasgow’s winning bid was in competition with entries from Copenhagen, Dublin, Leipzig, Nantes, Stockholm, The Hague, Nis and Edinburgh.

The annual Eurocities competition has eleven categories based around social care and community issues. This year there were 52 entries in total, with 11 for the category in which Glasgow took the top prize of a glass trophy and a bottle of Port from the region. The Partnership also took third place in the e-communications category for its IXSEED website which contains a wealth of information on learning disability services - www.ixseed.org.uk

Congratulations to everyone at the Partnership who have demonstrated real commitment to improving services for people with a learning disability.

A Busy and Rewarding

No two days are ever the same down at the Taylor McColl Medical Practice in Thornliebank Health Centre.

And that's just how Practice Manager Lorraine Greenwood likes it.

With more than 5000 patients, four GPs and seven members of staff to look after, Lorraine thrives on the busy atmosphere of the place.

Starting out in the practice 19 years ago as a junior receptionist, Lorraine worked her way up, going through a series of training programmes to become practice manager in 1984.

She said: "I deal with the day-to-day running of the practice, managing two practice nurses and five reception staff as well as dealing with the financial and administrative side of the business. It's a varied and busy job."

Part of Greater Shawlands Local Health Care Cooperative (LHCC), the Taylor McColl Practice has been training doctors who want to become GPs since 1990. It also teaches medical and pharmacy students.

They've also been leading the way in introducing new initiatives such as the new nurse led triage system.

Lorraine explained: "This system has created a 24 hour access to a healthcare professional and reduced the number of unnecessary appointments by prioritising the care of patients needing seen on the day. Appointment times and length have changed to accommodate on the



Lorraine outside
Thornliebank Health Centre

day, next day or routine appointments which the nurse can access during triage. All triage calls are discussed with the doctor at the end of the morning surgery although all house visits are triaged throughout the day.

"This has been a major development for the practice and allows greater scope for meeting Advanced Access targets. We continually measure the standards set by our triage system through clinical audit and this has been in place now for 18 months.

Last year, the practice was awarded the Royal College of General Practitioner Practice Accreditation, along with the rest of the LHCC, which means it has achieved and maintained a high standard of service. It has had Investors in People accreditation since 1999.

"We're really proud of our achievements within the practice. We work hard to ensure that we give our patients the best care, the best services. It's a very forward thinking practice. We are always looking at ways of developing and growing."

As well as her day-to-day job, Lorraine is the Greater Shawlands LHCC representative on the Glasgow Managers' Practice Forum. The forum meets regularly to discuss issues affecting GP practices throughout the Greater Glasgow area, including the new Community Health Partnerships and the GMS Contract.

"It's a good opportunity to meet with my counterparts in other parts of Greater Glasgow to talk about the big issues that most affect us and to share information and best practice. We work well together. It's a very good group to be involved with."

LORRAINE'S DAY

There is no typical day for Lorraine: "That's what I like about my job. No two days are the same. When I come into work in the morning, I have no idea how the day will pan out. I might be doing the practice accounts, organising cover for a staff member who's off sick or dealing with a patient complaint."

WHAT SHE LIKES ABOUT HER JOB

"It's a job that can be both challenging and rewarding. I love working for the Health Service and I can't imagine doing anything else. I'm supported by a really good team

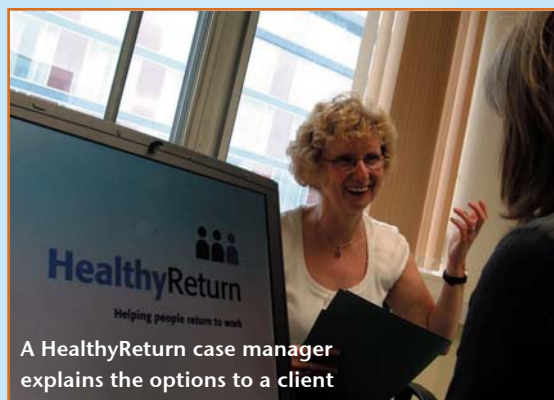


Job



Lorraine with Practice Nurses at the Thornliebank Health Centre

A NEW YEAR, A NEW START



A HealthyReturn case manager explains the options to a client

If getting back to work after a period of being off work sick is a New Year resolution for you or a family member/friend then HealthyReturn may be able to help.

