

# 16

## Detailed Analysis Of The Options For South Glasgow

The Future  
of Glasgow's  
Hospital Services



Let's Plan It  
Together!



**GREATER GLASGOW  
HEALTH BOARD**

in partnership with  
the NHS Trusts  
in Glasgow

**Why is there a need for change?**

Throughout the western world hospitals and the services they provide are changing fast. Many of the most important services are on a "same day" basis - in out-patient clinics, minor injuries units, x-ray, rehabilitation departments and day case surgery. Doctors are becoming more specialised - especially in surgery - and there is growing evidence that specialist teams get the best and safest results, especially where the illness or injury is most serious.

Patients expect the benefits of these changes. Faster, more convenient services in patient-friendly modern surroundings. The confidence of knowing that you are in the best possible expert hands.

But at the moment, Glasgow's hospital services - including those on the Southside - can't provide these benefits in the way they should. Too many dilapidated old buildings with scattered services and dispersed staff.

Only a major redesign of our services will give Glaswegians the standards of service they are entitled to expect.

Most cities have faced similar problems. Some have tackled them by closing some of their large acute hospitals altogether. Sometimes they have replaced old hospitals with new ones on the edge of the city or town. We do not think that's the right way to go. But nor can we carry on as we are.

The position is made all the more pressing because there are new regulations limiting the working hours of hospital consultants and junior doctors. It will be impossible to maintain safe 24 hour cover, keep doctors' skill levels sharp and well-exercised and at the same time comply with the regulations, if we keep the present pattern of in-patient services which require 24 hour cover.

We have produced leaflets which describe some of these issues in more detail:

- '1. The Patient's Experience'
- '2. Getting It Right For Patients - What It Means For Organising Services'
- '4. Why Specialisation Matters - And What We Propose To Do To Make Its Benefits More Available'
- '10. Impact Of Regulations On Doctors' Working Hours'

## Discussions in the last two years

Since the autumn of 1997 in the Southside, hospital doctors, GPs, nurses, other health professionals and managers have worked together to see how we can provide the sort of services patients need. There have also been regular discussions with MSPs, community councils, city councillors, East Renfrewshire Council, MPs, the Local Health Council and various local interest groups.

Three main messages have come from these discussions:

- local people want local access for as many services as possible.
- a population the size of the Southside (350,000 people) need one comprehensive set of well-staffed specialist services rather than two over-stretched and patchy sets of services.
- the need for modern well-designed user-friendly services and buildings is urgent.

On the face of it, the second of these two is not easy to reconcile with the first. But the development of “same day” services (known as “ambulatory care”) provides a way in which we can fully achieve the second (essential in the interests of safety and best possible results in diagnosis and treatment) and, at the same time, get very close indeed to also fully providing the first.

The third message led to a request that the South Glasgow Trust should look at several different options - including the creation of a brand new hospital for the Southside on a new central site.

Our proposals now are the result of working up more detail based on the discussions of the last two years.

### What is the present pattern of services?

The South Glasgow Trust services are provided from five sites:

#### **Victoria Infirmary**

This busy hospital is located in the heart of the population it serves (approximately 200,000). It has a busy Accident and Emergency Department and offers a range of acute district general hospital services. Its buildings mostly date from phased development over the first fifty years of the last century. Links between related departments are often poor and it is increasingly difficult to provide modern diagnostic and treatment methods. A number of services are integrated between the Victoria Infirmary and Southern General Hospital (i.e. ENT, eyes, Urology, Dermatology and Maternity) and for these services, in-patient and day case facilities are only at one or other site.

#### **Southern General Hospital**

Unlike the Victoria Infirmary, the Southern General not only provides the full range of district general hospital services for the population of South-West Glasgow (approximately 150,000) but has a number of specialties which serve not only the whole of South Glasgow but Greater Glasgow, the West of Scotland and further afield (i.e. National Spinal

Injuries Unit, Institute of Neurosciences, WESTMARC (the wheelchair and artificial limb service) and, shortly, Oral and Maxillo-facial Surgery). The emergency and trauma nature of the specialties located at the Southern General Hospital requires good access to the West of Scotland motorway network and helicopter access - the site's location and large campus make this possible. Although some parts of the Southern General are in old buildings, it also has some 600 beds in modern facilities.

