November 2009

Dear Andrew

NHS GREATER GLASGOW AND CLYDE ANNUAL REVIEW
19 OCTOBER 2009

1. This letter summarises the main points discussed and actions arising from the Annual Review and associated meetings in Glasgow on 19 October.

2. I would like to restate my thanks to you and everyone who was involved in the preparations for the day and also those who attended the various meetings. As you know, I think it is important that we discuss the delivery of healthcare services in Glasgow and Clyde, and across all of Scotland, in a public forum. I had an enjoyable and informative day and hope everyone who participated also found it worthwhile.

Area Partnership Forum Meeting

3. I had a constructive discussion with the Area Partnership Forum. It was clear that developments and improvements have been made over the last year, and that the Forum is engaging effectively with the Board. The Board is to be commended for progress around the Knowledge and Skills Framework, Agenda for Change assimilation, and on the organisation’s sickness absence rates. On the latter point, I was assured that robust plans are in place and significant efforts will continue to be made in order to maintain and improve on this performance. There was understandable concern about the tougher financial climate that is facing the public sector in the coming years. I was reassured by the APF’s commitment to work closely in partnership with the Board to manage these challenges whilst protecting frontline services. I also recognised and acknowledged some of the frustration about the time taken to fully implement Agenda for Change, and look forward to the programme being complete by the end of 2009/10.
Area Clinical Forum Meeting

4. I had an interesting meeting with the Area Clinical Forum where we discussed a wide variety of topics of importance to the ACF, including: the re-shaping of the medical workforce with reference to optometry; decontamination facilities in dental practices; the potential of extending the senior charge nurse review to primary care and mental health; and the development of career frameworks for AHPs and pharmacists. I was also happy to reassure the Forum that the Government remains fully committed to the development of the wholly-publicly funded new Southern General Hospital. I was grateful to the members for taking time out of their busy schedules to share their views with me.

Meeting with Patients

5. I very much value the opportunity to meet with patients and firmly believe that listening and responding to their feedback is a vital part of the process of improving health services. I was pleased to hear that Public Partnership Fora had further developed and that there were generally very positive views about the lengths the Board had gone to in recent times to effectively engage local communities. There was a welcome recognition in the group that patient rights must sit alongside responsibilities; for example, the need to minimise the occasions where members of the public fail to turn up for health appointments. This was a good example of the co-ownership or mutuality of approach the Government is keen to foster in the NHS in Scotland. Concerns were, however, expressed about waiting times for outpatient appointments and in A&E; about the standard of food in hospitals; and access to mental health services. I asked the Board to follow some of these specific issues up with the patients concerned. I also noted the points made about the adequacy of the NHS Complaints Procedure, which we hope to refine and improve with the passage of the Patients’ Rights Bill. I was very grateful to all the patients who took the time to meet with me.

Visit: Anti-Microbial Team

6. I was honoured to have been invited to visit the Anti-Microbial Team at Glasgow Royal Infirmary. I am very conscious that this team has been instrumental in helping the Board to significantly cut rates of Clostridium difficile (C. diff.) in the region, through their work to encourage more prudent prescribing of antibiotics. This activity has helped the Board to achieve a 38% reduction in the C. diff. rate since 2007/08, and I was very impressed to hear of the team’s plans to build on this success and further improve performance across the Board area. I would like to record my thanks for the team’s considerable efforts, and for taking the time to meet me.

Annual Review Meeting: Introduction

7. After I reported back on the above meetings, you presented a helpful summary of the progress that the Board has made in a number of areas over the last year, including: the development of the constitution of CHCPs with Glasgow City Council; the sustained achievement of the 62-day target for all cancer services; the progress made on improved Patient Focus and Public Involvement, and in tackling Healthcare Associated Infections; alongside the opening to patients of the New Stobhill and Victoria Hospitals, and the agreement of the Vision for the Vale of Leven Hospital. You also reiterated the Board’s clear focus on patient safety, effective governance and performance management; and on the delivery of significant improvements in local health outcomes, alongside the provision of high quality, safe and sustainable healthcare services. A detailed account of the specific progress the Board has made in a number of areas is available to members of the public in the self-assessment paper which the Board prepared for the Annual Review.
Improving Health and Reducing Inequalities

8. The 2009/10 Single Outcome Agreements (SOAs) on health improvement developed jointly with the Board’s partner councils provide a good description of the health inequalities challenges associated with the region. You confirmed that the Board had approached the planning process with each partner as an opportunity to embed health issues at the heart of SOAs. By way of an example, you explained that in East Renfrewshire outcome delivery plans had been developed as part of the planning arrangements with partners, including the police and fire services. You confirmed that robust arrangements are in place to link analysis to outcomes and to ensure the active performance management of plans through the community planning partnerships. I asked about progress with the Equally Well test sites in the City, Govanhill and West Dunbartonshire. You confirmed that a monitoring and evaluation framework is in place to capture learning in a systematic way; and that this has been endorsed by community planning partners who are fully involved in the evaluation of early lessons.

