

NHS GREATER GLASGOW AND CLYDE ANNUAL REVIEW

I am writing to summarise the main points and actions arising from our discussion at the Annual Review and related meetings in Glasgow on 22 August. I would first like to record my gratitude to you, Tom Divers and your colleagues for all the hard work that went into organising our meetings and visits. I would be grateful if you could also pass on my thanks to the staff at the Gorbals Patients and Children Together (PaCT) Project, and to the patients who gave up their time to meet me at Dalian House. I very much enjoyed the opportunity to meet patients, service users and staff and I hope that they found our discussion valuable also.

Meeting with the Area Clinical Forum

My discussion with the Area Clinical Forum (ACF) was positive and demonstrated that clinicians are engaged in the work and plans of the Board. We had a helpful discussion about implementing the key themes in *Delivering for Health*, and also on the Board's Sexual Health Strategy and how best to reach young people. I was impressed by the dedication and commitment of ACF colleagues.

We had substantial and far-ranging discussion about applying information technology to the work of the Board so as to improve services to patients. Clinicians strongly supported a clear and properly resourced strategy. Following the discussion, you agreed to provide a more detailed presentation about your IT strategy, including plans for roll-out and how the strategy will contribute to better, faster patient care.

Meeting with the Area Partnership Forum

I was impressed by the positive tone of this discussion. APF colleagues said that staff and management were working together better than ever before, and that good relationships existed between Forum members and the Board's HR function. Colleagues were looking forward to the Partnership Conference to take place in week beginning 29 August, and welcomed the opportunity to explore and address local working issues. Members also noted that, to play a full part in the work of the Forum, all members needed to develop the right skills, and some national guidance on the necessary skill set would be helpful.

Forum members were also very positive about the role played by staff in taking forward the Board's response to *Delivering for Health*; in the integration of the Clyde area within NHS Greater Glasgow and Clyde; and in the Board's overall financial planning. In discussing progress with Agenda for Change, it was clear that while the system is working through many complicated issues, there is a strong commitment to partnership working and to achieving the targets and deadlines agreed. I was glad to be able to report back on these discussions at the Annual Review meeting.

Meeting with Patients

The patients I met told me about what they valued most in the NHS and also listed some areas where they felt that we could do better. The discussion – which involved carers as well as patients – was largely very positive. People were keen to move

forward with enhancements to patient services and patient care; for example, in improving the journey of cancer patients and providing them with more information about what they could expect during their care.

Specific issues raised included the need to do more to involve carers in developing strategies and designing services; the importance of good hospital food, including food that met the needs of all ethnic and religious groups; the high importance attached by patients (as well as the NHS) to cleanliness and infection control in hospitals; and a specific point on dentistry and anaesthetics which officials are following up separately with the Board.

I know that NHS Greater Glasgow and Clyde continues to work hard to engage and involve patients and carers. My discussion served to emphasise the value of listening carefully to what patients have to say to help us design and run effective, responsive services.

Visit to Gorbals Patients and Children Together (PaCT) Project

I was very impressed by this Project, which brings together services which are literally life-saving for those that use them, combining education, social work, financial advice and healthcare services. I heard just how much the service is valued by those who use it, and I was extremely impressed by the enthusiastic staff I met, both from NHS and local authority social work backgrounds. I heard from one parent who has resumed further education as a result of their contact with PaCT, which had helped ensure that their children received the right level of care. I also noted that service users reported that they felt empowered through their contact with the Project. This is an excellent service and a prime example of good practice.

Annual Review Meeting – Introduction

After I had reported back on the morning's meetings and visit, you presented on key issues faced by the Board in 2005-06, and on current and future challenges. A new Board had been in existence since April, covering the expanded area including Clyde, and the major programme of work necessary to integrate management of the two areas was well underway. The Board had achieved its key waiting times and delayed discharge targets at the end of 2005, and was continuing to develop mental health services in the community. There was a particular focus on child health and welfare, and the Board had opened a new child protection unit. You reported that a total of 11 Community Health Partnerships (CHPs), including six integrated Community Health and Social Care Partnerships (CHCPs) were now up-and-running. The one outstanding partnership, in Inverclyde, is under active development with the local council.