HealthyReturn is a Glasgow-based project delivering a free boosted service to people currently off work sick. It is part of a UK research trial that aims to test what benefit, if any, there is in offering additional help to those people currently off work sick.

So far, our team of qualified specialists have worked with more than 250 people in the Greater Glasgow area, providing them with additional health and work focussed services aimed at helping them back to health and back to work. In 2004 we want to work with many more people.

TAKING PART IS SIMPLE.

All you need to do is answer yes to the following questions:

- have you been off work due to illness, injury or disability for between six weeks and six months?
- do you live and work in the following postcode areas: G1 to G84, PA1 to PA14, ML1 to ML9, FK1, FK4 and FK6?
- do you work for a minimum of 16 hours per week?
- do you want to get better and back to work?

If you, or anyone you know, can answer yes to these questions; simply freephone 0800 052 1012 and you could receive extra help. Importantly you could also have an effect on the future of occupational healthcare provision as the results from this study, along with all the others around the UK, will be used to inform future Government policy.

Nationally, HealthyReturn is supported by the Department of Health and the Department for Work and Pensions and is headed up by the University of Glasgow in the Greater Glasgow area.

of people. Without them I couldn't do my job."

WHAT SHE DISLIKES ABOUT HER JOB

"I don't have that much patient contact any more. That was the bit I really liked about my job. My role is now more office based, behind the scenes, so I don't get that interaction with patients any more."

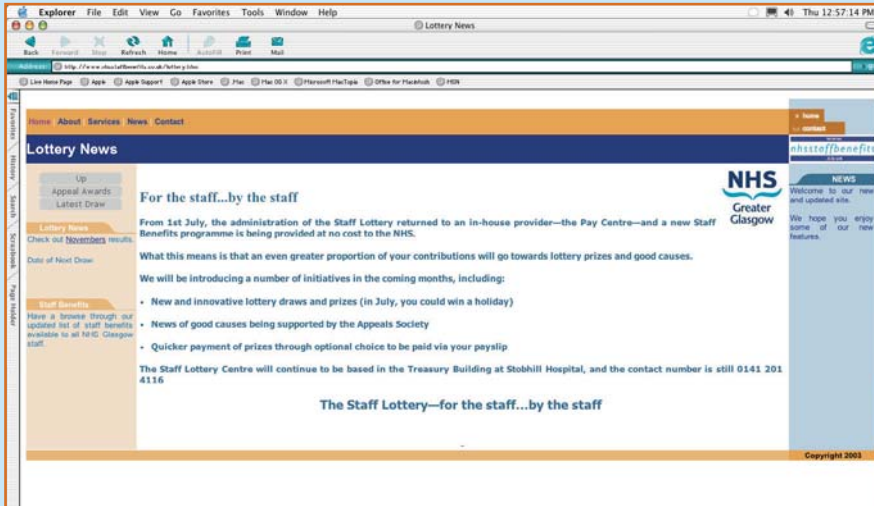
GMS CONTRACT

Led by the NHS Confederation, the new GMS contract provides a new funding formula which will give GPs greater flexibility in the services they provide, assist them in managing workload and improve the quality and number of services on offer.

"The new GMS contract for GPs will be a step forward for general practices and practice managers are going to be pivotal in implementing the new regulations. It will provide new mechanisms to allow GP practices greater flexibility in the range of quality services they can provide and offer GPs and their staff new challenges and opportunities.

"We already meeting the quality indicators required by the new contract."

Ten Years and Still Going Strong



Log on to the Staff Lottery website for more information: www.nhsstaffbenefits.co.uk

The NHS Staff Lottery celebrates its tenth year and there's still loads of opportunities for staff to take part and win!

In fact, why not get more involved and come along to our monthly Star Prize draws which take place at various NHS venues across Greater Glasgow? The next draws take place at 1pm (lottery staff will be there from 12 noon to 2pm) on:

- January 6 (Dalian House) and 29 (Lightburn Hospital)
- February 26 (Parkhead Health Centre – venue to be confirmed)

There's also the March Mega Draw which will see one lucky lottery participant winning £15,000! That takes place on March 31, 2004 in the Southern General Hospital canteen.

Roadshows are also held independently of the "Draw Day" throughout the Greater Glasgow area and if you would like to know when lottery staff will be visiting your workplace contact the Lottery Office, Stobhill Hospital on 201 4116.

