

The Future
of Glasgow's
Hospital Services



Let's Plan It
Together!



**GREATER GLASGOW
HEALTH BOARD**

in partnership with
the NHS Trusts
in Glasgow

Contents

4	What are we trying to achieve for patients?
6	How we came to our proposals
	Changes across Glasgow
	What the changes would mean for:
7	- the Southside
9	- Maternity and Children's Hospital Services
10	- North and East Glasgow
12	- West Glasgow
14	Making your opinion count
15	Leaflet Request Form



Making Glasgow's Hospital Services fit for the future

Glasgow's acute hospital services have been in need of modernisation for a long time - *and we must now take action.*

We at Greater Glasgow Health Board and three Trust organisations: North Glasgow, South Glasgow and Yorkhill NHS Trusts, have been asking doctors, nurses and other NHS staff for their views. We have also been debating ideas with the public. As a result, we have a number of ideas for getting hospital services in good shape for the 21st century. We would now like **your views** on these options. So, over the next three months, we are holding a public consultation. In other words, we are asking you to take part in the debate about how we can improve Glasgow's hospital services.

This is your chance to have your say and so help build a health service of which you can be truly proud. At the back of this booklet, you will find ways of making sure your voice is heard. We want to come up with a plan that we can put to the Minister for Health in the autumn.



GREATER GLASGOW
HEALTH BOARD

Help us improve our service to you

What are we trying to achieve for patients?

A Modern Service

Many of you have seen the modern facilities now available elsewhere and, quite rightly, expect such first class services in your own city. Too often, though, for patients there are delays, postponements and trekking around hospital corridors, going to scattered departments in old or shabby buildings.

Our aim is to provide a hospital service which offers the most up-to-date treatment quickly, using specialist skills in settings which are modern, friendly and convenient. We want to achieve this within the next ten years.

Local Access

These days, most patients (over 85%) do not need to stay overnight in hospital (so don't need in-patient care). More and more, patients can 'walk in and walk out' for their treatment in the same day (as out-patients or day cases).

Our aim is to keep local access to these services - the term used to describe them is "Ambulatory Care" - but to do so in facilities that are modern and well-designed.

The benefits of specialist care and team-working

There is growing evidence that specialists (especially within areas of

surgical work) achieve the better results, especially if treatment needs to bring a whole team of different skills and knowledge together to treat a dangerous or difficult illness. Many of our existing clinical teams are too small to manage their workload effectively. Commonly they find that covering emergencies clashes with waiting list work or out-patient clinics. Many are at risk of not complying with the new legal limits on maximum working hours.

By bringing smaller teams together into larger teams we can make sure that working hours and educational standards are met and, most importantly, that patients will be in the hands of specialists with the knowledge and skills most needed for their illness or injury.

Making sense across Glasgow as a whole

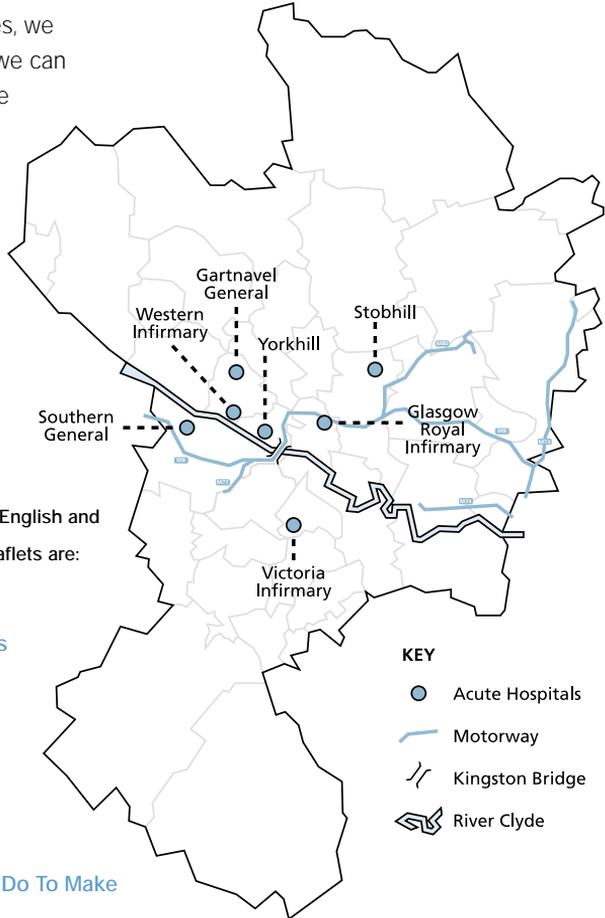
While keeping access local for most services, we also need to make sure that the pattern of services makes sense on a Greater Glasgow basis. We have looked hard at roads and transport and how convenient they are for people and ambulances travelling to different types of hospital services. We have also thought about how to make the best use of what modern facilities we already have. Where there

Map showing acute hospitals and major road network

are no suitable modern facilities, we aim to provide them at a cost we can afford - without using up all the money we need to use to improve other health services in Glasgow.