In terms of physical infrastructure, the Board had achieved financial close earlier that day on the two major new day case and diagnostic hospitals planned for the Stobhill and Victoria sites, and was renovating existing and establishing new health centres across the Glasgow and Clyde area. Further investment was being made in mental health facilities, for example at Gartnavel and Rowanbank.

Looking forward, the Board's major priority was to tackle and reduce poor health, concentrating on health inequalities, which included issues of race and disability. You described the detailed analysis carried out by the Glasgow Centre for Population Health, which provided evidence to underpin the Board's prioritisation of programmes. An important issue was rising ill-health attributable to misuse of alcohol. You used the PaCT project as an example of joined-up services designed to address particular health and health inequality issues.

In discussion, you expanded on action being taken to control infection. You explained that your teams were working to establish board-wide procedures and standards, including reductions in antibiotic prescribing and infection control training specifically related to common healthcare procedures. The Board was also looking to learn from best practice developed elsewhere, including strict applications of visiting policies within hospitals and programmes to boost the use of alcohol hand gel. The key to progress lay in adhering to strict control measures and you were encouraged by the progress being made, including in higher-risk areas such as renal units. You also drew significant assurance from the results of the very stringent QIS audits, which indicated that you would be compliant with all QIS infection control standards by the end of 2006/07. You continued to encourage staff to go through the Cleanliness Champion process: there were now 250 Glasgow staff registered. I felt reassured by these points and am sure that patients will do so too.

Health Improvement/Tackling Inequalities

We discussed the importance of keeping up the momentum on helping people to give up smoking. You said that the smoking reduction target set for the Glasgow Board by the Executive was very challenging, in the context of the high rate of addicted smokers in Glasgow and the need for intensive intervention and therapy to encourage these users to give up. Recent work by the Glasgow Centre for Population Health had demonstrated that group therapies aimed at cessation had the highest chance of success, and also that it was more difficult for women to quit smoking. However, there were encouraging signs – for example, communities were beginning to take smoking and smoking cessation much more seriously. The Board was also concerned to ensure equality of smoking cessation services across its area and delivery of a consistent model of service across NHS Greater Glasgow and Clyde.

Turning to sexual health, access for service users was vital. Board colleagues explained the importance of cultural and educational issues, which were closely allied to effective service delivery, as was close working with local authority services. The Board had seen an increase in the numbers of people attending sexual health clinics and services, and was developing policies aimed particularly at vulnerable people. You confirmed that your Sexual Health Services aim to meet the needs of all age groups, not just young people.

You were concerned at the findings of the Glasgow Centre for Population Health study regarding the increasing prevalence of alcohol-related disease. This was a key priority for the Board. An alcohol action plan had been drawn up, and your work on Prevention 2010 included measures to seek to reduce harmful drinking. The efforts of community mental health teams and childcare teams were also being directed to the problem, and patient information was being produced. Staff in hospitals were being

trained to recognise symptoms of alcohol abuse and to give advice and offer access to appropriate services, and the local alcohol and drugs action teams (ADATs) were working closely with CHPs/CHCPs. The problem was deep rooted and would require consistent and determined action over a prolonged period to make an impact.

On pandemic flu, you reassured me that work had moved from high level planning activities to specific operational issues including capacity planning, distribution of antivirals and clinical protocols in close collaboration with primary care, community pharmacy, NHS 24 and out-of-hours services.

Your Prevention 2010 work was aimed at encouraging people from hard to reach groups and areas to access the Board's services. You were seeking to use the knowledge and expertise of frontline staff to develop appropriate service models, and were holding events in local communities to encourage particular groups to access primary care. The Primary Care Observatory function of the Glasgow Centre for Population Health provides a useful monitoring and evaluation role to support this work.

Summarising our conversation on health improvement, I noted that premature deaths attributable to heart disease were declining, and the Board was clearly undertaking good work on reducing dental caries. Major challenges remain around engaging people in the most disadvantaged circumstances and addressing health inequalities. Glasgow is facing the biggest issues in Scotland on these topics and I, therefore, want your Board to lead in taking innovative approaches and pushing forward our understanding of effective interventions.