#### **Mansionhouse Unit**

This unit has beds for assessment, rehabilitation and continuing care for the elderly. Assessment beds should ideally be on the same site as acute medical services.

#### **Cowglen Hospital**

This hospital has 120 beds for elderly continuing care. There is a separate review underway about how best to provide continuing care for elderly people and a consultation exercise will be launched in the late spring of 2000.

#### **Mearnskirk House**

This site has 72 elderly continuing care beds recently provided under a PFI arrangement. This site would not be affected by any of the options for acute hospitals.

### Local access

Our proposal is that whatever choice is made about where to provide in-patient beds, there should be a new, state-of-the-art **Ambulatory Care Centre** built at the **Victoria**. It would provide:

all out-patient clinics for South-East Glasgow	- no less than at present.
all day case surgery	- no less than at present.
23 hour (overnight) elective surgery for South Glasgow with fully equipped recovery and resuscitation facilities	- a new service.
out-patient rehabilitation services	- such as physiotherapy, speech therapy etc. No less than at present.
regular renal dialysis	- kidney machines. This service does not even exist in the Southside at present.
minor injuries unit	- which would probably deal with at least 50% to 60% of the present attendances that go to the Victoria Infirmary Accident and Emergency Department.
GEMS Centre (GP out-of-hours service)	- as at present.
diagnostic services	- to support all of these activities.

These services would deal with at least 85% to 90% of all patient contacts that currently use the Victoria Infirmary. So local access is preserved for the services used by most of the patients most of the time. In addition we propose that there should be 120 rehabilitation beds in a new building next to the Ambulatory Care Centre - this would particularly help local

people needing to visit a patient who needs more extensive time in hospital to recover.

The local access position for people living near the **Southern General Hospital**, would depend on which option is chosen for providing the single in-patient service base for the Southside. If the Southern General is

developed for this, their local access would remain unchanged (although we think the Victoria Ambulatory Care Centre would be the most suitable place to provide day surgery for the whole of the Southside).

Our proposals also include providing **nephrology** (kidney disease) in-patient services and **investigative cardiology** (for heart disease) on the Southside for the first time, which will provide local access to these services for Southside people.

Our leaflets:

- '6. Ambulatory Care: What Is It?'
- '7. Minimally Invasive Technologies: Keyhole Surgery And The Like'
- '5. Creating More Responsive Accident And Emergency Services'

explain some of the background of these local access issues in more detail.

### Specialist in-patient services

The proposal to create a new single set of facilities for in-patient work on one site to serve the Southside has strong support from Southside doctors. It has also been supported in much of the wider public debate that has already taken place.

At the moment we have to maintain two 24 hour rotas in orthopaedics, general surgery and gynaecology, when the workload to be covered could be dealt with by one. Having two rotas instead of one adds to the longstanding problem of junior doctors working scandalously long hours and often means less consultant time is available to tackle waiting times for clinics and operations.

A single set of specialist services for the Southside means that specialist teams are larger. With their beds concentrated together, some of them each day will cover the beds and emergencies while others do clinics and day cases, so keeping waiting times down.

### A stronger Accident and Emergency service

The Accident and Emergency consultants in the Southside have said emphatically that there should only be one A&E Department. This would allow more consultant presence in dealing with serious cases for a greater part of each 24 hour period than is the case at the moment - it would be a major step forward in quality of service.

Our leaflet '5. Creating More Responsive Accident And Emergency Services' goes into this in much greater detail, but obviously a beefed-up A & E service dealing with major cases needs to be on the same site as the in-patient services.

Our proposal to include a Minor Injuries Unit in the new Ambulatory Care Centre at the Victoria maintains local access for the great majority of people who currently use the Victoria Infirmary A&E Department. A very similar service has existed at Stobhill for years - people are very pleased with it and there have been no problems about its safety.

Our leaflet '5. Creating More Responsive Accident And Emergency Services' goes into detail about the concerns that people have expressed about longer ambulance journey times in cases where someone has had a heart attack or very serious accident.