We have produced some leaflets which say more about these issues. We have tried to write them in plain English and as jargon-free as possible. These leaflets are:

- [The Patient's Experience](#)
- [Getting It Right For Patients - What It Means For Organising Services](#)
- [Cancer Services: Specialisation In Action](#)
- [Why Specialisation Matters - And What We Propose To Do To Make Its Benefits More Available](#)
- [Creating More Responsive Accident And Emergency Services](#)
- [Ambulatory Care: What Is It?](#)
- [Minimally Invasive Technologies: Keyhole Surgery And The Like](#)



How we came to our proposals

Re-shaping hospital services is very complex and we had to consider many issues before we could present our choice of ways to improve the patient's experience of acute hospital services in Glasgow.



You can find out more about these by requesting the leaflets below:

- 'The Overall Planning Challenge For Greater Glasgow' and 'Some Recent Background History' describe the practicalities of building hospital services in Glasgow
- 'Impact Of Regulations On Doctors' Working Hours' gives details of the long hours being worked by doctors and the impact this has on their training and care of patients
- 'The Number Of Beds We Propose To Provide' explains how we have worked out the number of beds we can afford
- 'Regional Services Provided By Glasgow Hospitals' gives details of the changes we suggest making to services provided to those living in Greater Glasgow and beyond
- 'Why Teaching And Research Matters' outlines their importance in finding new treatments and attracting and keeping the best medical staff
- 'Staffing Matters' stresses the need to have an NHS workforce that is well trained, motivated and flexible
- 'How The Finance Works' gives details of how we can afford the cost of improvement and yet also leave enough money to improve other services outside the acute hospitals, such as the whole range of primary care (GPs and their teams)

What the changes would mean for the Southside

The Options

There has been a lot of public support for building a new hospital for the Southside to replace both the Victoria Infirmary and the Southern General. A totally new hospital, built on a new site such as at Cowglen, in a single phase (with an Ambulatory Care Centre being built on the site of the Victoria Infirmary), would cost around £360 million and take about 6 years to complete. We have compared this with the cost of a new Ambulatory Care Centre at the Victoria and a rebuild of the Southern General to provide in-patient beds for the Southside - which would take 10 years to complete.

The mechanics of finding the money to pay for new hospital buildings are complicated but it boils down to our having to pay the equivalent of a "mortgage". We have produced a leaflet which explains the details in plain English. The bottom-line difference is that the brand new hospital option would cost us £7 million a year more than the option of redeveloping the Southern General. That £7 million per year extra would be paying for a small difference in geographical location and 4 years faster completion. But we would be

paying that extra annual cost for around 30 years.

We believe that money could be better spent on many other services for patients and local communities. (See our leaflet on 'The Overall Planning Challenge For Glasgow'.)

Our Recommendation

In our opinion, the best way to get a modern hospital service for the Southside's population of 347,000 is to:

- (i) build a state-of-the-art Ambulatory Care Centre at the Victoria Infirmary, to open by 2004. This will provide much better facilities and keep existing local access for at least 85% of the Victoria Infirmary's patients. It would include walk-in facilities for people with minor injuries or illnesses, a new locally accessible renal dialysis (kidneys) service, and 120 rehabilitation beds which would keep local access for some in-patients needing longer to recover (and easier for their relatives to visit). It would also provide day case surgery for the whole of the Southside.
- (ii) build wards for 355 new beds at the Southern General Hospital to open by 2005. The hospital already has 600 modern beds.

Changes across Glasgow

This would give the hospital 955 modern beds. The 310 older beds on the site would all have been refurbished by 2003 and a second phase of building would replace these well before the end of the decade.

This would provide all in-patient services for the Southside and regional/national services for neurosciences (brain) and spinal injuries. It would also mean a better staffed major accident and emergency service, easily accessible off the M8, M77 link and Clyde Tunnel.