Shifting the Balance of Care to the Community

You updated me on progress with establishing CHPs/CHCPs, which offered a new and distinctively different way of working in close collaboration with local authorities. You and Board colleagues summarised the considerable amount of work that had gone into preparing the structures and governance arrangements, including joint performance frameworks. A scheme of establishment for the CHP in Inverclyde would be coming forward soon. Budgets were set jointly with the appropriate local authority so that each Partnership had a single budget derived from linked budgeting processes, and each Partnership had in place a development plan for the coming year. You explained the role that Partnerships were taking to help prevent inappropriate admissions to hospital and reduce the incidence of delayed discharges and that Partnerships would step up their performance as the arrangements matured. You agreed to provide a note on interventions being put in place by Partnerships across the Glasgow and Clyde area to tackle multiple hospital re-admissions.

The Board was also alert to the potential benefits of developing GPs with special interests, and the Board was aiming to undertake further work later in the year on this topic, tying it in to chronic disease management.

On primary care generally, I emphasised the importance of developing services that shifted care away from the hospital sector for the benefit of patients generally, and to help reduce waiting times and delays. Board colleagues explained that a strategy had not yet been developed, but that you had recent re-established a group to look at the

interface between primary and secondary care. You agreed to provide me with briefing on this issue, as the process develops.

We agreed that sustaining and developing oral health services, particularly in the context of reducing health inequalities, was very important against the background of poor dental health in Glasgow. Board colleagues explained that dental services provided by salaried practitioners were in place for homeless people and looked-after children, and an anaesthetic service was being developed to help treat children who were anxious about dental treatment. In terms of prevention, the Board was attempting to promote oral health generally through its 'Bright Smile' campaign and through tooth brushing initiatives. There were some signs of improvement in deprived areas, and I would be interested to see the results of evaluation of the impact of the Board's work in this area.

We reviewed progress with mental health services for Glasgow and Clyde residents. The Board had a strong track record in successfully transferring patients from institutional care to the community. Going forward, the development of crisis services, and of more community-based services in the Clyde area, were priorities. Board colleagues confirmed that, in Greater Glasgow, a great deal of work had been done to combine primary care and social support initiatives to help patients with mental health issues. A comprehensive range of community services was in place, including crisis services, and the Board was now beginning to move into the anticipatory care aspects of mental health. In the Clyde area, a different service model had been inherited. The Board was undertaking work to develop a forward-looking mental health strategy for Clyde residents and expected to complete this by the end of 2006.

Further on shifting the balance of care, we noted that Greater Glasgow had met its targets and was making good progress in further reducing the number of delayed discharges. Your colleagues confirmed that the Board was working closely with patients, families and local authorities to ensure the provision of adequate capacity for care of elderly patients.

We noted the important contribution that community pharmacy services can make to shifting the balance of care, and you reported that lead pharmacists had been appointed in each CHP. They were contributing to Board services in falls prevention and in support of heart failure patients. Community pharmacists have also supported the minor ailment service. There was further work to be done in educating and encouraging patients to access healthcare services through local pharmacies, and you commented that the Board has a group of patients and members of the public, brought together in the context of a recent well-attended 'Our Health' event, who could contribute to developing a national approach to patient education in this area.

Service Redesign and Waiting Times

NHS Greater Glasgow and Clyde had made good progress with its regional planned care strategy. The conclusion of contracts for the construction of the new Stobhill and Victoria hospitals was an important milestone. Board colleagues explained that time had been spent on refining specifications and design details to help maximise the proportion of elective care that could be delivered in the new hospitals. For example,

by adding some short stay beds, the proportion of procedures dealt with on a day case basis could be increased. As regards the overall strategy for acute services, a key stage in the major developments agreed in 2002 would be reached at the end of 2006 when business cases would be completed for the new Southern General Hospital and for the planned new Children's Hospital. Dedicated project teams had been put in place for both projects. Also critical was the deliverability and affordability of the projects in the context of Greater Glasgow's financial plans. It was important to ensure that the plans were sustainable in the light of the predicted financial environment five to ten years ahead, and this was being addressed.