9. I queried how the Board has built on the Keep Well anticipatory care programme activity over the last year and what steps you are making to achieve the associated HEAT target on health checks. You confirmed that the target was very challenging but the Board is working towards this through a range of initiatives such as a new health shop in Parkhead Forge to raise awareness of the availability of health checks and support. You have also been working closely with community pharmacists and GP practices to understand the needs of those not coming forward, and to tailor approaches to reach out to this group. I also asked what steps the Board was taking to achieve the HEAT target linked to obesity. You confirmed that the Board had based its approach on evidence of what had worked best for local communities: intensive support and treatment for three months followed up with long-term assistance to support behavioural change. The service has also been designed with clear referral pathways: from primary care, schools, and via self-referral. You reiterated the Board’s commitment to meeting the HEAT target in this key area.

10. Tackling alcohol misuse is a key issue for the Scottish Government and has been an action point for the Board for a number of years. You reiterated that this is a major health improvement priority area for the Board. Brief interventions are an important part of expanding treatment services and you told us that around 200 GP practices had been involved in delivering over 7,000 interventions by March this year; well ahead of the trajectory for the delivery of the associated HEAT target. You confirmed that the Board has an Alcohol Brief Interventions Co-ordinator in place, and that you have recently appointed an Acute Addictions Manager, whose remit includes the roll-out of brief interventions to Accident & Emergency units and ante-natal services. We are committed to making further progress in tackling alcohol misuse across the whole of Scotland and I asked you to keep the Health Directorates regularly updated on the action you are taking locally.

11. NHS Greater Glasgow & Clyde has the highest number of individuals with problem drug use in treatment. The Board consistently reports low waiting times for accessing treatment and I commended you for this. I asked what steps the Board is taking to ensure that services are more recovery-focused since the launch of the national drug strategy Road to Recovery last year. You confirmed that the Board and your planning partners work with service models that promote flexibility and allow rapid referral (including self-referral) to a range of treatment and recovery services. You explained that the challenge remains the volume of people affected but undertook to keep the Health Directorates up to date on progress in this important area over the coming year.
12. I took the opportunity to thank the Board for the positive response and assiduous efforts of staff in addressing the outbreak of the H1N1 virus earlier this year. You confirmed that lessons had been learned from the earlier incidence and you were confident that robust plans are in place to deal with the pressures that may be experienced over the winter period. Your revised plans have been informed by the earlier experience and have involved a greater focus on the resilience of primary care services and the development of revised workforce models and staffing rotas. It was reassuring to hear that the Board is in such a robust position, and that your plans fully take account of the distribution of the new H1N1 vaccine.

Shifting the Balance of Care

13. Shifting the balance of care towards primary and community care is an increasingly important task for all NHS Boards and I was keen to know how you are progressing with your Primary Care Strategy. You told us that you are in the final stages of this work and that a major stakeholder event was planned for the end of October. I asked what the tangible benefits for patients would be and you explained that the overall objective is that the Board provide as much of your services in local communities as possible. You confirmed that this would involve: the provision of more modern premises and infrastructure, designed around patients’ needs; the targeting of resources at the greatest need, with more developments in the most deprived areas; and should deliver stronger relations between community-based staff and those in acute settings, for the benefit of patients. I was assured that the strategy has been based on supporting and developing effective, appropriate care at the core of community services; adding quality years to lives; whilst being sensitive to – and actively addressing – health inequalities.

14. You assured me that the Board’s strong performance to date with planning partners on the HEAT target to increase the level of older people with complex care needs receiving care at home will be sustained. I also asked whether the small, welcome reduction in the rate of emergency bed-days for patients aged over 65 years could be sustained and improved upon to meet the agreed HEAT target trajectory. You explained that, whilst the target is challenging given the increased rate of hospital attendances in the area, the Board is committed to achieving it and is working towards this end in a number of ways; for instance, through the review of discharge planning arrangements and study of repeat attendees.

