



**GREATER GLASGOW
HEALTH BOARD**

GREATER GLASGOW HEALTH BOARD IN PARTNERSHIP WITH THE NHS
TRUSTS IN GLASGOW

Modernising Glasgow's Acute Hospital Services

First steps north east

The first meeting of the Reference Group to oversee the option appraisal process for the future of hospital services in north east Glasgow took place on Friday 29th June.

The group, consisting of MSPs, medical, health service managers and local health council representatives (see panel), spent three hours clarifying its remit and discussing the technical processes of option appraisal.

By the end of the meeting, the group, chaired by Peter Hamilton, Convenor of Greater Glasgow Health Council, reached some important conclusions:

- It was felt that one of the service configuration options on the table - namely the **closure of the Glasgow Royal Infirmary**, with concentration of all services at a new hospital built at Stobhill - would not score well in economic terms, nor would it find much support in communities or from clinicians. **It was therefore felt to be wrong to spend time and money pursuing it**

- Since (unlike the Southside) the service model was still unresolved, it was agreed that an option involving new in-patient facilities at Stobhill

should be compared with the other options.

Designing a large workshop to compare the different options was seen as urgent – it was agreed that **representatives of the public would be invited to join the Reference Group in doing this** and also to advise on the best way of communicating with the general public.

As a result **representatives attended the group's second meeting on 27th July** including Eddie Cuisack of North Glasgow Community Forum, Richard Hunter of Townhead Community Council, Margaret McNaughton, Bishopbriggs Community Council, Helen Scammell of the East End Social Inclusion Partnership and GPs Dr I. Brown of Fernbank Medical Centre and Dr P. Ryan of Glenmill Medical Centre.

At the second meeting **the option appraisal workshop arrangements were discussed** and it was made clear that **all** of the options proposed for the north east would lead to a new **Ambulatory Care and Diagnostic Centre (ACAD) being built at Stobhill**. The group next meets on 31st August.

Updated Options for NE Glasgow Hospitals

1. Glasgow Royal Infirmary as the in-patient site for the North and East. Stobhill as a walk-in, walk-out same day diagnostic and treatment centre (ACAD) with minor injuries service.
2. Glasgow Royal Infirmary as a specialist hospital and new build at Stobhill as a "district general hospital" for north and east Glasgow with integrated ambulatory services
3. Stobhill as a local hospital providing general medicine and general surgery services with an ACAD, including a 'casualty' service
4. The "do minimum" option (The status quo but with money spent only on remedying essential backlog maintenance problems)

Those invited to the inaugural meeting of the North East Reference Group included:

Peter Hamilton, Convenor of Greater Glasgow Health Council (who chaired the meeting)
 Bill May, Greater Glasgow Health Council
 Paul Martin MSP
 Pauline McNeill MSP
 Sandra White MSP
 Frank McAveety MSP
 Patricia Ferguson MSP
 Brian Fitzpatrick MSP
 (the MSPs Bill Aitken and Robert Brown also maintain a 'watching brief')
 Dr Brendan Devine, Glasgow Royal Infirmary Medical Staff Association
 Dr Frank Dunn, Stobhill Hospital Medical Staff Association
 Bill Gouldie, Partnership Forum, North Glasgow University Hospitals NHS Trust
 Chris Spry, Chief Executive, Greater Glasgow Health Board
 Maggie Boyle, Chief Executive, North Glasgow University Hospitals NHS Trust

Sleeves rolled up on the Southside

The Southside Reference Group (see panels overleaf for membership) met for the third time on 2nd July. Like the North East Reference Group, they discussed the appointment of external advisors, such as traffic consultants, and public representation on the option

appraisal workshops (see 'As Easy as A B C' on page 3).

Also discussed were **land issues** such as planning regulations as they apply to the two main sites in question. As a new **Ambulatory Care and Diagnostic Centre** (continued on page 2)

Background information on the proposals and the minutes of the Reference Groups are available by visiting our website at www.show.scot.nhs.uk/gghb

(continued from front page)

or **ACAD will be built at the Victoria Infirmary irrespective of the new in-patient hospital going to either Cowglen or the site of the Southern General**, some time was also devoted to Glasgow City Council's title to the former school at Grange Road and a portion of the Queens Park Recreation Grounds adjacent to it.

The Group meets again on Monday 27th August.

