

**GREATER GLASGOW ACUTE HOSPITAL  
SERVICES STRATEGY**

**SOUTH 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 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 then Deputy Minister for Health and Community Care established the South Glasgow Monitoring Group and the North Glasgow Monitoring Group.

## **MEMBERSHIP**

The then Deputy Minister for Health and Community Care appointed an independent Chairman, Mr Peter Mullen, 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, Orthopaedics, A & E, 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 and costs are met by NHS Greater Glasgow and Clyde.

## **REPORTING ARRANGEMENTS**

The Minutes of 2007/08 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 and were available on request to any member of the public.

The Monitoring Group has no relationship or accountability to NHS Greater Glasgow and Clyde.

## **ACTIVITY DURING 2007 – 2008**

The South 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 of the Monitoring Group. The meetings were held on:

8 June 2007  
14 September 2007  
14 December 2007  
14 March 2008

## **NEW VICTORIA HOSPITAL AND NEW SOUTH-SIDE HOSPITAL**

Mr Calderwood, Chief Operating Officer, Acute Services Division, provided the Group with regular updates and advised the Group that good progress had been made by the contractors in developing the new Victoria Hospital and the construction work was due to be completed by the end of March 2009, which would then be followed by a 3-month commissioning period. Operational policies for services would be revised by Clinical Reference Groups in preparation for the opening in the Summer of 2009.

A review of activity assumptions, including a review of patient attendances at the Victoria Infirmary Accident and Emergency (A&E) estimated that a higher percentage of patients than previously anticipated, would be able to utilise the new Minor Injuries Unit.

Ms Grant, Director of Surgery and Anaesthetics, Acute Services Division, informed the Group that protocols were being developed with clinical staff in the South of the city for patients who would use the Day Surgery Unit and the 23-hour beds.

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

The Topping-Out for the new Victoria Hospital took place on 13 November 2007 and was attended by the Cabinet Secretary for Health and Well-Being and Sir John Arbuthnott, Chairman of the NHS Board. It was agreed that the Group would have a tour of the new hospital in the summer.

A planning application for the new South-Side Hospital was submitted to Glasgow City Council in April 2007. The Outline Business Case was approved by the NHS Board at the meeting held in February 2008.

There would be 1109 beds in the Outline Business Case for the new South-Side Hospital. However, existing beds on parts of the Southern General Hospital site, not to be re-developed would also count towards the total number of beds for the site.

## **BED MODELLING**

Mr Calderwood advised that following work on finalising the bed model, which took account of the 18-week access targets and abolition of Availability Status Codes, the revised bed model was approved by the NHS Board on 22 January 2008 and submitted to the Group in March 2008. The revised bed model reflected changes from the bed model based on 2005/06 activity and 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 bed model will form part of the Outline Business Case for the new South-Side Hospital and Children's Hospital. Benchmarking and discussions continued with Community Health Care and Partnerships regarding demand management, day surgery rates and dialogue with clinicians.

The Discharge Lounges at the Victoria Infirmary were working well and the service to patients has been improved. The Discharge Lounges provide a clinically supervised environment in which to await discharge and has proved popular with patients and staff.

While services will be maintained at the Victoria Infirmary until the new hospital will open, there will be operational challenges in the coming years with possible rationalisation and reconfiguration of some services. The opening of the new West of Scotland Cancer Centre at Gartnavel and move of Cardio-thoracic Services to the Golden Jubilee Hospital will affect services across the city and changes to services will be inevitable.

### **FUTURE OF THE SOUTH MONITORING GROUP**

The South 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 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.

Mr J C Hamilton, Head of Board Administration, NHS Board wrote to the Cabinet Secretary for Health and Well-Being to advise that the Group recommended the retention of the Monitoring Group beyond 2007 until the completion of the full Acute Services Strategy. Mr Hamilton also advised that the Monitoring Group Chairs of the South and North Monitoring Groups would meet with the Cabinet Secretary in the Autumn 2007 to discuss the future of the Groups.

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. Mr Mullen agreed to continue as Chair of the South Monitoring Group and the Group would continue to monitor named services at Victoria Infirmary at their quarterly meetings.

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.

### **MONITORING TEMPLATE**

There was a view within the Group that there was a shortage of meaningful data for the Group to properly monitor named services in the Victoria Infirmary. In an effort to assist the Group fulfil their agreed remit to monitor named services at the Victoria Infirmary, Mr Sandeman presented the Group with a proposed Monitoring Report, which he recommended that the Group adopt. The Group agreed that the information contained in the proposed Monitoring Report would be useful. Mr Calderwood had also advised that the presentations from each of the three Directorates would provide the Group with activity data for each relevant specialty from 2002/03 to the current year to allow the Group to monitor and review any changes in activity levels.

## **CAR PARKING AND TRANSPORT**

The Car Parking Policy was introduced by the NHS Board. Staff car parking charges would be tiered depending upon salary and charges commenced on hospital sites in July 2007. The new policy was designed to improve access to the hospital for patients and visitors and would lead to new initiatives for alternative modes of transport to hospitals. A Health Department Circular re-stated that income from parking charges would only be used for the improvement of car parking, security in car parks and green transport initiatives.

The Glasgow Hospital Free Evening Visitor Service was extended to include East Renfrewshire, East Dunbartonshire, Cambuslang and Rutherglen in November 2007. This service was publicised with leaflets, posters and information packs being distributed to GP practices, Public Partnership Forums, and elected representatives.

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

### **1. Presentation on Information Technology in Health Care Settings**

Mr Richard Copland, Director of Health Information and Technology, NHS Board gave a presentation on the benefits of information technology in health care settings at the meeting held on 14 September 2007.

The Group found the presentation helpful and comprehensive and were delighted to be advised of the extent of the impact information technology in the future of health care.

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

Mr Jim Crombie, Director, Diagnostics Directorate, Acute Services Division gave a presentation on Diagnostic Imaging and laboratory services (with emphasis on Victoria Infirmary), at the meeting held on 14 March 2008.

While the additional investment in the Radiology Information Systems was welcomed by the Group, there were concerns regarding ongoing delays in receiving haematology and pathology results. These delays could be reduced by the delivery of electronic results rather than hard copy. The Group thanked Mr Crombie for a helpful and clear presentation.

## **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. Following a request by the Cabinet Secretary, both Chairs had agreed to continue in their role for the extended period until the new hospitals had been opened.

June 2008

**GREATER GLASGOW ACUTE  
HOSPITAL SERVICES STRATEGY  
SOUTH GLASGOW MONITORING GROUP  
2007-08 MEMBERSHIP**

Mr Peter Mullen (Chairman)

Dr. Donald Blackwood, Area Medical Committee Representative

Mr Brian Bingham, Chair of Victoria Infirmary Medical Staff Association??

Mrs Pat Bryson, Public Involvement Committee Representative

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, Representative of Community Councils

Secretariat provided by:

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