### So what are the options for a single in-patient site?

The South Glasgow Trust looked at five different options:

- (1) A new Ambulatory Care Centre at the Victoria Infirmary and a completely new hospital for in-patient services on a new site reasonably convenient for everyone on the Southside.
- (2) A new Ambulatory Care Centre at the Victoria Infirmary and creating a completely modern in-patient hospital at the Southern General by demolishing old buildings and constructing new ones in two contracts over the next decade.

### These two options are explained more fully later.

- (3) In-patients at the Victoria Infirmary site with Ambulatory Care Centre at the Southern General. This was rejected because it would have made access to major Accident and Emergency services in the city unsuitable for patients from the West of Greater Glasgow. (A brand new Accident and Emergency Department is already being built at Glasgow Royal Infirmary, in the North-East section

of the motorway network. Having the second Accident and Emergency Department at the Victoria would denude the West of Greater Glasgow. Having a third major Accident and Emergency Department at Gartnavel would frustrate the ability to have a single orthopaedic in-patient unit in North Glasgow.)

In addition, the Victoria Infirmary site (11 acres) is too small to accommodate all of the Southside's in-patient services and ambulatory care for South-East Glasgow. This is still an insuperable problem even if a very large part of the Queen's Park Recreation site was available for a hospital - which it isn't.

- (4) All services at the Victoria Infirmary. Rejected for the same reasons. It would also deny to the residents of South-West Glasgow the ease of access to as many local services as possible that we want to provide as a matter of principle to everyone.
- (5) All services at the Southern General. Rejected because it does not give any local access to services for residents of South-East Glasgow.

### Child and Maternity Services

In looking at Options 1 and 2, the Trust explored whether it was possible to re-locate the Yorkhill Children's Hospital services to the Southside. This followed a suggestion made in earlier public debate in the Southside. It was found to be feasible and is included in the calculations later in this leaflet. Our Glasgow-wide consultation exercise seeks views on whether it would be a good idea to re-locate Yorkhill to the Southside. There are good clinical reasons for considering it and it would also help to ensure that maternity in-patient services remain securely in South Glasgow.

Our leaflet '17. Maternal And Child Health' says more about this suggestion.

### Adult Mental Health Beds

Acute adult mental illness facilities for South-East Glasgow are currently located at Leverndale Hospital and for the South-West share, the Southern General Hospital campus. All elderly mental health beds covering South Glasgow are at Leverndale Hospital. The Primary Care Trust would like to see all of these services provided on the same site as general hospital in-patient services. It provides better psychiatric support for the general hospital and reduces the isolation and stigma of mental illness.

In exploring options for the Southside's general acute hospital in-patients, the South Glasgow Trust took into account the need for there to be enough space for mental illness beds, but did not include the building costs in their calculations.

### Option 1 - A New Site Hospital

The South Glasgow Trust appointed property agents to scan the Southside for suitable sites on which a new hospital could be built.

The site would need to be about 50 acres or more. There are very few sites of such a size available on the Southside.

The search identified three possible sites:

- (1) In the Pollok area a site of approximately 44.7 acres, incorporating the present Cowglen Hospital and the National Savings Bank (NSB), bounded by Boydstone Road, Barrhead Road, M77 motorway and Kennishead Wood. There is additional adjacent land to the South of Cowglen Hospital which would be needed to accommodate all the possible services.
- (2) An area of 73.6 acres incorporating the Pollok Playing Fields, currently

leased to the NSB and land owned by the Pollok Estate.

- (3) An area of 80 acres at Darnley Mains adjacent to the M77 and next to the existing B & Q Warehouse.

Part of Site 1 is already owned by the Trust - Cowglen Hospital (16 acres). The remainder is owned by the NSB. The other land next to Cowglen Hospital is owned by a developer and is zoned for retail or commercial development. No conversations have taken place with the NSB and it is not known whether either they, or the developer, would be willing to sell. The cost of the land would be high due to its potential for retail development.

