

NHS Greater Glasgow

Proposals for the Future Organisation and Location of Inpatient Ear, Nose and Throat (ENT) Services in North and East Glasgow

1 Introduction

This paper describes the options available for the future provision of Ear, Nose and Throat (ENT) services in North and East Glasgow. Over several years, there has been general agreement that there would be considerable benefit in centralising the inpatient component of ENT surgery within a combined facility at Gartnavel General Hospital. The details and implications of this proposal are outlined within this paper.

2 Why is Change Necessary?

At present, ENT services in North Glasgow are provided on three outpatient and two inpatient sites - one of the in-patient sites being Stobhill Hospital (Ward 3a = 14 beds) and the other Gartnavel General Hospital (Ward 5a = 26 beds).

There has been a very large reduction in the length of stay for ENT patients over the last 15 years, and, as a result, the requirement for inpatient ENT beds has reduced considerably. For much of the time the two in-patient sites have occupancies of around 60%. In addition, at present it is proving difficult to recruit the number of experienced ENT nursing staff required to provide appropriate levels of staffing on two separate in-patient sites.

ENT Surgery, in common with many other surgical specialties, has increased the degree of sub-specialisation over the last 10 to 15 years. The sub-specialisation with the greatest requirement for Consultant cover is Head and Neck surgery, which embraces cancer surgery. At present there is only a single surgeon providing this type of cover at the Stobhill site. Having one inpatient site would mean that cross cover between the total of four consultants providing Head and Neck surgery would be possible and thus an enhanced service would be provided to this group of patients.

Maintaining a European Working Time and New Deal compliant rota for junior doctor cover over two inpatient sites is difficult at present. One inpatient site would ease this situation considerably and, indeed, if the centralisation exercise were not to proceed, it is likely that junior doctor cover will become increasingly difficult to provide, and more costly, in the short term. At present, ENT outpatient clinics are performed at Stobhill Hospital, Glasgow Royal Infirmary (GRI) and Gartnavel General Hospital. The Consultants providing these outpatient clinics are supported by outpatient nursing staff, audiometricians (who perform hearing tests and look after patients with hearing aids), speech therapists and secretaries. In addition, consultants at Stobhill, GRI and one consultant at Gartnavel Hospital have a pre-assessment service which means that these clinicians have close to a 100% admission rate (i.e. very few patients fail to turn up for theatre or are cancelled on the day).

An analysis of 2000/01 activity is provided below:

	GLASGOW ROYAL INFIRMARY (GRI)	STOBHILL	WESTERN INFIRMARY/ GARTNAVEL HOSPITAL	TOTAL
Inpatients – elective	1	834	1218	2053
Inpatients – emergency	120	298	527	945
Total Inpatients	121	1132	1745	2998
Day Cases	175	163	312	650
New Outpatients	4432	4123	3460	12015
Totals	4607	4286	3772	12665
TOTAL ACTIVITY	4728	5418	5517	15663

Head and Neck patients are managed at combined clinics with the Consultants from the Beatson Oncology Centre. Day surgery operating is performed on all sites. At present there are no dedicated day surgery theatre lists at Stobhill. Inpatient surgery is performed at Stobhill and at Gartnavel General Hospital where the in-patient surgery for both the GRI and Gartnavel Hospital is performed.

ENT Surgery in North Glasgow comprises three main sub-specialties: otology (ears); rhinology (noses); head and neck surgery. It is head and neck surgery which places the greatest demands on ward space (because these patients have a much longer length of stay), theatre space (because the operations take longer), specialised nursing and the dependency on other specialties (such as speech therapy). As only one surgeon performs head and neck surgery at Stobhill, this complicates provision of cover during absences and out of hours. Although colleagues at Stobhill and head and neck surgeons from elsewhere in North and East Glasgow cover the surgeon's patients when he is away, cover would be much improved with all four Consultants providing Head and Neck Surgery located at one site.

3 How Can These Problems be Resolved?

As inpatient surgery for GRI and Gartnavel is already performed at Gartnavel, it would be logical for the inpatient surgery from Stobhill to move to Gartnavel.

In addition, if Gartnavel were to be the single inpatient site for North Glasgow then it would mean that the Head and Neck patients would be treated in close proximity to the Beatson Oncology Centre. This would also allow inpatients with Head and Neck cancers in the Beatson Oncology Centre to be seen rapidly, where necessary. At present two of the consultants also cover the Vale of Leven as well as Gartnavel. To increase the number of sites at which they work (by moving inpatients to the GRI) would mean that they would be working at a greater number of sites than would be practicable. For these reasons, it is considered that siting the inpatients at the GRI would not be a feasible solution.