Board colleagues went on to explain the close involvement of patients in developing plans for the new facilities. For example, in designing the Children's Hospital, children and young people were involved through focus group working and joint working with schools. One major issue highlighted through this process was the importance of providing appropriate facilities for adolescent inpatient care, and this was now being built into the planning assumptions for the new hospital.

As regards the Beatson Oncology Centre, commissioning was about to begin following a great deal of joint work between Beatson clinicians, service users and clinicians from other Board areas. You noted the scale of the development, which would provide specialist cancer services for the whole of the West of Scotland, and some tertiary cancer services for the whole of Scotland in areas such as bone marrow transplantation and blood cancer services.

Close attention had been given to the quality of the physical environment in the hospital, and besides the £100 million overall capital costs, £5 million had been raised and contributed by the Friends of the Beatson. The first patients would be treated in the new centre in January 2007. A further milestone would be reached in mid-2007, when the planned new PET-CT scanning facility would come on-line. The Beatson was, of course, linked to the planned new oncology research centre at Glasgow University, with a capital value of £20 million. This gave the firm prospect of a centre for cancer expertise and research of international importance. I was very pleased indeed to hear of the good progress being made on these developments. An important issue for the Board in managing services at the Beatson for patients from across Scotland was adequate transport, and work was going on with the Scottish Ambulance Service and others to help improve access.

Turning to waiting times, we noted significant improvements in cancer waits in Greater Glasgow over the last year. However, further improvement was still needed on colorectal and urological cancers. The Board had identified the need for more diagnostic capacity for urgent referrals, and to promote multi-disciplinary team working as the norm to ensure an efficient patient pathway. Your overall assessment was that performance improvements were now being seen for colorectal cancer patients, and you were confident that similar improvements would be achieved for urological cancer patients soon.

We noted that patients were now waiting less time for MRI and CT scanning, but that further work was required to reduce waits for endoscopies. You explained that significant improvements had been achieved through extending the roles of nurses to provide endoscopy services; through short-term, planned use of mobile facilities; and

through expansion of MRI and CT scanning capacity as part of the Beatson development. Some bottlenecks had been identified and work was ongoing to address these. The number of staff trained to carry out endoscopies had to be increased, and there was scope to do this. Overall you were confident that the various diagnostic services were being tightly managed and that the Board would be able to achieve and sustain diagnostic waiting times targets.

I commended the Board on its impressive performance in achieving and sustaining the six-month maximum wait target for both inpatients and outpatients. Clearly more work was needed to ensure the phasing out of Availability Status Codes by the due date of end-2007, and the Board continued to face significant challenges in reducing waits for diagnostic services. But it was reassuring to hear that your plans were all based on sustainable improvement, which would deliver shorter waits for all patients.

Resources – Finance and Workforce

Board colleagues assured me that you would respond to the Department's comments on your initial workforce plan, and that further work involving the Clyde area was being done to enable you to develop more robust figures for the expanded area.

Looking at the benefits of pay modernisation, the Board was finding some difficulty at present in providing data which demonstrated the range of benefits achieved. However, you were clear that theatre utilisation had been increased through a reduction in cancellations, attributable to better-planned consultant leave and holiday cover; and the consultant contract had also been helpful to the Board in making improvements in Accident and Emergency department waiting times through changing consultant work patterns to ensure sufficient cover throughout the 24-hour period.

Board colleagues said that the benefits arising from the new contract for GPs had probably been understated. Improvements experienced in Glasgow included a more systematic approach to chronic disease management; better access to podiatry services; improved geriatric outreach; the development of extended scope practitioners in primary care who had been able to cut waiting times significantly; development of phlebotomy services; and improved diabetes services leading to the virtual cessation of return hospital appointments for patients with type 2 Diabetes. These were significant improvements facilitated by the new contractual arrangements. Board colleagues offered to review the primary care aspects of the Board's pay modernisation benefits plan in the light of these points. I confirmed that a revised plan should be submitted to the Department.

