

CONTENTS

New Ways to help meet waiting times

NHSGGC is meeting its waiting times targets and has already driven down the number of patients waiting with an Availability Status Code (ASC).

The good news comes as we work towards introducing the national initiative, New Ways, which will eliminate ASCs for good.

ASC codes were used as a way of managing patients who could not – for their own or medical reasons – undergo surgical procedures.

New Ways, which comes into force by this December, changes the way in which waiting times are managed and will mean:

- Patients must have a 'reasonable offer' of an appointment or admission with at least 21 days notice and a choice of up to two dates
- The notice period won't apply if the patient agrees or if the appointment is urgent
- Patients who cancel their appointment will have their waiting time 'clock' re-set to zero and be offered two other appointments
- Patients who do not attend their appointment will be referred back to their GP or have their waiting time clock re-set
- Patients who prove to be unavailable for their appointment for medical or social reasons will



have the period of unavailability subtracted from their recorded waiting time

Jane Grant, NHSGGC's Director of Surgery and Anaesthetics, said: "We have a planned programme to phase out the use of ASC codes and have been working to eliminate the use of all ASC codes by the end of the year.

"The introduction of New Ways radically

changes the way in which waiting times for hospital appointments are clinically and administratively managed. The role of our staff is vital in making sure that patients have access to information about New Ways and understand what is expected of them."

In the meantime, NHSGGC is continuing to have success in meeting national waiting times

CONTENTS

New Ways to help meet waiting times

CONTINUED FROM PAGE 1

and access targets – known as HEAT targets.

To date, we have met the maximum waiting time of no day case or inpatient patient waiting more than 18 weeks from a decision to undertake treatment to the start of that treatment... a position we've held since December last year.

We are working towards the national target of 98% of all hip fracture patients being operated on within 24 hours of admission to an orthopaedic (bones) unit, subject to medical fitness and during safe operating times.

We have introduced the Unscheduled Care Collaborative Programme, which will help us meet the national maximum of patients attending at our Accident and Emergency departments being seen, treated and discharged or admitted or transferred within four hours. We're well on our way to achieving the target of 98% and are working towards the 100% compliance target for minor injuries.

For cancer, we continue to work towards all urgent cancer referrals waiting no more than 62 days from referral to treatment (31 days for breast cancer), including patients with breast, ovarian, melanoma, leukaemia, lymphoma and urological cancers.

Diagnostic waiting times have also been achieved... by July this year, we met the target of a maximum wait of nine weeks for people



receiving MRI, CT, Non-Obstetric Ultrasound and Barium Enema investigations. There are also no patients waiting more than nine weeks for endoscopy and cystoscopy.

For patients requiring heart treatment, we are also continuing to work towards the target of no patients waiting more than 16 weeks from GP referral through a rapid access chest pain clinic (or equivalent) to treatment, if required.

We are also continuing to work towards reaching a number of targets including:

- No outpatient waiting more than 18 weeks from GP referral to appointment
- No patient waiting more than 18 weeks from referral to completion of treatment for cataract surgery...in fact, in Glasgow, staff are well

advanced to meet this target

- No patient, who is ready for discharge, waiting more than six weeks to be discharged from an inpatient bed or waiting more than three days to be discharged from a short-stay specialty bed

Robert Calderwood, NHSGGC's Chief Operating Officer of Acute Services, said: "The fact that we are meeting or are well on our way to meet these national targets is testament to the hard work of our staff and the major levels of investment we have put into our hospital services.

"We recognise that there are some areas where work still needs to be done and we are fully committed to reaching all waiting times targets by the end of the year."

PRINT

Delivering better health... everywhere

Acute activity 2006/07

NHS Greater Glasgow & Clyde Acute
Hospital Inpatient and Daycase Episodes.

