



Implementation underway

The Greater Glasgow Acute Services Strategy

- £700 million investment over 10 years ○
- Adult acute care delivered from 5 sites ○
- 3 modernised inpatient centres at Gartnavel, GRI and new Southside Hospital ○
- 2 new build Ambulatory Care Hospitals at Stobhill and the Victoria ○
- A&E services reorganised around 2 specialised A&E/Trauma Units, 3 Emergency Receiving Centres and 5 Minor Injuries Units ○

Modernising Glasgow's Acute Hospital Services

Strategy debated in Parliament

A motion initiated by the SNP led to a debate about Greater Glasgow's Acute Services Strategy in the Scottish Parliament on 12 September. The Minister for Health and Community Care, Malcolm Chisholm, had approved the strategy exactly a month previously, on 12 August. The motion called for a 6 month suspension and review of NHS Greater Glasgow's proposals.

The motion was defeated by a vote in the Parliament and instead a motion endorsing the strategy was voted through.

The majority of MSPs agreed 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 the Victoria over the next five years and to have this locally monitored; priority to the acceleration of ambulatory care and diagnostic 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, Greater 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."

Professor Gordon Dickson, interim Chairman of NHS Greater Glasgow said, "It is time now to end any uncertainty about delivery of the strategy—we must make it clear that it is a reality and it is a reality based on massive investment in better services. I am confident that the best way to show the scale and scope of the transformation we are going to achieve is to make a quick start to the delivery of £700 million of investment in acute hospitals. We owe it to our staff and patients to get on with

First steps in ringing the changes

Executive teams from the NHS Board and Trusts have agreed that a single project steering group should be set up to oversee the modernisation of Glasgow's hospitals. Tom Divers, Chief Executive of Greater Glasgow NHS Board said, "The acute hospitals programme will take a decade to deliver. In that time patients will be expected to receive care in new and different locations and resources will have to be in place around the system to let that happen. Changes to hospitals have a ripple effect across all NHS services, so we need too to ensure that links with primary care are properly co-ordinated."

The steering group will be accountable to NHS Greater Glasgow's unified Board. A single Project Director is likely to be appointed to lead the process and will ensure that there is full partnership and engagement with staff and public representatives as plans are taken forward.

Progressing the priorities

At the forefront of the changes to Glasgow's acute hospitals are a number of important priorities. These range from pieces of infrastructure that will act as the lynchpins necessary for the rest of city-wide acute services system to function properly, to initiatives designed to encourage wider participation in the design of new service models. Between now and Christmas there will be rapid progress in the following:

Outline Business Cases for the Ambulatory Care Hospitals and Beatson Oncology Centre Phase II

The two £60 million Ambulatory Care Hospitals are due to be up and running at Stobhill and the Victoria Infirmary in 2006. The Outline Business Cases for each facility look likely to be signed off in the next few weeks and this will allow design teams to start moving towards detailed service and building specifications. Similarly, Phase II of the Beatson Oncology Centre's new home at Gartnavel General Hospital has reached the stage where the project will soon be advertised in a European journal as part of the process of seeking project contractors for its delivery.

Establishing a Community Engagement Team

The three inpatient hospitals and two ambulatory care hospitals will each offer a range of locally accessible outpatient and day-case services. All five sites will be pivotal points around which local healthcare and community services will link. This means that local communities need to be assured that service networks and communications are well organised. Local communities will be invited to have a say in the way services are designed and accessed. A new Community Engagement Team will have responsibility for making sure that a large spectrum of groups and individuals can become involved.

Review of Acute Admissions

Without doubt the biggest pressure on the system at the moment is acute admissions. Work is underway to determine what might ease some of the pressure. The NHS Board have already indicated that the number of acute medical beds will rise in the course of the reorganisation but other aspects of the system will need to be examined, ranging from referrals from primary care to co-operative arrangements with local authority social services.

Improving Communications

Despite all the communications effort and words written in newspapers, a survey presented to the NHS Board in September revealed that almost 70% of the general public were unaware of the Acute Services Strategy. Together with the impact of inaccurate and misleading information coming from some quarters, the result has been that the scale of investment and the truly revolutionary scope of the changes have not been fully conveyed. A detailed communications strategy will be developed in the next few weeks. Keeping staff informed of progress with the implementation programme will be a top priority.

One of the key early messages to NHS staff will be the strongest possible confirmation that **there will be NO compulsory redundancies as a result of the Acute Services Strategy.**

Travel Study

Although the continued delivery of many services from five locations will help to minimise the movement of patients across the City, the NHS Board recognised that some staff and patients will have to travel further or to different locations. It was also recognised that public transport access to hospitals as they exist now wasn't necessarily as good as it could be. To assist with the process of planning future access arrangements to hospitals, the NHS Board commissioned a comprehensive transport survey from Oscar Faber Associates which has been concluded in the last few days.

Robert Calderwood, Chief Executive of South Glasgow University Hospitals NHS Trust said, "Some people have misunderstood what we are doing with this study—it is the beginning of a process, not the end of one. The study isn't designed to prove that one site is worse than another because fewer buses run to it, what it does is provide us with an opening gambit to take to the Strathclyde Passenger Transport Executive to show where we think there are problems that need to be sorted in the coming years. I know that the NHS Board are committed to flexible thinking on reaching agreements that will ensure that transport is better in future."

Monitoring Change

As part of the NHS Board's wider commitments to ensure that there is transparency and openness in delivering the Acute Services strategy, a wide range of interested parties are to be invited to join a pan-Glasgow monitoring group. Those to be invited are likely to include staff representatives, community groups, elected representatives, local authorities and the Greater Glasgow Health Council. The group's remit will be to scrutinise the implementation of change.

Stay informed

Newsletters like this one will now be issued via pay-slips on a regular basis. The next 12—18 months are crucial in the realisation of the Acute Services Strategy and we shall do our best to make sure that you are kept aware of all important developments.

If you have access to the web you can find all the most up to date news and documents at the NHS Board website: www.show.scot.nhs.uk/ggnhsb

At the website you will also find a link to the Admissions Review Team's homepage.

You can also phone the number provided in the box below, or email or write care of the addresses provided, if you have any need for information.

www.show.scot.nhs.uk/ggnhsb

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