Members of the Southside Reference Group:

Gordon Craig, Trustee, South Glasgow University Hospitals NHS Trust (Chair)
Bill Aitken MSP
Mr J Anderson, Medical Staff Association, Southern General
M Barrie, Staff Partnership Forum Representative (Southern General)
Brian Beacom MBE, Greater Glasgow Health Council
Robert Brown MSP
Robert Calderwood, Chief Executive, South Glasgow Trust
Terry Findlay, Greater Glasgow Primary Care Trust
Kenny Gibson MSP
Janis Hughes MSP
P McNally, Staff Partnership Forum Representative, Victoria Infirmary
Dr R Sharp, Medical Staff Association, Victoria Infirmary
Chris Spry, Chief Executive, Greater Glasgow Health Board

The Options for South Glasgow Hospitals

1. Cowglen as the site for a new in-patient hospital – the Victoria Infirmary has a new Ambulatory Care and Diagnostic Centre (ACAD) but no in-patient beds. The Southern General closes
2. The Southern General becomes the site for a new-build in-patient hospital and the Victoria Infirmary becomes the site for a new ACAD
3. The “do minimum” option (The status quo but with money spent only on remedying essential backlog maintenance problems)

Yorkhill off and running

Background

Although the majority of proposals outlined in the Acute Hospital Services Review related to adult services, the Review also included an idea about relocating Yorkhill to an adult hospital site on the South-side of Glasgow. In February 2001, after considering the findings of a three month period of public consultation, an independent site evaluation of redevelopment opportunities on the existing Yorkhill site and an evaluation of the South-side option - GGHB decided that wider analysis, which took into account all the options for the future of Yorkhill, was required.

It was therefore agreed that an **Option Appraisal** for Yorkhill should be carried out which would look at the future location of **both child and maternal services** within the city. Maternity services were previously the subject of a separate review that recommended that the number of units should be reduced from three to two to reflect the falling birth rate. One of the two units will be the new Princess Royal Maternity Hospital and the other will be either The Queen Mother's Hospital at Yorkhill or the maternity unit at the Southern General.

An Overview of the Option Appraisal Process

The appraisal process, which started in June 2001, is co-ordinated by a Steering Group which has membership from a wide range of interested parties and is directed by Pat Kilpatrick, an independent facilitator who is employed by a NHS Trust outwith Greater Glasgow. Members include public representatives from the Yorkhill Patient/Public Forum, staff representatives from the Yorkhill and Glasgow-wide Partnership Forums, Greater Glasgow Health Council, Glasgow University, the local MSP and clinical and managerial representatives from Greater Glasgow Health Board and the Yorkhill, South and North Glasgow NHS Trusts. A **Yorkhill Futures Group**, comprising of volunteer representatives from the Public/Patient Forum, has been created to increase public/patient representation during the Option Appraisal process.

Stakeholder Involvement

During the Option Appraisal Yorkhill NHS Trust will actively seek the views of staff, parents, patient support groups, NHS colleagues and other organisations who have an interest in the future of Yorkhill. All comments will then be fed back to the Option Appraisal Steering Group who will take them into account during the option appraisal process.

Timetable

The Steering Group will hold 4 meetings up to October 2001 to identify all possible options, agree the criteria against which they will be judged and recommend the preferred option for the future. This will be followed by a 3 month period of public consultation to consider the recommendation before a final decision on the future location of Yorkhill will be made by the Scottish Health Minister.

Anyone wanting to find out more about the Yorkhill Option Appraisal Process can contact **Linda Fleming, Head of Corporate Planning, Yorkhill NHS Trust, Royal Hospital for Sick Children, Dalnair Street, Glasgow G3 8SJ. Tel 0141 201 0034.**

Way out west

Back in 1996, the then Secretary of State for Scotland sanctioned the closure of the **Western Infirmary**. What prompted this decision was the fact that services for west Glasgow were split inefficiently between Gartnavel General and the Western, with clinical staff wasting time that could otherwise be spent on patients travelling between the sites several times in the course of one day, as well as patients having to shuffle between the two sites.