SPECIALTY SURGERY/PROCEDURE	PLANNED	EMERGENCY	TOTAL
Urology (Bladder function)	16813	3401	20214
Ear, Nose and Throat	4123	1177	5300
Ophthalmology (Eyes)	8902	470	9372
Gynaecology (Female reproduction)	12360	3047	15407
Orthopaedic (Hips, knees, back pain)	11154	10333	21487
Plastic Surgery (Scar repair, skin cancers, breast reconstruction)	5997	1284	7281
Neurosurgery (Brain surgery)	943	1076	2019
Neurology (Brain)	2022	633	2655
Children (All Specialties)	15866	17383	33249
Clinical Oncology (Cancer)	17130	759	17889
Medical Oncology (Cancer)	6703	222	6925
General Surgery (including General, Oral, Vascular, Thoracic surgery and Restorative Dentistry)	28977	28680	57657
Heart (Cardiology, CCU, Cardiothoracic and Cardiac surgery)	5032	9181	14213
Medicine (General, Geriatric, Haematology, Respiratory, Gastroenterology, Nephrology, Communicable Disease, Endocrinology, ITU, Rheumatology, Diagnostic Radiology, Accident and Emergency, Anaesthetics, Dermatology, Homoeopathy, Palliative, Genitourinary)	44192	107642	151834
TOTAL	180214	185288	365502

Community activity

More than 90% of NHS care is delivered in the community. For the first time in our annual report, we're showing the sheer scale of some of the work carried out by staff working in the community.

Patients seen by GPs and practice staff
1.05million

**Visits to patients by Health Visitors/
Community Nurses**
1.5million

Items dispensed by Pharmacists
18.5million

**Courses of treatments given by
Dentists**
875,000

**Number of patient contacts by Allied
Health Professionals**
650,000

**Number of visits to patients by
Community Mental Health Teams**
177,000

All figures are approximations based on national figures.

For further information on our performance, including details of the full financial accounts, please see the NHSGGC website: www.nhsggc.org.uk/annualreport If you require a printed copy of the full financial accounts please contact 0141 201 4737.

Performance against financial targets

The Scottish Executive set three budget limits at a NHS Board Level on an annual basis. NHS Boards are expected to stay within these limits. NHS Greater Glasgow and Clyde met its three financial targets for 2006/07. The actual out-turn against these limits during 2006/07 was as follows:

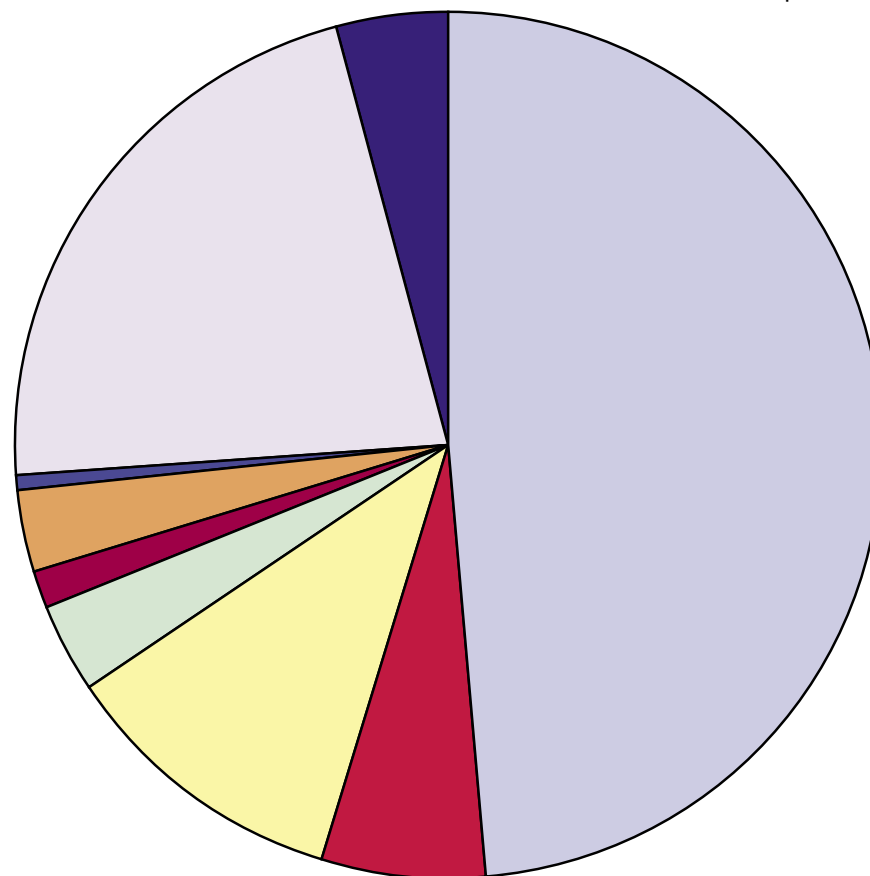
	Limit as set by SHD* £'000	Actual Outturn £'000	Variance (Over)/Under £'000
1 Revenue Resource limit	1,921.6	1,894.3	27.3
2 Capital Resource Limit	132.1	129.6	2.5
3 Cash Requirement	2,100.9	2,100.9	0.0

* Scottish Health Department

Financial Information

Gross expenditure on Clinical Services of £2,414.9million is shown in the chart opposite and figures below.