(iii) provide shuttle bus links between the Victoria Infirmary and the Southern General Hospital as part of a wider process of improving public transport links between east and west on the Southside.

It would have in-patient beds for:

- *general medicine*
- *acute assessment of the elderly*
- *general surgery*
- *orthopaedics (bones and joints)**
- *gynaecology (women's healthcare)**
- *urology (urine and bladder)**
- *vascular services (heart)**
- *clinical haematology (blood)**
- *ENT (Ear, Nose and Throat)**
- *nephrology (kidneys)**
- *dermatology (skin)**
- *ophthalmology (eyes)**
- *maxillo-facial surgery (face and neck reconstruction)*

* *there will also be another unit in the North*

What the changes would mean for maternity and children's hospital services

The Royal Hospital for Sick Children has relatively modern facilities (the theatre suite opened in 1998) but the Queen Mother's Maternity Hospital has design limitations and the building has not worn well. The main building for the Royal Hospital for Sick Children is adequate for the near future, although perhaps not particularly flexible to adapt to future changes in children's health care. By the end of the decade, we would need to start planning to replace facilities at Yorkhill, so it makes sense to include Yorkhill in our proposals now.

The Benefits of Sharing

Many medical experts believe it is best to have children's services on the same site as adult and maternity services. That way, they can share the expertise of medical teams and services which are common to both the treatment of adults and children. Separate children's hospitals, on the same sites as larger general hospitals, have worked very well in other parts of the UK.

The Location

The Southside would be the best location for the new Royal Hospital for

Sick Children, mainly because:

- (a) children's services would be more sensibly placed on the same site as a maternity unit serving South Glasgow.
- (b) children's neurosurgery, ENT and maxillo-facial surgery would be better integrated with other children's services. They are currently separate.
- (c) it would provide strong paediatric support (for the treatment of children) to one of Glasgow's two accident and emergency units (compared with the lack of such support at any of Glasgow's adult A&E Departments at the present time).

Less favourable options

By contrast, although re-locating the Royal Hospital for Sick Children alongside adult oncology (cancer treatment) and adult cardiothoracic (lung and heart) surgery in West Glasgow would have some benefits, there would no links with maternity and A&E units.

A third alternative - re-location to the GRI - would unbalance maternity services between North-East and South-West Glasgow. There would be fewer links with other adult services than would be the case with a Southside location (or even with West Glasgow adult services).

Changes across Glasgow

What the changes would mean for North and East Glasgow

The new facilities now being built at the Glasgow Royal Infirmary will result in the hospital having 600 modern beds. The hospital will also have 500 old beds, 219 of which will be empty when the new part is complete. Stobhill Hospital has 297 acute beds - all of them in old buildings. There are 340,000 people living in North and East Glasgow. We estimate that by 2005, we will need around 1020 acute in-patient beds for the North and East Glasgow population.

The Aim

Using the sites at the GRI and Stobhill, we aim to provide:

- locally accessible Ambulatory Care
- in-patient services in modern beds wherever possible
- clinical teams large enough to ensure specialist skills are available while working hours are reasonable
- a first class Accident and Emergency unit to match that proposed in South-West Glasgow.

Our Recommendation

We propose creating hospital services in the North and East, similar to those we suggested for the Southside.

These services would include:

- (i) keeping local access for the majority of patients by building a state-of-the-art Ambulatory Care Centre at Stobhill. This means Stobhill will have a long term role as a major provider of health services.
 - (ii) in-patient services at the GRI including:
 - *general medicine/elderly assessment*
 - *general surgery*
 - *orthopaedics**
 - *maternity**
 - *gynaecology**
 - *plastic surgery/burns (providing a regional service)*(There would also be out-patient services in modern facilities at GRI but we would expect most day cases from East Glasgow to be treated at Stobhill).
- * *there will also be another unit in the South*

(iii) a major accident and emergency/trauma centre service in modern facilities at the GRI, easily accessible off the M8, M80, Springburn Road and the Clyde bridges in the East of the city.

The Future of Stobhill

We know that there are strong feelings about the role of Stobhill Hospital. The plan to modernise Glasgow's hospitals offers much of the certainty about the future role of Stobhill which its community and staff have long wanted. Over the next few months the North Glasgow Trust will lead a local debate about the issues so that by the autumn we will be clear about the long-term role of Stobhill Hospital.

There is a fuller exploration of the specialisation and working hours issues in some of the back-up leaflets that we have produced to aid debate.

