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The Overall Planning Challenge For Greater Glasgow -

Acute Hospitals In
A Wider Context

The Future
of Glasgow's
Hospital Services



Let's Plan It
Together!



**GREATER GLASGOW
HEALTH BOARD**

in partnership with
the NHS Trusts
in Glasgow

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Planning acute hospitals does not take place in a vacuum. Acute hospitals work in partnership with primary care to address the ill-health needs of the population they serve.

The poor health status of much of the population of Greater Glasgow has been well reported elsewhere. Severe socio-economic deprivation, poor housing, low educational attainment, a sense of hopelessness and social exclusion combine to threaten health. Poor health in turn can often intensify these problems in a vicious circle.

Greater Glasgow Health Board needs to ensure that it is playing its part in addressing these problems. In particular we need to:

- (a) invest in **strengthening primary care**.
- (b) **concentrate on children** in order to tackle, at an early stage, the inter-generational consequences of deprivation and social exclusion.
- (c) strengthen services to meet the needs of people with **mental illness or addiction** problems, (tobacco, alcohol and drugs).

- (d) increase our efforts in **community development and health promotion** to help people overcome low self-esteem and to strengthen their capacity to contribute to their community.

Although these efforts will be all the stronger if they are pursued in conjunction with our partners (local authorities, voluntary sector, Scottish Homes, the police and others), they will also require **significant additional financial investment**.

For the acute services, the major national priorities of **cancer, coronary heart disease and stroke**, loom particularly large in Greater Glasgow. Poor health status, poor nutrition, smoking, drug and alcohol abuse, damp housing and the legacies of old heavy industries, all play their part in producing high incidence of heart and vascular diseases, respiratory problems (such as emphysema and bronchitis), lung cancer and asbestos-related illness and various other cancers. We need to invest in the necessary specialist team skills, sophisticated diagnostic support and

treatment facilities now needed to achieve the best possible results. It is unlikely that we can keep pace with technological change without significant investment. Scarcity of capital resources suggests we will need to concentrate **technology and equipment investment** around associated clusters of specialist teams.

Glasgow also experiences high demand in its **trauma and accident and emergency services**. The NHS needs to be sure that its response to trauma and accidents is expert and has strength in depth to deal with the most serious life-threatening cases. Yet at the same time the risk of less serious cases experiencing delays as other more serious arrivals take priority is a regular feature of our current service.

The importance of modernising **acute hospital services in fit for purpose facilities** is overwhelmingly evident. There are too many old facilities with scattered and obsolete accommodation

which prevent different parts of the service working together effectively and efficiently. The impact on the patients' experiences of the service will often be dispiriting and frustrating. The public's patience and forbearance in the face of shoddy facilities and disjointed organisation has been remarkable but if we do not address the problems - if we simply continue to "patch up" and "cobble together" - public patience will run out and the very concept of the NHS will become debased.

The challenge is how to modernise the acute hospitals without that taking all the extra investment that is so badly needed in primary care, children's health, community development, health promotion and services for mental illness and addictions. The NHS does not have infinite resources. Greater Glasgow Health Board has a statutory duty to live within its cash limit.

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A brand new Southside Hospital and a New Western Infirmary would probably result in a net increase in capital and interest charges, (the equivalent of mortgage charges), of a conservative estimate of at least £25 million per annum. That alone equates to **nearly double** the amount which GGHB is currently expecting to get in additional development money to bring it up to the new proposed NHS funding formula target which recognises the impact of deprivation on Glasgow's needs for health care. That leaves no space for new drugs or new treatments in acute services and would squeeze out any improvement in all the other services aimed at tackling the worst aspects of deprivation and health inequalities.

Our proposals do involve spending more money on acute hospitals but not so much more that they swallow up what we also need to be spending on our other health improvement challenges. What's more we think we have found a way of maintaining local access for most services, providing good modern facilities and solving the problems associated with specialisation and working hours regulations.

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

Getting Informed

If you want to read up on any other issue please complete this leaflet request form. Tick the box next to the leaflets you want, provide your name and address in the space provided and send it to the Freepost address below (no stamp needed).

**Acute Services Review
Greater Glasgow Health Board
FREEPOST (GW 707)
Glasgow G3 8BR**

- 1. The Patient's Experience
- 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?
- 21. Radiotherapy: Linear Accelerators - A Patient's Guide

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