

**GREATER GLASGOW ACUTE HOSPITAL  
SERVICES STRATEGY**

**SOUTH GLASGOW MONITORING GROUP**

**2008-09**

**ANNUAL REPORT**

## **INTRODUCTION**

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

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

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

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

To give effect to the decision to have locally monitored the commitment to keep named services at Stobhill General Hospital and the Victoria Infirmary, the Deputy Minister for Health and Community Care, in April 2003, established the South Glasgow Monitoring Group and the North Glasgow Monitoring Group

## **MEMBERSHIP**

The Deputy Minister for Health and Community Care appointed an independent Chairman, Mr Peter Mullin, and decided that membership of the Group should comprise of local constituency and list MSPs, professional and NHS staff representatives, Local Health Council, Community groups and Community Council representatives elected from the relevant Community Councils. The membership of the Group during 2008/09 is detailed in Appendix I.

## **REMIT**

The remit of the Monitoring Group is:

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

## **SECRETARIAT/EXPENDITURE**

The secretariat supporting the Monitoring Group is supplied by NHS Greater Glasgow and Clyde (John Hamilton, Head of Board Administration) and costs are met by NHS Greater Glasgow and Clyde.

## **REPORTING ARRANGEMENTS**

The Minutes of meetings of the Monitoring Group were forwarded to the Cabinet Secretary for Health and Well-Being. The Minutes were posted on the NHS Greater Glasgow and Clyde website and were distributed to Community Councils, libraries, Scottish Health Council and were available on request to any member of the public.

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

## **ACTIVITY DURING 2008-09**

The South Greater Glasgow Acute Services Monitoring Group met on 4 occasions during 2008-09.

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

13<sup>th</sup> June 2008  
31<sup>st</sup> October 2008  
12<sup>th</sup> December 2008  
13<sup>th</sup> March 2009

## **MONITORING REPORTS**

A standing item on the agenda of the South Monitoring Group had been the issue of the Monitoring Report. The Group had been established to monitor that named services were being maintained at the Victoria Infirmary up to September 2007 and the maintenance of these services had been met.

Mr. Sandeman submitted an updated Monitoring Report to the Monitoring Group's meeting held on 31<sup>st</sup> October 2008. This report had been completed following a meeting between himself and Ms. Jane Grant, Director Surgery and Anaesthetics. It contained additional information in relation to the activity which had been produced by the Acute Services Division.

It was agreed that Mr. Sandeman's Monitoring Report from 2002/03 to 13 October 2008, along with narrative from the Acute Services Division, be endorsed for sending to the Cabinet Secretary for Health and Well-being, together with the NHS Board's addendum.

## **ACCIDENT AND EMERGENCY CATCHMENT AREAS**

The Monitoring Group was reminded of the A&E strategy, previously approved by the NHS Board, which would see a move from five A&E Departments to two A&E/ Trauma Units and three Minor Injury Units in the City.

The Monitoring Group members were provided with two postcode marked maps for Accident & Emergency catchment areas used for planning purposes. This showed the zoning of the city in respect of how patients would flow into the two new A&E/Trauma Units to be sited at Glasgow Royal Infirmary and the Southern General Hospital. The plans and modelling being used were explained to the Group.

## **SERVICES TO BE INCLUDED IN THE NEW VICTORIA HOSPITAL**

The Monitoring Group received, at its meeting held on 13<sup>th</sup> March 2009 a list of the clinical and non clinical support services to be provided from the new Victoria Hospital when it opens in the summer. The hand-over is planned for 3 April 2009 and the first patients would be seen in June 2009.

Mr Calderwood advised that the clinical list was likely to expand as the closer to the hand-over and opening the more enthusiastic clinicians were becoming about what can be delivered from the new hospital.

## **PRESENTATIONS TO THE SOUTH MONITORING GROUP**

### **1. Presentation on Transport**

Mr.Niall McGrogan, Head of Community Engagement and Transport provided members with an update on transport matters and covered the following areas:

- the Transport and Access Forum the minutes of which can be obtained on line on the Health Board's website [www.nhsggc.org.uk](http://www.nhsggc.org.uk);
- Strathclyde Passenger Transport Access to Health Care.
- First Bus Route Development Plan.
- Hospital Based Public Transport Information
- Access For All – Funding for Hyndland Station and Mount Florida
- Information regarding assistance for older people or people with disabilities in using public transport.

### **2. Presentation on the Surgery and Anaesthetic Service**

On 31<sup>st</sup> October 2008 Ms. Jane Grant, Director of Surgery and Anaesthetics Services, Acute Services Division, gave a presentation on the overview of surgery and anaesthetics services with a particular emphasis on the Victoria Infirmary. Ms.Grant reminded members that she had submitted a paper on 13 June 2008 which set out in detail the services, changes and activity levels from 2003 to the present. Further copies were distributed at the meeting. The presentation covered the following:-

- General Surgery
- Urology
- Endoscopy
- ENT Surgery
- Ophthalmology
- Orthopaedics
- Gynaecology
- Anaesthetics and Critical Care
- Theatres

Dr. Howie, Acting Associate Medical Director, Surgery and Anaesthetics Directorate, while acknowledging the fluctuations in activity, pointed out that no service had been removed. Once the new ambulatory care hospital opened in the summer of 2009 there would be a change to the working pattern of clinical staff.