15. I asked how the Board anticipated using the Community Care Outcomes Framework as part of its performance management arrangements. You confirmed that this will form an important part of the Board’s delivery relationship with the six relevant Local Authorities; adding that the clear focus on outcomes had been extremely helpful in promoting the necessary culture change in certain areas. Progress in this area had been made through the delivery of tailored training programmes. I commended the Board and its planning partners on the delivery of the zero standard in delayed discharges. I asked what actions you have been taking with the seven relevant Local Authority partners to maintain this performance between the census points. You outlined some of the challenges in some of the partnerships such as the availability of hospital-based social work staff. You assured me, however, that the Board is committed to working with its planning partners to resolving such issues and to sustaining the zero standard. I was also pleased to note the Board’s commitment to take full account of the work emerging from the Ministerial Strategic Group on the future care of older people.
16. I asked the Board to give me an update on progress against the HEAT target for suicide prevention training for frontline staff. You explained that the target is highly challenging for NHS Greater Glasgow & Clyde given the prevalence of deprivation in the area and the acknowledged association with rates of suicide and attempted suicide. You confirmed that 23% of frontline staff had received training to date, and that this rate should be significantly improved by the end of the year. You assured me that the Board remains committed to achieving the target, and this was a priority for each community planning partnership to address. I also queried the Board’s progress on reducing the rate of antidepressants prescribing. You confirmed that considerable work had been undertaken to focus on appropriate prescribing practice supported by the Mental Health Collaborative. You explained that very good information exists on prescribing patterns across the region which had highlighted significant variance; this requires further study which should lead to targeted interventions. You also confirmed that the Board is committed to building on the range of psychological therapies available such as cognitive behavioural therapy-based interventions.

17. We discussed the importance of good child and adolescent mental health services which was an action point from the 2008 Annual Review. You confirmed that the Board is developing proposals for the National Child Inpatient Unit in the context of the New Children’s Hospital. The new West of Scotland Adolescent Inpatient Unit has recently opened at Stobhill, and proposals have been developed and agreed for a pilot child and adolescent mental health nursing out of hours services. You assured me that these developments are backed by robust crisis support, such as the intensive home treatment service; and that a single Clinical Director for Child and Adolescent Mental Health had been appointed for the whole NHS Board area to ensure service continuity.

Access to Services including Waiting Times

18. NHS Greater Glasgow & Clyde met all key waiting time targets in 2008-09 and I am grateful for the efforts of all staff in securing these. Looking to the future, you confirmed that the Board is actively working towards the delivery of the new 31-day cancer target. As part of this activity, you are looking at data collection to ensure the IT infrastructure is robust to monitor delivery against the target; and you are reviewing patient capacity in the radiotherapy and chemotherapy specialties. You also assured me that concerted efforts were continuing locally to meet the 18-week referral to treatment target with pathways and protocols being developed across a number of specialties. Whilst this would present challenges you were confident the requisite progress would be made in time to meet the 18-week target.

Service Change and Redesign

19. I commended the Board for delivering the Vision for the Vale of Leven Hospital which had put an end to a decade of damaging uncertainty, and given assurance to local people that the hospital has a viable future. You assured me of your continuing commitment to fully involve local communities with the implementation plan for the Vision. Three working groups have been established to ensure continued partnership working with staff and key stakeholders such as the Scottish Ambulance Service. The new Vale Monitoring Group, with representation from local communities, interest groups and the Board, is charged with overseeing the delivery of the Vision and will meet for the first time in late November. I also asked about progress on the Board’s commitment to retain the birthing suite at the Vale Community Maternity Unit (CMU) for at least three years, whilst engaging in a campaign to publicise this excellent service to local people. You assured me that you will continue to work with the midwives, both CHCPs, local GPs and the Partnership Fora to ensure that there is widespread awareness and understanding about the services on offer at the CMU.
20. I was grateful to the Board for the helpful update on the **New Southern General Hospital** development. The new, fully publicly-funded £842m development will be one of the most advanced acute hospitals in the UK with facilities including 1,100 beds; and the biggest critical care complex in Scotland, receiving an estimated 110,000 A&E attendances per year. As part of the campus, these new facilities will sit alongside retained existing facilities including the National Spinal Injuries Unit, the Institute of Neurosciences and the Maternity Unit, which will be upgraded. This will provide some 1,700 beds on campus to meet the healthcare needs of the local, regional and national population that the hospital campus will serve. A new 240-bed children's hospital will also be built on the site and will be integrated with maternity and adult hospital services to ensure immediate access to specialist services of all kinds, and therefore the highest quality and safety standards for mothers, children and babies alike. The adult and children's hospitals will be built as a single, integrated building. A new laboratory facility will also be built on the Southern site and will be physically linked to the new hospitals. The new laboratory build will accommodate haematology, pathology, genetics, microbiology, biochemistry and mortuary services. The maternity hospital building will remain with an upgrade and redesign already underway. This will meet all the challenges of leading edge, clinical care in a safe and family-friendly environment. Work on the new site is due to commence in 2010 and should be complete by 2015.

