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Getting It Right For Patients -

What It Means For
Organising Services

The Future
of Glasgow's
Hospital Services



Let's Plan It
Together!



**GREATER GLASGOW
HEALTH BOARD**

in partnership with
the NHS Trusts
in Glasgow

Getting It Right For Patients - What It Means For Organising Services

The government's White Paper 'Designed to Care' has as one of its key aims a desire to re-design services so that they are significantly better organised in the interests of the patient and of effective and efficient health care.

To be as effective as possible, re-designed healthcare needs:

- facilities that are readily adaptable to changing clinical practice as the future unfolds
- related diagnostic and treatment services to be close to each other - "bringing the services to the patient rather than sending the patient looking for them around the corridors"
- routine elective work not to be interrupted by the calls of emergencies arriving in the hospital or arising on the wards
- clinical teams that are large enough to allow enough specialists to be available to deal with emergencies while their colleague specialists can devote their full attention to the routines of out-patient clinics, day surgery and elective surgery. And at any one time of course a specialist or two on the team can be on study leave, holiday or absent for some other reason without the patterns

of emergency cover or highly productive non-emergency routines being disrupted

- better arrangements for the continuous personal and professional development of staff so that they can adapt to clinical change and come to welcome it rather than feel anxious about the challenges it poses

There are **four changes in service organisation** which can help to achieve these aims:

- (a) developing **Clinical Pathways** which "re-engineer" the sequence of events experienced by patients and apply available evidence about the most effective clinical practice. Much of what can sometimes require several visits to hospital today can all be accomplished in one visit if it is properly organised and programmed. Continuous review of Clinical Pathways in the light of developments in clinical research and technology also helps to underpin a systematic approach to staff training and development.
- (b) **Ambulatory Care Centres** which provide flexible accommodation and a range of services in one place rather than scattered around the hospital.

(c) bringing together of **consultants and their junior staff** who are currently dispersed too thinly.

(d) better **streaming and separation of the flow of patients arriving at Accident and Emergency Departments.**

For GP emergency referrals this requires faster assessment by dedicated consultant teams on duty each day for general medicine and general surgery, eliminating the inappropriate filter of these being seen first by A&E medical staff (which can contribute to delay).

Multiple injuries and serious accidents occur sporadically but the ability to respond rapidly requires senior A&E consultant cover from say 7.00 a.m. until around midnight most days, with dedicated emergency support from an orthopaedic consultant readily available. The surgical and intensive care unit teams also need to be able to respond quickly. Other arrivals at an A&E Department need front-door assessment (called 'triage') to decide whether they can be treated by a nurse practitioner or need to be seen by a doctor. At present triage in Glasgow is a device for deciding which patients must be seen quickly and which can wait. Triage ought to be about streaming patients for prompt attention by suitably trained and skilled staff.

Our leaflet '5. Creating More Responsive Accident And Emergency Services' goes into these issues more fully.

Comments on this issue or any other aspect of the proposals to modernise Glasgow's hospital services should be sent by June 30th, 2000 to

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Leaflet request form

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**Acute Services Review
Greater Glasgow Health Board
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- 2. Getting It Right For Patients: What It Means For Organising Services
- 3. Cancer Services: Specialisation In Action
- 4. Why Specialisation Matters - And What We Propose To Do To Make Its Benefits More Available
- 5. Creating More Responsive Accident And Emergency Services
- 6. Ambulatory Care: What Is It?
- 7. Minimally Invasive Technologies: Keyhole Surgery And The Like
- 8. The Overall Planning Challenge For Greater Glasgow - Acute Hospitals In A Wider Context
- 9. Some Recent Background History
- 10. Impact Of Regulations On Doctors' Working Hours

- 11. The Number Of Beds We Propose To Provide
- 12. Regional Services Provided By Glasgow Hospitals
- 13. Why Teaching And Research Matters
- 14. Staffing Matters
- 15. How The Finance Works
- 16. Detailed Analysis Of The Options For South Glasgow
- 17. Maternal And Child Health
- 18. Better Access For West Glasgow Residents
- 19. The GRI/Stobhill Partnership
- 20. Why Centralise Cardiothoracic Surgery?
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