



**GREATER GLASGOW  
HEALTH BOARD**

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

# Modernising Glasgow's Acute Hospital Services

## Progress so far.....

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In March 2001, Greater Glasgow Health Board received confirmation that the Scottish Executive endorsed the first stage of the proposals to modernise Glasgow's Hospital services. Following extensive consultation last year, we reached agreement on some issues which, subject to Scottish Executive approval, could be taken forward to the next stages in the process.

Much has happened since we first consulted on the proposals and this newsletter updates the overall position of the modernisation programme. It also outlines the work in progress to bring about the much > needed improvements to Glasgow's

hospitals.

Throughout the process the Health Board has encouraged informed discussion and debate and we aim to continue that dialogue, as the details of the proposals are worked through. To secure Executive support for the funding of the overall project, we need to take forward each component in tandem.

There are to be groups looking at services in the North, the South and Child and Maternal Health as well as specialist groups focussing on bed numbers and Accident and Emergency services.

## In the South of the City.....

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The debate on improving services has been taking place for some time and the consensus of opinion supports one in-patient hospital in South Glasgow. The issue is around where that hospital should be placed. In December we agreed to look in detail at the site options and carry out a thorough investigation, in public, of the merits of each site. The Scottish Executive has approved the development of an Outline Business Case for a single site South of the river. Now the detailed work can commence to evaluate the sites being considered. The sites are – an acute hospital at Cowglen; a new hospital at Cowglen with an ambulatory care hospital (ACAD) at the Victoria; a new hospital on the Southern General site with an ACAD at the Victoria; and the option of "do minimum" (which is the comparison that all NHS >

capital investment proposals have to make in order to get approval).

A group including the public interest will watch over this work and their job will be to oversee, question and inform (the wider community) of the process as it goes through the different stages in considering the best site for the new Southside hospital. The MSPs Janis Hughes, Bill Aitken, Robert Brown and Kenny Gibson have agreed to serve on the group as has the Local Health Council's Brian Beacom.

It is hoped that this work will be completed by Autumn 2001 which will allow the Board to put forward (to the Scottish Executive for approval) an Outline Business Case which is the first step in seeking funding through the Treasury or via the Public Private Partnership.

**Background information on the proposals is available by  
visiting our website at [www.show.scot.nhs.uk/gghb](http://www.show.scot.nhs.uk/gghb)**

## In the North of the City.....

Firm proposals in the North on what services should be developed where are not as advanced as they are in the South and much work still needs to be done. At the moment there are four options people have suggested should be explored further. They include:- all in-patients at the Royal with an ambulatory care hospital at Stobhill; close the Royal and redevelop Stobhill as a district general hospital; provide specialist services at the Royal with a district general hospital Stobhill; and the “do minimum“ comparison.

Similarly a group with representation of the public interest will need to be formed to oversee the option appraisal process and ensure that the wider community are informed and involved in the issues. This group will also include MSPs and community representatives, Peter Hamilton of the Local Health Council has agreed to serve on the group.

Regardless of what option becomes the preferred option, there will need to be significant re-designing of services in the North and East to meet the future demand. The future site for the Dental Hospital will also require further discussion and consultation. It is hoped that conclusions can be reached by Autumn 2001.

## Child and Maternal Health.....

The number of births is continuing to drop in Glasgow. We cannot sustain the three maternity units we have, we only need two. The issue is around which sites. The new maternity unit at the Royal to replace Rottenrow is due to open later this year. The others currently are Yorkhill and a unit at the Southern.

At the same time Yorkhill Trust have come up with proposals to invest £60 million in new facilities on their site. For a proposal of that size we need to undertake an option appraisal to see whether it is best to redevelop the present site or to locate children's services in a new Children's Hospital on the same site as an adult hospital. This would need to take into account what is in the best interests of mothers and children.

We expect to make an announcement soon on how this option appraisal can be done in an open and participative way.

## Accident & Emergency.....

The A&E group has been set up to consider the physical capacity, support services, in-patient service back-up, clinical priorities and public information which will feed into the planning process for the Outline Business Cases in the North and South.

The group includes representatives from the Health Board, Trusts, A&E Consultants, and GPs and other clinical services. Its first task is to agree the collection of data needed to inform the next detailed stages of planning. Arrangements to design the necessary survey work is in hand.

## The Beds issue.....

Assessing the bed numbers needed in five or more years time to deliver an improved service is very difficult. Both clinical practice and patients' needs change in that timescale. We need to take account of a range of anticipated factors as we try to calculate future demand.

A group has been set up to examine the bed occupancy rates, health and treatment trends and developments and implications of service re-design. Similarly, this work will feed into the overall plans as we move towards Outline Business Cases for the North and South Trusts in Glasgow.

## What happens now?.....

We will continue to update the progress at our monthly public meetings. The Health Board meets in public at 10.00am on the third Tuesday of each month. (except July – fourth Tuesday)

The timescale we have to work towards is Autumn 2001. All the pieces of the planning jigsaw need to be completed to feed into the Outline Business Case proposals. This will ensure that the Scottish Executive are in the position to consider the package as a whole.

This is a very challenging timescale but we aim to carry out the preparation work open to public gaze, with an informed debate of all the issues. These improvements have been long awaited and we want to involve the public fully in considering the issues affecting the NHS in Glasgow.