21. I noted once again that the Patients' Group meeting from the morning of the Review had largely agreed that the Board’s **patient focus and public involvement** work had improved significantly over the last year. You gave me an unequivocal assurance that the Board continues to attribute major importance to this agenda. A dedicated engagement team has been developed alongside focused work with the CHPs/CHCPs to ensure a consistent level of high quality, effective engagement work across the large Board area. It is critical that the Board continues to be pro-active in raising awareness and encouraging public involvement with the NHS across local communities.

**Improving Treatment**

29. In the priority area of **infection control**, I took time to further reflect on my visit to the highly successful anti-microbial team earlier in the day; and on the Board’s excellent progress across Glasgow and Clyde in tackling the rates of Clostridium difficile (C. diff.). You confirmed that the anti-microbial team’s work has had a significant positive effect at ward level throughout the Board area, from the publication of the team’s reports on the Board intranet to the education project specifically tailored for junior doctors and nursing staff. This had resulted in a significant reduction in C. diff. incidence in hospitals throughout the area: some sites had reported a 60-70% reduction, with an average fall of 40-50%. You explained that the policy will now be moved into community settings with the goal to eradicate the incidence of C. diff. as far as is possible. This level of performance represents an excellent response to the very challenging rates of C. diff. experienced in 2007-08 which were emphasised by the tragic outbreak at the Vale of Leven Hospital. You also confirmed that significant progress is being made in tackling the incidence of MRSA, with rates in some areas down by 35%. You confirmed that the Royal Alexandra Hospital in Paisley has been hosting a successful MRSA screening pilot for elective episodes which you plan to roll out to other sites soon. I was also encouraged to hear about the significant progress made with the Board’s zero tolerance policy on hand hygiene, with a 93% compliance score recorded in monitored wards. I am keen to see how the Board can maintain momentum and build on this very successful infection control performance in future years.
Finance, Efficiency and Workforce

30. I was pleased to note that the Board met all three financial targets for 2008-09, alongside the 2% Efficient Government target in 2008-09. In terms of future efficiency savings, you assured me that a long-list of ideas had been developed for early consideration in November. You further assured me that the Board was committed to operating a Best Value approach to the use of taxpayers' money with a series of robust processes in place, including effective risk assessment. You also provided assurances that you are actively working with local stakeholders such as GPs and pharmacists, as well as with the other West of Scotland NHS Boards, to increase efficiencies in the high cost area of prescribing.

31. We covered most workforce matters at the earlier meeting with the Area Partnership Forum but it is worth repeating the good progress the Board has made in assimilating Agenda for Change, and implementing the Knowledge and Skills Framework. I was pleased to note the Board’s reductions in sickness absence but the 4% target remains a challenge. It will be important for the Board to continue to keep a tight focus on this, not only in terms of ensuring efficiency, but also in satisfying itself that good support systems are in place for staff.

Public Question and Answer Session

32. At the conclusion of the main Review discussion, I undertook the public question and answer session which had been introduced at Annual Reviews for the first time last year. I allowed over an hour and a half to take some 26 questions from the floor. Both the Board and I undertook to provide full, written responses to a number of questions, including those that had been pre-notified. I am grateful to audience members for their patience, enthusiasm and considered questions.

Conclusion

33. I would again like to thank you and your team for a very positive, productive and informative day. It is clear that progress has been made in the last year on a number of fronts and local staff are to be congratulated for their assiduous efforts. However, you recognise that there is no room for complacency and that there remains much to do. The Board must maintain a clear focus on its financial position, and ensure that progress with the Primary Care Strategy and other health improvement and healthcare provision commitments is maintained. In doing so, the Board must ensure it continues to engage with staff and local communities. I have included a list of the main action points from the Review in the attached annex.

NICOLA STURGEON
ANNEX

NHS GREATER GLASGOW AND CLYDE ANNUAL REVIEW 2009

MAIN ACTION POINTS

Improving Health

- The Board should keep SGHD up to date with progress on the local efforts to minimise alcohol misuse.
- The Board should provide further updates on progress with the range of local substance misuse treatments and services.

Improving Treatment

- The Board should maintain the momentum in effectively addressing infection control issues.

Finance & Workforce

- The Board must continue to work to achieve in-year and recurring financial balance, and maintain regular contact with SGHD.
- The Board should regularly update SGHD on its efforts to maintain the downward momentum in sickness absence rates.

HEAT/Waiting Times

- The Board must continue to deliver all waiting/access and HEAT performance targets.