

**GREATER GLASGOW ACUTE HOSPITAL  
SERVICES STRATEGY**

**NORTH GLASGOW MONITORING GROUP**

**2007-08**

**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 then 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 in September 2002 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, the then Deputy Minister for Health and Community Care established the North Glasgow Monitoring Group and the South Glasgow Monitoring Group.

## **MEMBERSHIP**

The then Deputy Minister for Health and Community Care appointed an independent Chairman, Mr Ian Miller, 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 2007/08 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 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 in 2007/08 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 2007 – 2008**

The North Greater Glasgow Acute Services Monitoring Group met on 4 occasions during 2007 – 08.

This annual report provides a summary of the main issues discussed at these 4 meetings:-

1 June 2007  
7 September 2007  
30 November 2007  
7 March 2008

## **NEW STOBHILL HOSPITAL**

The North Monitoring Group received regular updates from Ms Grant, Director of Surgery and Anaesthetics, Acute Services Division, on the progress relating to the construction of the new Stobhill Hospital. Mr Calderwood, Chief Operating Officer, Acute Services Division, reported that the handover of the building from the Contractor to the NHS Board was on course for the first quarter of 2009, to be followed by a 3-month commissioning period.

The Group were informed that roads and drainage work on the site had disrupted the work and had impacted on car parking within the Stobhill Hospital site. Efforts were made to ease the car parking problems.

A study of Accident and Emergency (A&E) attendees had shown a rise in each of the recent years and in addition it had highlighted that a higher percentage of cases were suitable for attendance at a Minor Injuries Unit at Stobhill Hospital than a previous study had shown. Mr Calderwood advised that when all clinical protocols are completed, the NHS Board would widely publicise when it was appropriate for patients to present at the Minor Injuries Unit. Leaflets would be distributed within the local communities, GP practices, pharmacies, clinics and other appropriate locations. This would include opening hours, out-of-hours arrangements, etc. The NHS Board Communications Directorate and Community Engagement Team would consider all options for publicising the new arrangements via a public campaign.

Information was also given to the Group regarding a newly formed Clinical Transition Group. Ms Grant advised that the Group had been formed to review existing operational and clinical protocols and that sub-groups had been formed, with clinical input, to carry out detailed work on a NHS Board-wide basis. Clinicians were considering activity levels now that they had a better understanding of accommodation, scale and flexibility of the new hospital. Future considerations would be purchase of equipment which has a budget of £25m, staffing levels, impact on Consultants' job plans and timing of moving services into the new hospital.

Information was given to the Group that the six new Operating Theatres would be utilised as follows:

- 2 – Plastic Surgery
- 1 – Ophthalmology
- 1 – Gynaecology
- 2 – Shared. General Surgery, Urology, ENT and Orthopaedics (Oral Surgery may also utilise a theatre session per week)

It was reported to the Group that MRI provision would be available in the new hospital.

Demolition work has still to take place on the Stobhill Hospital site and following this the contractors will return to the site to complete the landscaping, car parks and construction of the main roads.

Members were keen that the new hospital would have a welcoming and pleasant atmosphere and hoped that the input from various patient groups had been built into the design, colour scheme and staff training programmes. With over 400,000 patients per annum attending the new hospital it was recognised that it would be a busy environment.

The Chair attended the Topping-Out Ceremony for the new Stobhill Hospital, performed by the Cabinet Secretary for Health and Well-Being on 30 October 2007. A visit to the new hospital would be arranged for Group members during the Summer of 2008.

The Group received confirmation that the NHS Board's No Smoking Policy applied to the buildings and groups of Stobhill Hospital.

The Rowanbank Clinic located on the Stobhill Hospital site was officially opened on 22 June 2007 by Sir John Arbuthnott, NHS Board Chairman.

### **BED MODELLING**

Mr Calderwood advised that work was still ongoing on finalising the bed model, taking account of the 18-week access targets and abolition of Availability Status Codes. The bed model was based on 2005/06 activity and it would be continually reviewed in terms of improved performance against inner-city peer benchmarking and future year's activity data, in particular the bed model would be reviewed following the publication of the Information Services (ISD) activity numbers in Spring 2008. The revised model would be shared with clinicians and the bed model was a necessary part of the Outline Business Case for the new South-Side Hospital.

Concern was raised by a member of the Group that the Acute Services Strategy was proceeding without a definitive bed number for each specialty. It was reported that working assumptions had been developed on bed numbers to assist with the preparation of the Outline Business Case.

A draft bed model was presented to the NHS Board Seminar on 4 December 2007 for discussion. Thereafter the final draft bed model was submitted to the NHS Board at the meeting on 22 January 2008, as part of the Outline Business Case for the new South-Side Hospital and new Children's Hospital.

### **FUTURE OF NORTH MONITORING GROUP**

Mr Calderwood informed the Group that the North Glasgow Monitoring Group had been set up to monitor named services for a five year period from September 2002. It was likely that from 2008/09, there would be a significant movement of clinical services as the programme of change to acute services commenced, leading to fundamental changes in how and where services would be delivered by 2011/13. This would cause a wider interaction with a larger population and an important role for the NHS Board's Community Engagement effort.

The Group wrote to the Cabinet Secretary for Health and Well-Being regarding North Monitoring Group's recommendation that the group be retained until all named services had moved from Stobhill Hospital. The Cabinet Secretary replied and advised that she believed that both the North and South Monitoring Groups had an important role to fulfil as NHS Greater Glasgow and Clyde moved towards completion of the new Stobhill and Victoria Hospitals and that the Groups should remain in place until these were completed in 2009. The Group identified the importance of monitoring named services which is the core part of the Group's remit.

Mr Calderwood proposed that presentations to the Group, from the Directorates of Emergency Care and Medical Services; Surgery and Anaesthetics and Rehabilitation and Assessment be arranged for future meetings.

