



**CONSULTATION DOCUMENT**

**Acute Hospital Services**

**Proposals for the Future Organisation and Location of Gynaecology  
Services in North and East Glasgow**

**14<sup>th</sup> May 2002**

# NHS Greater Glasgow

## Proposals for the Future Organisation and Location of Gynaecology Services in North and East Glasgow

### 1 Introduction

This paper describes the options available for the future provision of Gynaecology services in North and East Glasgow.

Gynaecology is a core acute specialty intrinsically linked with obstetrics by manpower and clinical overlaps. Gynaecology, as with obstetrics, is a mixture of medical and surgical specialties which have changed significantly over the last three decades with the advent of modern technologies such as ultrasound imaging, assisted conception, day surgery, outpatient diagnostic and therapeutic modalities.

### 2 Why is Change Necessary?

It is desirable that all in-patient gynaecology activity in North Glasgow is provided from one site, co-located with the new Princess Royal Maternity at the Glasgow Royal Infirmary (GRI). The main challenges are:

- Victorian accommodation at three sites with poor amenities for patients and staff
- Split site working for medical staff and some nursing staff
- Pressing manpower problems in Obstetrics and Gynaecology
- Increasing reliance on locums to achieve compliance in relation to the reductions in working hours required under the New Deal for junior doctors
- The need for gynaecology to be on acute site with complementary surgical and medical disciplines
- The planned move of inpatient Gynaecology from the Western Infirmary to the Southern General Hospital (as agreed by the Board of NHS Greater Glasgow following public consultation held between February and April 2001)

Over the past three decades the gynaecology departments have amalgamated to the point that North Glasgow now has three in-patient facilities. In patient services are provided at Stobhill Hospital (17 general beds located in Ward 3b and 19 gynaecological oncology beds located in ward 4a), Glasgow Royal Infirmary (16 beds) and the Western Infirmary (17 beds which will be transferred to the Southern General Hospital in 2003). For a relatively small surgical specialty this has led to in-built inefficiencies and duplications.

The level of gynaecology patient activity throughout the Trust varies at present – see table below. This can be attributed to a number of factors, particularly in relation to gynaecology oncology, which has a very different profile from general gynaecology. In addition, the current occupancy level is low, averaging between 55 and 60% during this year. The average length of stay is 2.4 days on the GRI site and 3.9 days at Stobhill. Taking cognisance of current low occupancy levels and the service redesign which will form an integral part of the proposed move inpatient work could be accommodated within a 33 bedded integrated unit at Glasgow Royal Infirmary.

During this time, sub-specialist services have developed in Gynaecology: in particular assisted conception services at Glasgow Royal Infirmary and gynaecology/oncology at Stobhill, along with a major shift of activity towards an outpatient/day surgery diagnostic/therapeutic model of care with considerable specialist input. The enthusiasm and corporate agreement between the clinicians in Obstetrics and Gynaecology is demonstrated by the favourably short waiting list and outpatient times which have been achieved.

Further economies of scale at each site are no longer feasible and the opportunities for the re-design of processes to streamline the patient journey are limited and constrained by the current facilities.

Following public consultation, a decision was taken by the then Greater Glasgow Health Board that the Western Infirmary in-patient gynaecology service would move to the Southern General Hospital in the future. It proposed to amalgamate the North and East gynaecology services within the same timeframe.

A single in-patient site for North and East Glasgow, co-located with maternity, will mirror the similar service model proposed in the south of the city and this has the support of the Obstetrics and Gynaecology consultant community in Glasgow. Papers to this effect have been agreed and circulated over the last 2-3 years by the North Glasgow University Hospitals NHS Trust and the Board of NHS Greater Glasgow.

### **3 What Are the Possible Solutions?**

There are a variety of possible solutions which range from the retention of both inpatient sites to the full centralisation of the whole service on one site. It is proposed that a modern (£5.1m) purpose-built development be provided which would incorporate general gynaecology and gynaecology oncology inpatient services within an acute hospital setting with outpatient activity remaining on all sites. It is envisaged that daycase activity would take place within the new ambulatory care hospital on the Stobhill site, Gartnavel General Hospital and Glasgow Royal Infirmary. Under this model it is also proposed that out-patient gynaecology from the Western Infirmary would transfer to Gartnavel General allowing a single out patient and day case service to be delivered there.