The advantages of centering inpatient services at Gartnavel would be:

- Increased numbers of consultants on one site and therefore increased cross coverage throughout a full range of sub-specialities
- Decreased need for more specialised and expensive surgical equipment to be provided at more than one site
- The numbers of nursing staff required to cover a combined ward will be less; this would allow an improvement in the current, relatively low, skill mix at the two sites and improve the current problems in relation to the recruitment of skilled, experienced staff
- A reduction in the number of inpatient sites which require to be covered by the junior medical staff; this in turn would make it easier to comply with both the current and future European Working Time Directives and New Deal requirements
- Increasing the potential of consultant cover for in-patient theatre lists when other consultants are on holidays and thereby reducing the frequency of cancellations

The timing for the move to one in-patient site will be affected by three main factors:

- The wish to improve the service to patients with head and neck cancers by moving to one combined head and neck clinic. This would be best achieved when inpatient services are consolidated
- The most likely location for the Ambulatory Care Hospital (or ACAD) at Stobhill is the site of the current ENT ward; whilst the ENT ward could possibly move elsewhere on the site as an interim measure, it would be better to avoid moving twice if possible.
- The increasing difficulties in providing a compliant rota for junior doctors.

It is anticipated that the transfer of the ENT service could be undertaken by March 2003.

4 Preferred Solution

For the reasons outlined above, it is proposed that ENT inpatient services be amalgamated on the Gartnavel site.

The impact of this decision would be as follows:

Stobhill Hospital

A slightly reduced number of outpatient clinics as a consequence of the move of head and neck patients to Gartnavel, however head and neck patients would receive more appropriate care. Day surgery would remain at Stobhill Hospital and dedicated day surgery lists would be provided.

Glasgow Royal Infirmary

A slightly reduced number of outpatient clinics as a consequence of the move of head and neck patients to Gartnavel, however the patients would receive more appropriate care. Day surgery activity would remain at the Glasgow Royal Infirmary.

Gartnavel General

All inpatient activity to be carried out at Gartnavel. Increase in outpatient activity to accommodate head and neck patients. Day surgery would remain at Gartnavel General.

As will be noted from the activity analysis, there are currently approximately 1132 inpatients treated at Stobhill. A number of these patients could be treated within the Ambulatory Care Hospital (or ACAD)/Day Surgery facility and it is anticipated that approximately 50% of these patients would require to be admitted to the inpatient facility at Gartnavel. At present there are 26 beds at Gartnavel and these would be sufficient to accommodate the proposed level of activity. The current combined bed complement for Stobhill and Gartnavel General is 39 beds but the bed occupancy is low (60%), as previously stated.

Additional theatre sessions would be required to accommodate the additional activity at Gartnavel. Currently 8.25 sessions are provided at Stobhill; 6 of these would require to be re-provided on the Gartnavel site within both the inpatient theatres and the daycase facility, with the rest remaining at Stobhill to accommodate the local day surgery activity.

5 ENT Services for Children

Another important consideration is that there are approximately 150-200 children treated at Stobhill each year. In line with national policy, the care of these patients would be transferred to Yorkhill at the same time as the adult ENT service transferred to Gartnavel General. The special expertise and ambience at Yorkhill is far better suited to children than adult acute hospitals, so lessening each child's potential distress and so aiding recovery.

6 Impact on NHS Staff

There are a number of benefits for NHS staff from the proposed changes including:

- Improvement in manpower pressures, particularly in relation to junior doctors working hours, EEC Working time directive and problems in relation to the recruitment of nursing staff.
- Enhancement of the opportunities of teaching, training and professional development opportunities, facilitates cross sub-specialty support and inter-specialty surgical support
- The proposal removes many of the in-built pressures associated with the provision of services from poor amenities and sub-standard accommodation

Some Stobhill staff will continue to work where they are but in improved accommodation, in particular, it is envisaged that the audiometricians and outpatient staff would continue to work at Stobhill. Ward nurses and theatre staff would be offered the opportunity to move to Gartnavel or to remain in the Day Surgery unit /Ambulatory Care Hospital (or ACAD) at Stobhill. The same would apply to the secretarial staff at Stobhill and the GRI. Every effort will be made to accommodate the preferences of staff when moves are required. Speech therapy staff will require to perform clinics at Gartnavel and will otherwise work in the Ambulatory Care Hospital. It is anticipated that there will be minimal changes to this group of staff.

It is acknowledged that the support accommodation at Gartnavel is very limited with no spare capacity for consultants and their junior staff and secretarial support staff. It would be necessary for additional accommodation to be made available for office space and training accommodation, preferably adjacent to the main ward area and work is in train to establish suitable accommodation to support the proposed transfer.

7 Conclusion

In conclusion, it is clear that here are considerable benefits associated with the proposed centralisation of inpatient ENT surgery on to one site within North and East Glasgow. The capacity can be accommodated within the facility at Gartnavel with the addition of theatre sessions and support accommodation. The benefits relate to enhanced medical staffing cover, improved nursing staff recruitment, emphasis on sub-specialty interest to provide a higher quality of service to patients and improved emergency services.

8 Comments

Individuals or organisations wishing to comment on the proposals should send their responses to:

**Mr John C Hamilton
Head of Board Administration
Greater Glasgow NHS Board
Dalian House
PO Box 15329
350 St Vincent Street
GLASGOW
G3 8YZ**

Tel: 0141-201 4608

Fax: 0141 201 4601

or e-mail - webmaster@gghb.scot.nhs.uk

by no later than Friday, 2nd August 2002