The Cost

An Ambulatory Care Centre at Stobhill would cost £30 million. £6 million will be needed to fit out a new orthopaedic department at the GRI. This would be in addition to the £53 million already committed for the new facilities at the GRI. The new facilities at the GRI will open in 2001.

Changes across Glasgow

What the changes would mean for West Glasgow

The 226,000 people living in West Glasgow will need a total of 285 beds for acute general medical and surgical in-patients. A decision was taken four years ago, as part of the '1996 Acute Services Strategy', to close the Western Infirmary (which has 260 relatively new beds) and re-locate it at Gartnavel (which has 564 new beds).

This decision was taken for two reasons:

- (a) **to modernise the facilities for the Beatson Oncology Centre (for the treatment of cancer).**
- (b) **to put an end to the very unsatisfactory state of affairs where in-patient general medicine, surgery and orthopaedics were running at two sites. Staff were overstretched and many patients were transferred between hospitals at critical times in their care.**

The North Glasgow Trust has been looking again at these issues to see how progress can be achieved in a way that we can afford.

Our priorities are to modernise the Northside hospital service and to secure Stobhill's future around its state-of-the-art locally accessible Ambulatory Care Centre. On this basis the starting point in West Glasgow is how to make best use of existing modern facilities.

Our Recommendation

We believe the way forward is:

- (i) to use Gartnavel General as the in-patient centre for general medicine and general surgery for West Glasgow. At the moment, there is no walk-in service for minor injuries or illnesses. We propose creating a service of this type at Gartnavel, giving much greater accessibility for Clydebank, Drumchapel, Knightswood, Scotstoun, Yoker, Maryhill and their neighbouring areas. People living in Hillhead and Partick would have the choice of going to Gartnavel or the Southern General (through the tunnel). We would also need to improve emergency services and ambulatory care facilities at Gartnavel.

Our aim is to have these facilities in place by 2004/05 at the latest.

(ii) to use the Western Infirmary as the in-patient and out-patient centre for the Beatson Oncology Centre (cancer treatment) and a single cardiothoracic centre (lung and heart surgery) for the West of Scotland. Some money would be needed to provide up-to-date specialist imaging equipment in the hospital's modern block. We would vacate G Block.

Capital investment to make these changes at both hospitals would be around £31.2 million.

The Result

This approach would make general acute services for West Glasgow more locally accessible for more people (in-patient services, ambulatory care and minor injuries services) and provide modern facilities at Gartnavel.

It would provide more modern cancer and cardiothoracic (lung and heart surgery) for people living in Greater

Glasgow and beyond, in a location which is easily reached by public transport (using the Partick bus, rail and underground links). We can achieve this by 2005.

Separate leaflets are available for different aspects of these proposals:

- [Detailed analysis of the options for South Glasgow](#)
- [Maternal and Child health](#)
- [Better access for west Glasgow residents](#)
- [The GRI/Stobhill partnership](#)
- [Why centralise cardiothoracic surgery?](#)
- [Radiotherapy: Linear Accelerators - A Patient's Guide](#)

Making your opinion count

We have laid out ambitious and exciting ideas for the future of Glasgow's acute hospitals. It is now over to you to let us know how you feel about these proposals.

Getting Involved

From April until the end of June 2000, public meetings will be held for various groups to raise local issues. This will give you the chance to put your opinions or questions to representatives of the Greater Glasgow Health Board or your local Hospital Trust. These meetings will be advertised locally.

You can also find details of the latest diary of public meetings from our web site or by calling

Freephone 0800 85 85 85. Our web site - www.show.scot.nhs.uk/gghb



Representatives from key community and healthcare groups will also be invited to attend briefings/workshops to work through the issues and give their verdict on the proposals. The results will be placed in local libraries and on our web site.

As the whole debate unfolds we will write more leaflets to reflect particular questions and issues that have been raised.

- has up-to-date information, and copies of the advisory leaflets. Just select **acute services** from the menu.

Leaflet request form

Getting Informed

This leaflet can only give you a broad picture. You can read up on any specific issue you are interested in by completing 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

Name: _____

Address: _____

Postcode: _____

You can also send it by fax on
0141 201 4426.

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



Greater Glasgow Health Board

Dalian House

350 St Vincent Street

Glasgow G3 8YZ

Tel: 0141 201 4444 Fax: 0141 201 4401

Textphone: 0141 201 4400

Web site: www.show.scot.nhs.uk/gghb



**GREATER GLASGOW
HEALTH BOARD**

in partnership with
the NHS Trusts
in Glasgow