Site 2 is owned by Pollok Estate and is currently leased to NSB. However, it is understood that Glasgow City Council might have an interest in the site in order to increase the number of playing fields and recreation areas. It is currently zoned as "Green Belt".

Site 3 was not pursued as an option because its geographical location made it too inaccessible for most people living on the Southside and it was that much further away for Accident and Emergency/Trauma access from the West.

## Detailed Analysis Of The Options For South Glasgow

Of the three site options, Site 1 was considered the one most worth further detailed work.

A new hospital on the existing Cowglen Hospital site would mean closure, demolition and sale of the Victoria Infirmary, Mansionhouse Unit and the Southern General Hospital site (excluding 210 beds at the Shieldhall Road end of the site currently being built under Private Finance Initiative funding and to which

the Trust is committed on a 30 year lease. The Trust would locate some of its in-patient rehabilitation and local South-West continuing care services within this new facility).

The cost of building a new in-patient hospital at the Cowglen site and an Ambulatory Care Centre at the Victoria Infirmary has been estimated by the Trust (assuming financing under Public Private Partnership):

In-patient hospital at Cowglen	£267,600,000
Ambulatory Care Centre: Victoria Infirmary	27,115,000
Replacement of Yorkhill at Cowglen	<u>51,700,000</u>
	<u>£346,415,000</u>
(These figures exclude equipment)	
Additional Annual Running Costs	<u>£18,430,000</u>

These figures do not include the cost of buying land from NSB or the owner of the field adjacent to Cowglen Hospital. Nor do they include any receipts from selling land at the Victoria Infirmary, Mansionhouse Unit, Southern General or Yorkhill - this could amount to a total of around £22 million which would help to off-set the cost of buying the extra land needed.

There are some significant **risks** with this option:

- it would be a hospital of around 1,400 beds, that would be completed in approximately 7 years time. We would be committing ourselves to that particular number of beds without any chance of adjusting the size of the hospital downwards if future trends in the use of beds shows a sharper decline than we currently expect.

Our leaflet '11. The Number Of Beds We Propose To Provide' explains the issues here.

- the land needed might not be available for sale or might be extremely expensive given its zoning for retail or commercial use.
- a single phase construction of a hospital this size is a scale not previously attempted in the UK as a single phase. The costs may therefore be higher to reflect the risk of cost over-runs on a project of this size.
- it is not known whether a development in this place with intensive traffic flows would create town planning or road infrastructure requirements that would add to the cost.

## Option 2 - Redeveloping the Southern General

The Southern General occupies some 67 acres of land. Over the last ten years some £60 million of capital investment has been spent on providing new or substantially upgraded facilities. (Shown below)

The site also has modern in-patient facilities for regional neurosciences and obstetrics and gynaecology. Both buildings date from the early 70s. So there is a significant basis around which a new hospital can be developed. In addition, its geographical location close to the modern urban motorways, M8, M77 and Clyde Tunnel, make it very accessible to ambulances using the Southside Hospital as one of Glasgow's two major Accident and Emergency hospitals.

- £ 9 million - Spinal Unit
- 5 million - WESTMARC (artificial limb and wheelchair service)
- 2 million - Podiatry (foot care)
- 4 million - A & E/Out-patient Department
- 15 million - High quality refurbishment of ward areas
- 11 million - Oral Maxillo-facial services and ENT
- 12 million - Medicine for the Elderly (under Private Finance Initiative)
- 2 million - Physically Disabled Rehabilitation Unit

## Detailed Analysis Of The Options For South Glasgow

A redevelopment of the existing Southern General Hospital site would mean closure, demolition and sale of the Victoria Infirmary and Mansionhouse Unit. The Trust would locate some of its rehabilitation in-patient services within the Ambulatory Care Centre at the Victoria Infirmary.

This option poses a three-part development of the Southern General site over a ten year period to provide a new Southside hospital based around the existing investment.

**Part 1** - provision of a new surgical unit, medical receiving unit, theatres,

Intensive Care, High Dependency, pharmacy facilities and continuing refurbishment of medical facilities.