Gartnavel is therefore to be the site for a new west Glasgow hospital, fully integrated and with modern equipment. Consultation with the public, patients groups and clinical staff suggested that this was an acceptable solution to providing local services, which cover west Glasgow and Clydebank for general hospital services. Therefore a project team is the process of coming together in order to draw up an 'Outline Business Case' to set out the changes and investment needed. *(continued on page 3)*

(continued from page 2)

medical and surgical representatives are already on board the project group and other staff and patient representatives will be recruited shortly. Early work will focus on a new multi-storey car park at Gartnavel and laboratory services.

As easy as A B C

Whatever else it is, option appraisal is not easy, although everyone concerned is trying to put together the most logical and straightforward process possible. **Basically, what must happen is that the different options for Yorkhill, NE Glasgow and the Southside must in each case be compared to one another to confirm which offers the best overall 'package' of patient and clinical benefit with long-term sustainability and meeting financial and economic tests which the public sector must observe.** Yorkhill is working hard with various stakeholders to find a way forward (see 'Yorkhill Off and Running' on page 2) regarding child and maternal services, and **in the case of the adult acute hospitals, the Greater Glasgow Health Council and the Southside Reference Group have been helping GGHB map out a practical, clearly staged way of making the process work.**

This is how the process sketched out so far would run:

The **Reference Groups** (NE Glasgow and Southside) **don't actually make the decisions** on the most appropriate options – what they do is oversee the option appraisal process and make sure that it is valid, fair and consistent. The Groups also help to engage public representatives in decision-making.

- **Stage A**

The first workshop will be held with the purpose of **marking out exactly the benefits and standards that each option must be measured against.** For example: when clinicians talk about 'improved patient experience', what exactly does that mean and how is it measured? Another example: what is 'acceptable' travel distance by public transport to any particular hospital site? – 10, 20 or 30 minutes – or more?

Once key definitions have been provided, **the next task is to then decide how important each type of benefit is relative to the others** – for example: again, 'improved patient experience' as defined by clinical staff – is that more or less important than transport time, and if so by what level?

At the end of what is going to be a very systematic and thorough discussion, the workshop should have arrived at a series of **'weightings'**, which are later applied to the 'score' generated for each benefit criterion in later workshops. The weightings reflect the relative priority or importance attached to the benefits.

Both the definitions of **benefits and the weightings attached to them have to be the same across Greater Glasgow** (A benefit relating to clinical quality, for example, cannot be less important in south Glasgow than it is in north east Glasgow).

This rather technical workshop will take at least a full

day and local authorities and members of the Local Health Council are likely to represent the public interest.

- **Stage B**

This is a **briefing session for all the people who will be involved in scoring the different options** for the future of hospital services in different parts of the City, **including the public and community representatives involved in Stages C and E.** They will have the chance to see how the process of option appraisal fits together, to understand how similar processes in other parts of the UK have worked and to run through the results of the workshop at Stage A. This will take at least one day.

- **Stage C**

At this stage new workshops are run to **concentrate on the specific options in south Glasgow and north east Glasgow.** The Reference Groups are involved in designing these events and ensuring that **people and groups representing patients, the public and communities will have a chance to take part** (see 'First Steps North East' and 'Sleeves Rolled Up on Southside' on the cover).

The pan-Glasgow benefits and weightings defined at Workshop B are now applied to the local options and 'scores' allocated by people at the workshop. Each workshop will take at least one day.

- **Stage D**

This doesn't stream from a single workshop or meeting as such, but **represents the work of acute hospital trust finance departments and other advisers, such as transport analysts, in pulling together 'desk top assessments'** of the economic and financial factors required to make each option possible. To make sure that the information provided is fair and accurate, GGHB's external auditors, Price Waterhouse Coopers, will examine it. A similar role will be taken by Partnerships UK, the former HM Treasury PFI panel, which has amassed considerable experience in assembling successful Public Finance Initiative (PFI) and Public-Private Partnership (PPP) packages, such as that for Glasgow City's new secondary schools.

- **Stage E**

The **final workshop brings the whole process, and all the people involved, together one last time.** All the different elements, decisions and findings at each stage of the process are assembled to provide final scores against each of the options being considered, based on the conventions and arrangements signed up to back at Workshop A.

From this, there should be one option each in south Glasgow and north east Glasgow which provides the best range of 'scores' across all the different factors assessed.

From start to finish, from A to E, the option appraisal process will probably take about three months to complete. If Workshop A took place in early September, for example, the results would be clear by December. The final options become 'outline business cases' sent to the Scottish Executive. If approved, then tendering of contracts can begin and the way is open to the serious building work taking place between 2005 and 2010 with new services starting up throughout that period.