If you would like to join the NHS Staff Lottery you can obtain an application form direct from the Lottery Office,

at one of our Lottery Roadshows or visit our website on www.nhsstaffbenefits.co.uk.

All employees are eligible to apply for a grant for their department and details of these grants and how to apply for one can be obtained from the same sources as the Lottery application form. Information on previous grants awarded can be obtained from the Lottery Office.

Since the Pay Centre (based at Stobhill Hospital) took over the management of the Lottery in July, more than 600 new participants have joined the scheme – almost one in four employees are now members.

The Pay Centre staff are proud to be associated with the Staff Lottery and Appeals Society. The Lottery generates around £250,000 per year and, in addition to producing hundreds of lottery winners, it raises funds to support many good causes throughout Glasgow.

Many thanks go to those who have become members over the last six months and to those who have continued to support the lottery over the years, contributing to its success.

New Orthopaedic Unit at Golden Jubilee

A new state-of-the-art orthopaedic operating unit at the Golden Jubilee National Hospital in Clydebank was officially opened by the Health Minister Malcolm Chisholm in December.

The new £1 million facility will be the most advanced of its kind in Europe and will lead to a significant increase in the number of patients from across Scotland who will have hip, knee and other orthopaedic procedures at the hospital.

At the time of its NHS takeover in July 2002, the Golden Jubilee undertook 30 orthopaedic procedures a month. They are currently working to increase this to 125 a month with the new suite.

The suite is equipped with a leading edge, voice-activated operating system for surgeons. It also has an ultra sophisticated clean air filtration system which will change the air in the suite 500 times an hour to give an optimum sterile environment.

Fresh Thinking for a Healthy Glasgow



The centre aims to improve the health of Glasgow's population



Dr Carol Tannahill

Fresh thinking is needed to improve the health of the people in Greater Glasgow.

That's the view of a new partnership between NHS Greater Glasgow, the University of Glasgow and Glasgow City Council which has been specifically set up to create a new Centre for Population Health in Glasgow.

Rising to the challenge of improving health and tackling health inequalities, the Centre will be looking for the X-factor of why Glasgow's health is one of the poorest in the western world.

Glasgow's problems are not new. They are at least 200 years in the making and are part of the area's economic and social history. Many approaches have been implemented over the years to understand and improve Glasgow's poor health status, but it has remained resistant to change.

The Centre aims to provide a setting for policymakers, practitioners, academics and local people to come together and confront the problems facing Glasgow's population. It has already achieved a high profile, arousing considerable interest in the West of Scotland and beyond.

With a work programme being established and a team being brought together, the Centre should be up-and-running by April 2004. Greater Glasgow NHS Board is seconding its Director of Health Promotion, Dr Carol

Tannahill, as Project Manager for the Centre, and the Director of Public Health, Dr Harry Burns, will play a major role in the Centre's activities.

Although permanent premises are still being sought, Greater Glasgow NHS Board will provide accommodation for an initial period

Malcolm Chisholm, the Minister for Health and Community Care, has also pledged £1 million per annum through the Partnership Agreement of the Scottish Labour Party and the Liberal Democrats, for the Centre.

Sir John Arbutnott, Chairman, Greater Glasgow NHS Board said "I am delighted that the Centre for Population Health has attracted strong support from all three funding partners. The objectives of the Centre are now very clear and we are motoring rapidly towards a formal opening in April 2004."

Dr Carol Tannahill, Project Manager, is delighted at how quickly the Centre has been established: "There are huge challenges to be addressed in moving Glasgow up the health league table, but the Centre for Population Health has already provided a focus for new thinking and added momentum.

"This is a very exciting opportunity to build on existing strengths, to bring a wide range of players together in understanding and acting to make a real difference to the health of Glaswegians."

Chewin' The 'Low' Fat

Everyone celebrates New Year differently, but when the feasting and festivities are over, pangs of guilt often accompany the tightening waistbands!

And many NHS staff would agree that everyone from paramedics, doctors and nurses to Health Promotion staff are often expected to be slim, fit and health-conscious.

But it's not always easy to practice what you preach, so what support is out there for NHSGG employees who want to ring the changes for 2004?

Senior Health Promotion Officer, Alison McGrory, who tackles Health at Work projects for NHSGG, said: "A positive project we have ongoing at the moment offers interactive healthy eating sessions at any NHSGG building.

