

20

Why Centralise Cardiothoracic Surgery?

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 Centralise Cardiothoracic Surgery?

New Centre

The plan to modernise Glasgow's hospitals includes a single cardiothoracic service for the West of Scotland. It would involve bringing together in one unit the services currently provided at the Glasgow Royal Infirmary (GRI) and the Western Infirmary. The current number of in-patients per year is some 1,800 at each of the Western and GRI. Out-patient attendances total 3,300 per year at the Western and 3,500 at the GRI. The new single unit would initially use the relatively modern facilities available in the Phase 1 Ward Block at the Western Infirmary and would share them with the Beatson Oncology Centre (for cancer services).

Cardiothoracic Services

Cardiothoracic surgery is a long established surgical specialty which deals with operations on the heart and the lungs. These are major operations which involve opening the chest and require highly specialised medical and nursing staff and a dedicated intensive care unit.

The most common heart operation at present is coronary artery bypass

surgery. The West of Scotland still has the highest level of heart disease in the United Kingdom. Angina is a result of lack of blood and oxygen to the heart muscle, caused by narrowed or blocked arteries. Coronary artery bypass surgery involves bypassing the obstruction and so restoring the blood supply to normal. This is now one of the safest and most effective forms of surgery with low risk.

There has been an increase in the number of coronary artery bypass operations in the past year and this increase will continue as this type of surgery is a national priority.

Minimally invasive or keyhole surgery is now used for some heart and lung operations. Surgery to replace heart valves is less common than it used to be but is still an important part of the service.

Cardiothoracic surgery requires:

- special facilities both in operating theatres and in wards.
- complicated and specialised equipment.
- a group of staff in all professions dedicated to that particular type of work.

A major part of thoracic surgery is the team approach to the diagnosis and treatment of lung cancer. Having thoracic surgery and the new Beatson Oncology Centre working alongside each other will improve management of patients with lung cancer.

The provision of these services reliably, 24 hours a day, 365 days a year, is a big organisational challenge. As well as providing a safe and effective service to patients, individual members of staff should have decent working conditions with the opportunity for professional development but without the excessive working hours which many had to endure in the past.

Cardiac surgery cannot be done in isolation. It needs links with respiratory (breathing), renal (kidney), imaging and laboratory specialist services, which will be readily available.

Medical Cardiology

In the management of a patient with coronary disease, an alternative form of treatment is the use of a balloon to open up the obstruction in the artery and the insertion of a piece of stainless steel (an intracoronary stent) to keep the arteries open. This increases the blood flow and relieves the symptoms of angina. An increased number of these procedures (invasive cardiology) is being performed and having invasive cardiology and cardiac surgery together on the one site is essential.

Other exciting developments are the use of microwave technology delivered by catheter, which provides a permanent cure of certain abnormalities for cardiac rhythm in some patients with coronary heart disease and the use of implantable defibrillators in patients with life threatening abnormalities of heart rhythm.

Why Centralise Cardiothoracic Surgery?

Improved Service to Patients

The new Centre will allow the development of a single centre of excellence for cardiothoracic services. The concentration of staff and equipment allows greater specialisation and improved training. It means that expensive equipment and other facilities are not duplicated across several sites.

It also enables the health service in Glasgow to tackle problems in medical staffing (see our leaflet '10. Impact Of Regulations On Doctors' Working Hours'). Having all of the staff with the specialist expertise located together and working as one service makes it easier to ensure proper medical cover for safe and effective patient care.

Another advantage is the strengthening of links between NHS services and Glasgow University, which will further enhance the reputation of Glasgow as a Heart Centre. This means the health service will continue to develop services to tackle some of the major health problems of Glasgow where the high level of heart and lung disease is already well known.

Network of Services

The Centre for Cardiothoracic services will work in partnership with the locally accessible cardiology services. These would remain linked to the local hospitals which will receive medical and surgical emergencies.

All coronary care units and medical units will continue to provide a 24 hour day cover by cardiology consultants and investigative facilities will remain in each acute hospital.

Cardiology out-patient clinics and non-invasive testing will continue to take place in locally accessible out-patient departments and Ambulatory Care Centres.

Having this network of Heart Centre and local coronary care units will enable the development of Glasgow-wide protocols for the treatment and referral of acute chest pain. These would be in place in Accident and Emergency Departments and acute medical receiving units across the city. This means that there would be uniform treatment of patients wherever they attend. The protocols would also cover the type of patients to be transferred to the Heart Centre for the more specialised treatment there.

The existing nurse-led rehabilitation service linked to community health services is likely to be further expanded by nurses being involved in other aspects of care, including the management of heart failure. These nurse-led clinics, both in hospital and in the community, would enhance patients' treatment and also identify patients at risk who would then be referred to the cardiologists for the appropriate treatment.

Future Plans

Planning will need to continue for the integration of the Centre for Cardio-thoracic Services (and Beatson Oncology Centre) on to the larger hospital site at Gartnavel in the second half of our 10 to 12 year plan

period. In the meantime this early integration of the services at the Western Infirmary site as part of the plan to modernise Glasgow's hospitals enables benefits to patients to be realised as early as possible.

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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You can also send it by fax on
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