- Acute services £1,177.5m (48.8%)
- Mental health services £150.4m (6.2%)
- Other community services £259.4m (10.7%)
- Maternity services £81.6m (3.4%)
- Learning Disability £31.5m (1.3%)
- Geriatric Assessment £75.1m (3.1%)
- Geriatric Long Stay £11.8m (0.5%)
- Family Health Services £527.1m (21.8%)
- Others £100.5m (4.2%)



CONTENTS

OPERATING COST STATEMENT

NHS GREATER GLASGOW AND CLYDE OPERATING COST STATEMENT
For the year ended 31 March 2007

2006 £'000		2007 £'000	2007 £'000
	Gross Clinical Services Costs		
1,773,212	Hospital and Community	1,887,716	
<u>505,383</u>	Family Health	<u>527,134</u>	
<u>2,278,595</u>			2,414,850
	Less: Clinical Services Income		
316,447	Hospital and Community Income	356,847	
<u>23,948</u>	Family Health Income	<u>22,460</u>	
<u>340,395</u>			<u>379,307</u>
<u>1,938,200</u>	Net Clinical Services Costs		2,035,543
	Administration Costs	13,851	
<u>15,288</u>	Less: Administration Income	<u>20</u>	
<u>19</u>			13,831
<u>15,269</u>			
38,199	Other Non Clinical Services	41,098	
<u>48,237</u>	Less: Other Operating Income	<u>74,735</u>	
<u>(10,038)</u>			(33,637)
<u>1,943,431</u>	Net Operating Costs		<u>2,015,737</u>
	SUMMARY OF REVENUE RESOURCE OUTTURN		
2006 £'000			£'000
1,943,431	Net Operating Costs (per above)	2,015,737	
(8,981)	Less: Capital Grants (to) / from Public Bodies	(7,909)	
<u>(95,198)</u>	Less: FHS Non Discretionary Allocation	<u>(113,502)</u>	
<u>1,839,252</u>	Net Resource Outturn	<u>1,894,326</u>	
<u>1,851,986</u>	Revenue Resource Limit	<u>1,921,674</u>	
<u>12,734</u>	Saving/(excess) against Revenue Resource Limit	<u>27,348</u>	

BALANCE SHEET

NHS GREATER GLASGOW & CLYDE BALANCE SHEET
As at 31 March 2007

2006 £'000		2007 £'000	2007 £'000
	FIXED ASSETS		
1,471	Intangible Fixed Assets	691	
<u>1,195,591</u>	Tangible fixed assets	<u>1,320,695</u>	
<u>1,197,062</u>	Total Fixed Assets		1,321,386
<u>5,380</u>	Debtors falling due after more than one year		36,535
	CURRENT ASSETS		
21,379	Stocks	24,337	
53,511	Debtors	69,348	
-		1	
<u>5,036</u>	Cash at bank and in hand	<u>779</u>	
<u>79,926</u>			94,465
	CURRENT LIABILITIES		
<u>258,041</u>	Creditors due within one year	<u>(384,754)</u>	
<u>(178,115)</u>	Net current assets/(liabilities)		<u>(290,289)</u>
<u>1,024,327</u>	Total assets less current liabilities		1,067,632
(8)	CREDITORS DUE AFTER MORE THAN 1 YEAR		-
<u>(126,211)</u>	PROVISIONS FOR LIABILITIES AND CHARGES		(101,230)
<u>898,108</u>			<u>966,402</u>
	FINANCED BY:		
569,545	General Fund		591,651
317,941	Revaluation Reserve		364,003
<u>10,622</u>	Donated Asset Reserve		<u>10,748</u>
<u>898,108</u>			<u>966,402</u>

PRINT

Through change and upheaval to a modern and bright future

OUR Chairman, Professor Sir John Arbuthnott, retires from the post at the end of November after five years at the helm of Scotland's largest Health Board.

In this annual report he not only highlights the developments during the last financial year, but also reflects on the huge improvements and modernisation programmes he has witnessed during his full tenure which will continue to be taken forward in the years ahead.