"These one hour slots, that can be booked through ourselves, involve a senior health promotion officer working with a group of staff. He or she will cover everything from the hidden salt content of processed foods and the recommended daily intake, to good examples of how to make the five-fruit-and-veg-a-day mentality an easy part of working life."

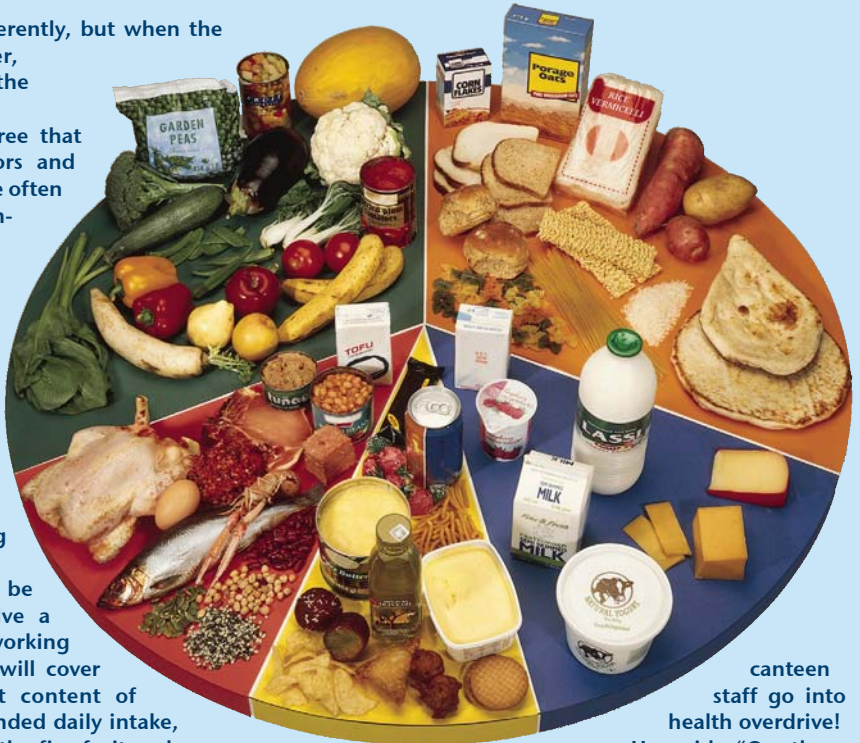
Alison stressed that the sessions are not boring lectures with repetitive messages, but are interactive gatherings that will really drive home the healthy eating message and tell staff what they genuinely want and need to know.

Another example of NHSGG's staff healthy eating drive is the ongoing development of efficient canteen layouts and changes in traditional recipes.

John Wright, Acting Catering Manager for Stobhill Hospital, explained: "Our canteen is just one example of how the Health Service is helping staff take the healthy option.

"Our plans for the year ahead include installing new chiller units to offer a wider variety of healthy options such as low fat yoghurts and diet drinks. A new canteen layout will also help promote the overall healthy options in a clearer way."

John added that although healthy food is always available, a day is set aside every few months where



canteen staff go into health overdrive!

He said: "On these

days we change the make-up of all

the dishes, for example we use reduced fat sauces and low fat flavouring, as well as promoting fresh fruit. The idea is to prove what can be done to recipes to make them healthy yet tasty."

And the Stobhill canteen team is certainly taking staff views on board as, following employee requests for lunches that suit their diet clubs, the canteen orders Scottish Slimmers sandwiches that have printed nutrition labels corresponding with the diet.

So if (as well as hassling your canteen staff!) you and your colleagues fancy signing up for the one hour session through the Health at Work team, call its office today on 0141 314 0024 for more information.

And don't forget that general pointers are available from the healthyliving website, launched by the Scottish Executive last New Year to educate the public and promote Scotland's healthyliving campaign. For healthy tips and recipes, visit www.healthyliving.gov.uk



healthyliving

www.healthyliving.gov.uk

Breaking the habit

The Health Service may be good at driving home the stop smoking message, but when it comes to the staff themselves, just how good are they at following their own advice?

That's what Starting Fresh with the Glasgow Pharmacy Stop Smoking Project (Starting Fresh for short), aimed to find out when it hosted a recent stop smoking event at Board HQ, Dalian House.