The Board faced challenges as it moved to convert large numbers of Senior House Officer posts to Run-through training posts within MMC. However, you confirmed that NHS Greater Glasgow and Clyde had appropriate planning and arrangements in place to ensure service continuity.

We commended the Board's performance in terms of meeting its financial targets in 2005-06. The challenge for the enlarged Board area was bringing Clyde back to financial balance as soon as reasonably possible. You emphasised the importance of continuing to apply financial discipline with a view to bringing recurring expenditure

into line with recurring funding by the end of 2008-09. A number of key steps were being taken on the way to that objective, including the development of a robust cost savings plan. You emphasised the importance of rooting this plan firmly in service redesign and service integration. It was also important to apply adequate management resources to overseeing the preparation and delivery of the savings plan.

The Board had met the efficient government targets set by the Executive, and was continuing to survey the full spectrum of its activities to identify areas for further efficiency improvement. Further opportunities for efficiencies based on service integration and redesign would be opened up as acute services across the Greater Glasgow area developed in line with the implementation of your Acute Services Plan, and the Board expected to realise some further opportunities through sharing and integrating services with local authorities.

Conclusion

Summarising our discussion, I drew attention to the substantial progress being made across the Board's area, including the integration of the Clyde area within the Board as a whole. It was also encouraging to see a firm grip being taken on financial and waiting times challenges. A series of actions was being developed and implemented to move services to patients in directions set out in *Delivering for Health*. In particular, I was encouraged to hear about progress through the CHPs/CHCPs in bringing together health and social care services for the benefit of residents, particularly those who suffered most from health inequalities. I shared your view of the importance of tackling health issues related to alcohol misuse, and also the importance of bearing down rigorously and consistently on healthcare associated infection.

I indicated that I expected to see the Board take a systematic approach to the performance management of CHPs/CHCPs. I also wanted the Department and the Board to work further together on realising more of the benefits available to you through the new staff contracts. I hoped to see more progress with local redesign of services, and in building on the many changes which the Board was already making which represented significant improvement in services for users. Finally, I noted that the Board was clearly not complacent about the challenges which lay ahead, but had a clear view both of the difficulties involved and the opportunities open to it. I look forward to continuing to work with you over the coming months to help deliver the better outcomes for Greater Glasgow and Clyde residents, which we all seek.

I have listed the main action points arising from our discussion in the Annex.

ANNEX

NHS GREATER GLASGOW & CLYDE ANNUAL REVIEW 2006: KEY ACTION POINTS

The Board will:

- Provide a more detailed presentation about its IT strategy, including plans for roll-out and how the strategy will contribute to better, faster patient care – by November 2006.
- Consider how best to support Area Partnership Forum members in developing the right skills so that they can contribute fully to the partnership's business – ongoing.
- Work with Area Partnership Forum to keep up the momentum on Agenda for Change, and to adhere to agreed timetables – ongoing.
- Bring forward, in partnership with the local Council, a Community Health Partnership proposal for Inverclyde – as soon as possible and before the end of 2006.
- Report to me on compliance with all QIS infection control standards, by the end of 2006/07.
- Provide an update on effective interventions and innovative approaches in addressing misuse of alcohol – by end of 2006.
- Provide a note on interventions being put in place by CHPs/CHCPs across the Glasgow and Clyde area to tackle multiple hospital re-admissions – by December 2006.
- Let me have a note about progress with shifting the balance of care from secondary to primary care – by March 2007.
- Provide the results of evaluation of the impact of the Board's work in reducing dental disease in deprived areas – by March 2007.
- Improve waiting times for colorectal and urological cancer patients to achieve the target of 95% of patients moving from urgent referral to treatment within two months – as soon as possible.
- Ensure the phasing out of Availability Status Codes by the due date of end-2007 in line with planned trajectories in the Local Delivery Plan.
- Review the primary care aspects of the Board's pay modernisation benefits plan in the light of further information about the available benefits and submit a revised plan to the Department – as soon as possible.
- Continue to meet financial targets throughout 2006-07, and restore recurring financial balance in the Clyde area – by March 2009.