“IT hardly seems like five years since I took over as Chairman of what was then Greater Glasgow Health Board. It's been a quick term but one that, I'm proud to say, has been full of achievements.

Perhaps one of the biggest challenges facing me as Chairman of Scotland's biggest health authority was helping to steer our staff through a major period of change and upheaval.

Not only did they have to contend with the uncertainty and disruption of the Health Board and four individual health trusts coming together under one single system...known as NHS Greater Glasgow.

But, only a year later, there was further change when a large part of the old NHS Argyll and Clyde merged with NHS Greater Glasgow to form a new



and even bigger authority, NHS Greater Glasgow and Clyde.

Our staff met the challenges thrown up by these two major events with true professionalism, continuing throughout to provide quality services to the people we serve.

Another major piece of work that has been ongoing during my chairmanship is the modernisation of our hospitals in Glasgow.

Major investment has already seen the development of a brand new Beatson Cancer Centre and the new Rowanbank secure care centre this year. Two new hospitals, replacing

Stobhill and the Victoria Infirmary, are in the process of being built and a new mental health Hospital, replacing Gartnavel Royal Hospital, will open next year.

Planning for the redevelopment of the Southern General campus is well underway with a brand new children's hospital and new adult hospital being built, and the existing maternity unit being expanded and developed.

Over the past year, we've also been part of a unique collaboration with Glasgow University, which is bringing a brand new £9.5million laboratory to Glasgow.

It's not just been hospitals which have benefited from a reorganisation. Our community services have also seen a lot of change.

Firstly, brand new healthcare organisations were formed around two years ago to provide better, more joined-up services to the people of Greater Glasgow and Clyde. The Community Health Partnerships (CHPs) provide a wide range of local health services. In Glasgow and East Renfrewshire, these organisations have been created in partnership with the local authorities to become Community Health Care Partnerships (CHCPs), which provide a full range of both health and social care services. These Partnerships will increasingly provide a "joined-up approach" to services for communities.

Providing patients with easier access to healthcare is a huge part of what we are trying to

CONTENTS

Through change and upheaval to a modern and bright future

CONTINUED FROM PAGE 6

achieve, which is why we've opened five satellite clinics of our award-winning Sandyford Initiative across our area. These provide expert sexual, emotional and reproductive healthcare for men, women and young people.

In the near future, we have plans to launch a brand new £13.1million Sandyford Clinic in the south west of Glasgow. We're also taking forward plans for new Health and Social Care Centres in Barrhead and Renfrew. Other major initiatives I've been proud to have been involved in is the establishment of the Glasgow Centre for Population Health – now a world renowned centre for health research – and our Volunteers' event last year which celebrated the contribution of our volunteers.

As Chairman of NHSGGC, my first duty was to the people of the area we serve. However, I feel as a health authority, we also have a duty to help those less fortunate than ourselves.

That is why NHSGGC recently joined forces with the Clinton Hunter Development Initiative to help the people of Malawi.

Thanks to our hospitals modernisation programme, which included the purchasing of



SIR John and comedian Andy Cameron celebrated the vital role of thousands of NHS volunteers at a special event in Glasgow.

a number of new pieces of equipment, we were able to supply the Initiative with older high-tech equipment we no longer required. The Initiative then shipped that vital aid package to Malawian hospitals.

Everyone knows about the African AIDS crisis, but there's less awareness of the blight that cancer is having on the lives of Africa's people. Recently, I joined health colleagues from across the world

to highlight the magnitude of the burden of cancer in Africa and to call for immediate action to bring comprehensive cancer care to the continent.

The coming year will see the Glasgow hospitals modernisation plans continue to blossom and we will continue to improve and develop health services for the people of Greater Glasgow and Clyde, including areas such as mental health and addictions. ”

OUR PARTNERS - NHS Greater Glasgow and Clyde serves a third of Scotland's population. The sheer size and scale of the UK's biggest single health system is reflected in the number of local councils with whom we work to drive forward the health improvement agenda.



PRINT

Written, edited and published by NHS Greater Glasgow and Clyde Communications, Dalian House, 350 St Vincent Street, Glasgow G3 8YZ. Tel 0141 201 4444. Design and E-newspaper production: Alistair Nicol PR & Design, Ayr. Tel 01292 287492. Website: www.nicolmedia.co.uk Email: alistair@nicolmedia.co.uk