Attended by a group of NHSGG employees, the event provided staff with the opportunity to find out more about giving up the weed.

June Waugh, Pharmacy Project Officer for the Starting Fresh Initiative, explained: "We organised the quit smoking day at the Board building in order to provide staff with discounted NRT (Nicotine Replacement Therapy), valuable advice, information booklets and easy subsequent access to the pharmacy stop smoking scheme.

"Following this starting event, participants moved on to local chemists to take on the rest of the cessation programme for anything up to 12 weeks. This allowed us to initiate and educate staff, get them started on NRT and help with cravings, before passing on their written records to the pharmacy and maintaining contact to support them along the way.

"The plan is to roll out this type of work for all NHSGG staff in the New Year."

And participants certainly appreciated the Starting Fresh team's efforts, as determined quitter Jean Stevenson, GGNHSB's Addictions Manager, can testify.

Jean told Staff News: "I can honestly say that I quit smoking on September 23 after the stop smoking session at Dalian House and have never looked back.

"I had previously stopped smoking for 13 years but started again around two years ago. I was annoyed with myself for doing this, but found it difficult to give up for a second time.

"However, when I heard about the stop smoking initiation day in Dalian House I decided to join and can definitely say it's been a turning point."

The reformed smoker went on: "The availability of discounted NRT was definitely a key factor in my success, as my colleagues agreed the price had been prohibitive in the past to many of us.

"In fact, thanks to the success of the initiation event, I started saving money right away after ditching my cigarettes."

Jean added that June Waugh and Board-based pharmacist Liz Grant, who both led the day at Dalian, really cared about her success and emailed her constantly as well as chatting about her experiences.



June (right) chats to Jean about the success of the quit smoking event.



She said: "It's great to see that NHSGG is genuinely committed to helping its staff. The team's support was invaluable."

She went on: "The great thing was that anyone could take part, as we had a wide choice of local pharmacies participating in the scheme. One was even open until 8pm, so we had plenty of time to collect our patches after work."

And thanks to her own determination and the support of the group organisers, Jean only used NRT patches for less than four weeks and was amazed at the results.

She said: "I just want all other NHSGG employees to know that regardless of your age, the length of time you've been smoking and how many times you've quit and failed, staff support can work for you."

So what's next on the stop smoking team's 'to do' list?

June Waugh said: "Following the success of the initiation day at the Board's headquarters, we're going to organise a similar event at Gartnavel Hospital in January. Any NHS employee who has easy access to the hospital can take part, but we will continue to run the scheme at other NHSGG buildings throughout the year."

In the meantime, anyone whose New Year's resolution to quit has come early (and may have a short shelf-life!) can call the Starting Fresh helpline on 0800 389 3210, for info on how to take part in the general pharmacy scheme.

Developing your Library Services

The strategy for NHS Greater Glasgow library services was developed during 2002, with a draft published in October 2002.

The aim of the strategy is to create seamless provision of information and learning services throughout NHS Greater Glasgow, particularly breaking through traditional boundaries between primary and secondary care, preventative and therapeutic care, patient/carer and NHS staff needs.

An important aspect will be extending services to Primary Care staff and contractors who have not had access to library services in the past, and developing collaboration between NHS and Local Authorities, Higher and Further Education, and the Voluntary Sector.

The strategy will strengthen the existing collaboration between NHS libraries, between the NHS and other sectors and build on the record of the library services in NHS Greater Glasgow for innovation.

The first step in co-ordinating the strategy was the appointment of Malcolm Dobson as Health Information Co-ordinator. Malcolm took up his post in September.

He said: "An inaugural meeting of the strategy group was held in November with representation from across the NHS, Glasgow University library services, Glasgow Council social work library and the local health council. It is likely that other areas – the voluntary sector and further education, for example – will also participate in the strategy group.

"Since the strategy was written there have been several important developments nationally, especially the



publication of the white paper 'Partnership for Care' and the development of a national strategy for NHS library services and guidelines for local strategies.

"A review of the strategy in the light of these was facilitated on behalf of the group by the Scottish Library Information Council's Assistant Director Rhona Arthur, and the Glasgow strategy will be reviewed and revised to take account of this."

For further info contact Malcolm Dobson at the Public Education Resource Library, Dalian House (email: malcolm.dobson@gghb.scot.nhs.uk)

Staff News

Written by staff for staff with the full support of the Partnership Forum.
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