**Part 2** - provision of new Children's Hospital, laboratories and staff facilities in dining room/kitchens etc.

**Part 3** - provision of new medical, coronary care, out-patient and treatment facilities and diagnostic imaging.

Parts 1 and 2 would be organised as a single building contract. The cost of building - on an identical basis of comparison as Option 1 - is estimated to be:

New in-patient facilities at Southern General	£155,241,203
Ambulatory Care Centre : Victoria Infirmary	34,870,000
Replacement of Yorkhill at Southern General	51,700,000
	<u>£241,811,203</u>
(These figures exclude equipment)	
Additional Annual Running Costs	<u>£ 11,060,000</u>

This option requires very little in the way of new land acquisition - the Victoria Infirmary Ambulatory Care Centre would need a small parcel of land (around 4 acres) at the Queen's Park Recreation ground to add to the Grange Road site already owned by the Trust.

### What are the risks with this option?

- there is less risk of miscalculating future requirements for the number of beds because a fresh review of bed requirements can be made when planning the third part of the redevelopment at the Southern General.
- there is no risk of land not being available. The 67 acres at the Southern General is more than enough. Nor is there any risk of having to pay a premium price for land, which is the case with Option 1.
- a three part, two contract development reduces the risk of the capital cost over-runs that often afflict large building projects.
- it is not known what town planning issues might arise but the site has more flexibility in its local road access options (Moss Road, Shieldhall Road, Renfrew Road and Govan Road).
- there is a risk that the third part of the redevelopment might not proceed if government or Health Board policy changed after completion of the first contract.
- there is some risk of disruption to existing services on the Southern General site as buildings would be demolished and constructed in the centre of existing facilities.

### Choosing between the two options

Both options include a new Ambulatory Care Centre providing locally accessible care for most services used by most patients. Both options also include 120 rehabilitation beds; the 'Southern General option' provides them at the Victoria Infirmary which will reduce the burden of visiting, especially for elderly people; the Cowglen option provides them at the Southern General since it involves using the PFI beds there to which the Trust is committed. Similarly both options include a "23 hour elective surgery" service at the Victoria Infirmary which will allow minimally invasive surgery and treatment to be given to those patients needing one overnight stay to aid their recovery.

The difference between the two options lies in:

- a) accessibility.
- b) speed of completion.
- c) risks.
- d) cost.

The Cowglen option would mean most people have to travel further than they do now for in-patient care. The Southern General option is more accessible to the North West for emergencies. Its access for people from the South-East is often quoted

as problematic. Our leaflet '5. Creating More Responsive Accident And Emergency Services' explains why this is not the problem people might think it is in the case of 999 ambulance cases. For other patients and visitors needing to go to the Southern General we would provide an express shuttle bus service to and from the Victoria Infirmary. We will also negotiate with bus companies for better bus routes from the Castlemilk, Cathcart, Newton Mearns and Giffnock areas. We would be prepared to subsidise these until the routes are sufficiently established commercially. Negotiations cannot take place until decisions are made about which hospital services are where. In addition, the 120 rehabilitation beds and 23 hour surgery beds will further reduce the need for people to travel from the South-East to the Southern General.

The Cowglen option would probably be completed four years earlier than the Southern General option.

The risks associated with the Cowglen option are greater than those of the Southern General option.

The key cost difference between the two options is in annual running costs. The Cowglen option would cost an extra £18.4 million per year, whereas the Southern General option would be

an extra £11.1 million. In each case the costs would be payable for around 30 years although some tapering of costs usually occurs later in the PPP contract period. The difference of around £7.3 million per year for 30 years is massively significant. There are so many other services needing funding which GGHB could support with that £7.3 million per year - better primary care, shorter waiting times, better rehabilitation services, improved fertility services, more effective treatment for drug and alcohol misusers, better services for children, more district nurses. It is for this reason, above all else, that the Health Board thinks the Southern General option is in the better interests of all of those in Glasgow needing improved NHS services.

*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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**0141 201 4426.**

Alternatively, you can call us on  
**Freephone 0800 85 85 85.**



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Web site: [www.show.scot.nhs.uk/gghb](http://www.show.scot.nhs.uk/gghb)



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