### **CHAIRS MEETING WITH CABINET SECRETARY**

The Chairs from both North and South Monitoring Groups had their annual meeting on 13 November with the Cabinet Secretary for Health and Well-Being.

The meeting was productive and the Cabinet Secretary discussed the ongoing work of the Groups and thanked the Chairs and members for their commitment and effort and, following a request by the Cabinet Secretary, both Chairs agreed to continue in their role for an extended period.

## **PRESENTATIONS TO THE NORTH MONITORING GROUP**

A number of presentations which were made to the Group during the course of the year were most informative and helpful to Members of the Committee.

### **1. Outcome and Benefits from Lessons Learned from Patient's Experience**

Ms Lesley Meikle, Head of Nursing, Surgery and Anaesthetics gave a presentation to the Group on the outcome and benefits from learning the lessons from patients' experiences with the NHS, at the meeting held on 1 June 2007.

### **2. Benefits of Information Technology in New Health Care Settings**

Ms Marian Stewart, Head of IT Applications gave a presentation to the Group on the benefits of information technology in health care settings, at the meeting held on 7 September 2007.

### **3. Presentation on Radiology and Laboratories**

Mr Jim Crombie, Director, Diagnostics Directorate, Acute Services Division gave a presentation on Diagnostic Imaging and laboratory services (with particular emphasis on Stobhill Hospital), at the meeting held on 7 March 2008.

Mr Crombie agreed to provide information on activity from the Radiology Information system for inclusion in future Monitoring Reports to the Group.

### **4. Visual Presentation of the New Stobhill Hospital**

A DVD showing an artist's impression of the inside of the new hospital was presented to the Group by Ms Margaret Campbell, Commissioning Manager, new Stobhill Hospital and Ms Sandra Bustillo, Associate Director of Corporate at the meeting held on 7 March 2008. This was launched via the media and is available on the NHS Board's website, [www.nhsggc.org.uk](http://www.nhsggc.org.uk).

## **MONITORING REPORTS**

The Group received Monitoring Reports on patient activity for a range of specialties across the NHS Board at the meetings held on 7 September and 30 October 2007. It was agreed that future reports would have narrative added to highlight any significant changes or trends.

Mr Calderwood advised the Group that there had been a slight rise in the A&E figures for minor injuries and acute emergency medical admissions, but that there were no real or significant changes year on year.

In answer to a member's expressed concern, Mr Calderwood advised the Group that there was sophisticated recording mechanism in place for monitoring the 4 hour target in A&E from arrival to discharge/admission and this was consistent with the Scottish-wide approved recording system.

## **STANDING ITEMS**

The North Monitoring Group gave consideration at each meeting, to a number of standing items and a summary of some of the discussions which took place are given below.

### **(a) Members Comments on External Impacts on Named Services**

#### **(i) Consultant Posts**

The Consultant Surgical post in Upper GI was filled. The new Consultant post in Respiratory Medicine started at Stobhill Hospital on 1 February 2008 and the vacant Consultant Radiologist post was to be advertised as part of a sector-based appointment.

#### **(ii) Car Parking and Transport**

Car parking charges were introduced at Stobhill Hospital on 9 March 2008, with a maximum £3 per day charge. Mr Calderwood informed the Group that one of the components of the Car Parking Policy was to ensure that patients, carers and visitors had access to car parking at hospital sites. There had been a significant rise in levels of public satisfaction in accessing car parking spaces at hospitals where car parking charges had been in place for some time.

Staff had raised a range of concerns in relation to the policy and a review of the policy would be undertaken to take account of all of the issues raised by patients, carers, visitors and staff. Improvements to transport in the area had taken place with the introduction of 2 new bus routes which now include Stobhill Hospital. Also East Dunbartonshire Council have appointed a Transport Manager.

#### **(iii) Clinical Involvement in Groups**

A lack of clinical involvement in groups formed to review practices ahead of the move to the new hospital would be addressed by the attendance of established Clinical Groups and the Medical Director at the Stobhill Medical Staffing Association.

(b) Waiting Times and Access Targets

The Waiting Times Report, previously considered by the NHS Board at their meeting on 17 April 2007 was considered by the Group at the meeting held on 1 June 2007. This incorporated the waiting times information against the national targets and the plans for the abolition of Availability Status Codes.

The newly formatted Waiting Times and Access Targets Reports, previously considered by the NHS Board at their meetings on 21 August 2007, 23 October 2007 and 19 February 2008, were considered by the Group at their meetings on 7 September 2007, 30 November 2007 and 7 March 2008, respectively. These incorporated the waiting times information against national targets and other access targets set by the Scottish Government, Department of Health and Well-Being.

Mr Calderwood highlighted the performance of the NHS Board against each of the targets and advised that the private health care sector was not a recurrent feature in the NHS Board's capacity plans to deliver improved waiting times/access targets.

June 2008

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HOSPITAL SERVICES STRATEGY**

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**2006-07 MEMBERSHIP**

Mr Ian Miller (Chairman)

Mr Paul Martin MSP

Mr David Whitton MSP

Councillor Ian Mackay

Dr Robert Milroy, Chair of Medical Staff Association

Dr Roger Hughes, Area Medical Committee Representative

Frances Lyall, Co-Chair, Acute Services Partnership Forum

Mr John McMeekin, Public Involvement Committee Representative

Dr Paul Ryan, Medical Director, North Community Health and Social Care Partnership.

Ms Mary S Murray, North Glasgow Action Group

Dr Robert Cumming, Save Stobhill Campaign

Mrs Elizabeth King, Representative of Community Councils

Prof. Duncan Stewart-Tull, Representative of Community Councils

Secretariat provided by:-

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