Mr. Calderwood, Chief Operating Officer, Acute Services Division advised that patients now have improved wait times for out-patient appointments and in-patient services. NHS Greater Glasgow and Clyde had achieved a 15-week maximum wait for an out-patient appointment from referral to first out-patient appointment and a 15-week maximum wait for in-patient treatment from 1 October 2008 – 6 months earlier than the national target date of March 2009. Wait time for diagnostic tests was 9 weeks with the target of 6 weeks by the end of March 2009.

He stated that the role of the new ambulatory care hospitals would be fundamental to redesigning the city hospitals and bringing about improvements in care to patients. The new ambulatory care hospital was not designed to replace the services at the Victoria Infirmary – it is part of a wider plan of changes to achieve that outcome.

Mr. Calderwood agreed to provide a published version of the full plan for the services and the changes to be implemented. This was provided to the Group in March 2009 with a profile of services to be provided in the ambulatory care hospital.

3. **Presentation on Emergency Care and Medical Services**

Mr. Grant Archibald, Director of Emergency Care and Medical Services, gave a presentation on the shift in emergency and medical activity from 2003/04 to 2007/08, with a particular emphasis on the Victoria Infirmary. He highlighted service changes, key issues and the way forward for Emergency Care and Medical Services Accident and Emergency, GEMS Out of Hours, Dermatology, Cardiology, Respiratory, Rheumatology, Diabetes and General Medicine/Gastroenterology.

Concern was raised that the public transport infrastructure necessary to cope with the travel movements brought about by these changes and that the impact on traffic movement in both directions had not been addressed. It was pointed out that up to 88% of current attendances to the Victoria Infirmary would continue to attend the new Victoria Hospital.

Discussions were being held with Strathclyde Partners for Transport to bring about improvements once services had moved. It was agreed to receive a report to update the Group on transport issues at the next meeting and this took place at the meeting held on 31<sup>st</sup> October 2008.

The monitoring Group was advised of the community engagement effort for the new Victoria Hospital had taken account of the timing of the changes to services.

4. **Presentation Updating Group Members on the Progress of the Paper-Lite System**

Richard Copland, Director of Health Information and Technology gave members an updated presentation on the introduction of electronic working systems in the New Victoria Hospital when it opens in the summer of 2009. He answered a wide range of questions including on; the Data Protection Act 1998; the costs and benefits; staff training and the involvement of stakeholders to develop the presentation of information.

## **OUTCOME OF CHAIRS' ANNUAL MEETING WITH CABINET SECRETARY FOR HEALTH AND WELLBEING**

The Chair of the South Glasgow Monitoring Group reported to the Group on the annual meeting he, along with the Chair of the North Monitoring Group, had with the Cabinet Secretary for Health and Well-being on 17 November 2008.

The Cabinet Secretary had asked the Chair to pass on her thanks to all Group members for their diligence and support of the Group's work. She had been pleased read from the Minutes and Annual Report the breadth of discussion and the responsiveness of Mr. Calderwood and his team.

The Chair had raised, at the members' suggestion, the future of the Group and future remit. The Cabinet Secretary had indicated that she wished to consider this with colleagues and make an announcement later. She would consider all options.

The Chair asked the Group members for their thoughts on the future and the following points were made:

- The Group required a new remit.
- Retain a monitoring function until all services are removed from the Victoria Infirmary.
- Cease geographical Monitoring Groups and have one for the NHS Board's area or have them service based.
- Monitor the impact on services with the loss of junior doctors from August 2010 and the next stages of the Acute Services Strategy.
- Recognise the importance of Public Partnership Forums.
- Further independent Scrutiny Panels should be considered.

It was agreed that the summary of the discussion, recorded above, would be made available to the Cabinet Secretary as part of her deliberations on the future of the Groups.

**GREATER GLASGOW ACUTE  
HOSPITAL SERVICES STRATEGY  
SOUTH GLASGOW MONITORING GROUP  
2008-09 MEMBERSHIP**

Mr Peter Mullen (Chairman)

Dr. Donald Blackwood, Area Medical Committee Representative  
(Resigned March 2009)

Mrs Pat Bryson, Public Involvement

Ms Sandra Davidson, Staff Side Local Partnership Forum

Councillor James Dornan

Mrs Catherine Fleming, Representative of Community Councils

Mrs Margaret Hinds, Health Service Forum South-East

Mr. James Kelly MSP

Dr John Larkin, Chair of Medical Staff Association

Mr Ken Macintosh MSP

Dr Ken O'Neill, Community Health and Care Partnership

Mrs Enid Penny, Friends of the Victoria Infirmary

Mr James Sandeman, Community Councils

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