The preferred solution would see the creation of a 33 bedded unit within a single site within Glasgow Royal Infirmary, adjacent to the Princess Royal Maternity and acute hospital services at GRI. It is intended that two theatres will also be provided within this facility to ensure adequate theatre accommodation is available within the new facility.

Given the space available this option would provide more accommodation than required for the in-patient facility alone and other associated services could be located in this area and, in particular the termination service. All theatre capacity could be accommodated in the new facility. A full business case has been drawn up for the creation of a £5.1m purpose built development and is currently awaiting Scottish Executive approval. Subject to public consultation supporting this option and Scottish Executive approval it is anticipated that the new development would take 24 months to complete which may require interim arrangements to be agreed for the specialty in the context of the Ambulatory care Hospital (or ACAD) development at Stobhill. A decision by the Board of NHS Greater Glasgow would need to be taken in this context.

As will be noted from the activity analysis below, approximately 669 elective in-patients and 514 emergency in-patients would be affected by this change and they would be treated at Glasgow Royal Infirmary rather than Stobhill as at present. In addition, it is anticipated that a considerable number of patients (up to 800 episodes) who are currently treated as inpatients at Stobhill would be treated in the future within the Ambulatory Care Hospital (or ACAD) at Stobhill on a day case basis.

Activity Profile for 2000/01:

|                           | <b>GLASGOW<br/>ROYAL<br/>INFIRMARY<br/>(GRI)</b> | <b>STOBHILL<br/>INCLUDING<br/>ONCOLOGY</b> | <b>WESTERN<br/>INFIRMARY/<br/>GARTNAVEL<br/>HOSPITAL</b> | <b>TOTAL</b> |
|---------------------------|--|--|--|--------------|
| Inpatients –<br>elective  | 669  | 1153                                       | 1097   | 2919         |
| Inpatients –<br>emergency | 514  | 621  | 391  | 1526         |
| <b>Total Inpatients</b>   | <b>1183</b>                                      | <b>1774</b>                                | <b>1488</b>  | <b>4445</b>  |
| Day Cases                 | 1872   | 1951                                       | 1112   | 4935         |
| New Outpatients           | 5960   | 4370                                       | 5180   | 15510        |
| <b>Totals</b>             | <b>7832</b>                                      | <b>6321</b>                                | <b>6292</b>  | <b>20445</b> |
| <b>TOTAL<br/>ACTIVITY</b> | <b>9015</b>                                      | <b>8095</b>                                | <b>7780</b>  | <b>24890</b> |

#### **4 Benefits for Patients**

There are a considerable number of benefits for patients associated with this move:

- Modern, purpose-built accommodation
- Single site provider for in-patient care with links to other acute in-patient specialties
- Increased access to specialist and sub-specialist services
- Consonant with local access to outreach services by utilisation of ACAD facilities, consonant with the proposed restructuring of termination services and creation of single regional gynaecology/oncology unit.

#### **5 Implications for NHS Staff**

In tandem with the benefits for patients there would a number of benefits to staff:

- Rationalise split site working while outpatient and daycase gynaecology activity would be expected to take place in the new Ambulatory Care Hospital; it is envisaged that consultants would have whole day commitments to this facility on a regular basis.

- Improves manpower pressures e.g. junior doctors' New Deal, consultant EEC Working Time Directive.
- Enhances teaching, training and professional development opportunities (undergraduate and postgraduate), facilitates cross sub-specialty support and inter-specialty surgical support.
- Removes the intrinsic staff pressures caused by poor amenities and old accommodation.
- Provides modern facilities for staff to work within, supported by the required infrastructure for an acute surgical specialty.

There will be a requirement for the majority of staff to transfer to the Glasgow Royal Infirmary although it is recognised that some staff will remain at Stobhill to cover Day cases and outpatient activity. Every effort will be made to consider expressed preferences of individual staff members. The transfer of staff will be managed in line with the North Glasgow Trust's current practice which guarantees continued employment within the Trust for all staff affected by change.

## **6 Ambulatory Care Hospital (ACAD) Impact**

As previously indicated Gynaecology will remain a significant user of the Ambulatory Care Hospital (also called an ACAD facility) which will be built on the Stobhill site. Local access use will be substantial.

## **7 Conclusion**

In conclusion, it is proposed that in-patient general surgery and gynaecological oncology services be transferred from Stobhill hospital to an integrated purpose built 33 bedded at Glasgow Royal Infirmary.

## **8 Comments**

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

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**by no later than Friday, 2<sup>nd</sup> August 2002**