Jargon-busting

In the course regenerating Glasgow's hospitals more than a few technical terms and names will crop up frequently. Here's an explanation of some of them:

ACAD – Ambulatory Care and Diagnostic Centre or Ambulatory Care Hospital

No matter the outcome of the acute hospitals review regarding in-patient services, an ACAD is to be built at the site of the Victoria Infirmary and one is in the advanced stages of planning for construction at Stobhill Hospital.

An ACAD provides hospital treatment for those patients capable of walking in or walking out on the same day. The reality in 2001 is that this is already true of 85 – 90% of NHS patients at Greater Glasgow's existing hospitals – only a minority of patients in the NHS actually need an in-patient bed.

New technology and treatment methods mean that more and more people can be seen as an out-patient, or as a day case or be given day surgery without the need for a protracted stay in hospital. For example, it is not that long ago that removal of a cataract might have meant a couple of nights in a hospital bed – now it is routine enough a procedure to be taken care of in a couple of hours.

ACADs are common in the US, and similar facilities have begun to appear in other parts of the UK.

The kind of model being looked at in Glasgow could provide a Minor Injuries Service (lumps, bumps and sprains) plus out-patient and day case consultations, as well as a wide range of minor surgical procedures.

Recovery beds would be provided so that patients could recuperate from the effects of anaesthetics and receive proper pain control, but as with current day surgery services, well-organised patient selection procedures should mean very few people ever have to be admitted for longer than 23 hours.

Therefore, whatever the outcome of the wider option appraisal, **85 – 90% of patients at the Victoria and Stobhill can be guaranteed to be treated at these sites indefinitely, in brand new purpose-built buildings.**

Option Appraisal

The process by which different possible locations and combinations of hospital services are compared to each other. This might include a look at land and planning restrictions, operational arrangements, how the new facilities would meet patient care needs and predicted trends in patients types and numbers, as well as traffic flow and access, cost and risk assessment. The option that is judged to have the best levels of advantage across a range of factors (or criteria) like these picks up the highest 'scores' through the process of

option appraisal.

Outline Business Case

The option which comes out of the option appraisal—for example, to build hospital X at site Y—still has to be worked up as a proposal on paper which sets out financial and service plans. This goes to the Scottish Executive for approval before money can then be secured to start building. There needs to be one more stage—a 'Final Business Case'—which allows fully detailed specifications to be put together.

Partnerships UK or 'PUK'

Partnerships UK used to be the Government's PFI (Public Finance Initiative) Panel but was later privatised, with 49% of ownership remaining with the UK Government and the Scottish Executive. The company is expert in the field of pulling together financial packages, with the bulk of the money coming from the private sector, to pay for large scale public projects. An example of this is the redevelopment of schools in Glasgow City.

PUK will help the NHS source the over £500 million needed to transform Glasgow's hospitals. Their role is mainly linked to the procurement of finance to build the new facilities.

NHS Greater Glasgow

At the end of September, Greater Glasgow Health Board ceases to exist when a new 'unified' Board responsible for the functions of GGHB and overseeing the NHS Trusts is launched. NHS Greater Glasgow will have Board members drawn from local authorities as well as clinical professional bodies and trade unions. The Trusts will no longer have separate Boards of Trustees. The Chief Executive of NHS Greater Glasgow will be Tom Divers (currently Chief Executive of Lanarkshire Health Board) and the Chair, until July 2002, will be Professor David Hamblen, GGHB's current Chair. The process established for the review of acute hospital services will carry on as planned.

Upcoming Board meetings

There are frequent updates on the progress being made on hospital services at GGHB (and later NHS Greater Glasgow) Board meetings. These normally take place once a month in the GGHB headquarters building, Dalian House, 350 St Vincent Street, Glasgow and are open to members of the public to attend. The meetings commence at 10.00 am and the next ones are scheduled for 21st August (to be held in the Mitchell Library) and 18th September 2001. The NHS Greater Glasgow dates will be announced soon.

For further information call Jim Whyteside, Communications Manager on 0141 201 4445, e-mail via jim.whyteside@gghb.scot.nhs.uk or write care of Greater Glasgow Health Board, PO Box 15329, 350 St Vincent Street, Glasgow, G3 8YZ.