

**THE VALE MONITORING GROUP  
MONDAY 29 NOVEMBER 2010, 9.30AM  
BURGH HALLS, DUMBARTON  
DRAFT MINUTE**

**Present:** Bill Brackenridge (In the Chair)  
Keith Redpath, West Dunbartonshire CHCP  
Anne Helstrip, Argyll & Bute CHP  
Jackie Baillie, Scottish Parliament  
Anne Fergusson, West Dun PPF  
Vivien Dance, Argyll & Bute Council  
David Bruce, Helensburgh Patients Group  
Niall McGrogan, NSHGGC  
Harry McCormack, West Dun Mental Health Forum  
Stephen Whiston, Argyll & Bute CHP  
Mairi Harvey, Argyll & Bute PPF  
Alison Wilding, West Dunbartonshire CHCP  
Jane Grant, NHSGGC  
Acumen Representative

**In Attendance:** Lorna Fitzpatrick, Minute  
Logan Taylor, Independent Media Adviser  
Grant Archibald, NHSGGC  
Garry Fraser, Scottish Ambulance Service  
Ally McLaws, NHSGGC

**1. Introduction**

The Chairman welcomed everyone to the meeting and thanked them for making the effort to attend in dreadful weather conditions. He proposed altering the agenda order to allow Garry Fraser to leave early due to demands on the Scottish Ambulance Service; he noted Garry might have to make an urgent blue lights response.

**2. Apologies**

Apologies were intimated on behalf of:  
David McBride, West Dunbartonshire Council  
David Harrison, Acumen  
Derek Leslie, Argyll & Bute CHP  
Jackie Pollock, United Campaign Group  
Anne Hawkins, NHSGGC  
Ronnie McColl, West Dunbartonshire Council  
George Black, West Dunbartonshire Council

**3. Minutes of Previous Meetings**

**1 October 2010**

On page 6 where the Minute states "the majority of lay members", remove the word "lay" as all lay members agreed.

Otherwise the Minute was accepted as an accurate record.

On page 7, third paragraph should refer to **all** the members.

### **11 October 2010**

The Minute was agreed as an accurate record.

### **25 October 2010**

Alter "Scottish Government" to "Scottish Parliament" against Jackie Baillie's name.

Otherwise the Minute was accepted as an accurate record.

## **4. Matters Arising**

Jackie Baillie referred the Chairman to page 2 of the Minute from the 1 October Minute where she requested an acute services update about nursing posts and she will keep asking until she gets the information.

**Action:** Grant Archibald agreed to provide the information at the next meeting.

## **5. Feedback from Membership**

See below.

## **6. Annual Report on Patient Flows from Helensburgh & Lomond**

Stephen Whiston introduced the annual report. He described the various trends represented in graph form in the paper. He pointed out that the Vale of Leven Hospital remained the most significant centre for secondary care for people living in Helensburgh & Lomond.

No questions were raised and the report was noted.

## **7. Acute Services Update**

### **Activity Monitoring Report**

Grant Archibald presented the activity monitoring report which identifies where there are changes compared to last year or where new services have been introduced. He advised the Group that the reduction in general medicine numbers is under review.

As a result of an enquiry from David Bruce, Jane Grant was able to confirm that the review period for the CMU will come to an end towards the end of 2012. Grant Archibald pointed out that the report indicated that obstetrics activity remained reduced. However, September and October births had been more in line with levels of activity during 2009.

### **Implementation of the Vision – Acute Services**

Grant Archibald referred to group to paragraph 3.1 of the Acute Services Paper where it is confirmed that the new emergency medicine element of the Vision for the Vale will be implemented from 13 December 2010.

He also reported that an additional consultant rheumatologist post has been recruited to support the commitment to increase rheumatology activity.

Jackie Baillie asked about the Board's long term commitment to provide the locums and Grant Archibald confirmed that there is a genuine commitment to put

consultants full time into these posts. He confirmed that even if the model were changed there would be no diminution of services in their current form.

In response to an enquiry from Vivien Dance over the level of rehab staff, Jane Grant confirmed that these posts had now been recruited. The commitment in the Vision is not only to stabilise services but to enhance them. Jane Grant also advised that the current skillbase would be retained.

### **Capital Plan**

Jane Grant confirmed that every capital scheme is currently under review and she hoped to be able to update the final financial position to this group early in the New Year.

### **Transport Review**

The Chairman welcomed Niall McGrogan to the meeting.

Niall McGrogan presented the section of the paper relating to the transport review and outlined the aspiration to improve the bus service which runs from the Vale catchment area to the RAH. He described an ongoing service to improve access to healthcare. There are currently 29 return journeys per week and these are subsidised by the NHS and Strathclyde Passenger Transport. Anecdotally, it was noted that the timetable appears to meet most patients' and carers' demands and general feedback is good. It was agreed that this was a good news story and Niall McGrogan took the opportunity to thank the community for their input which was most useful and made a substantial difference. Vivien Dance indicated that she was delighted at the substantially increased use of the services.

### **Postcode Analysis**

Jane Grant introduced the postcode analysis paper. Work continues to establish why some patients are going elsewhere and monitoring continues to see if there is something further available to do with local primary colleagues in order to repatriate further. It was agreed that there are circumstances where it is wholly appropriate for a patient to be seen elsewhere.

**Action:** For the next meeting, Jane Grant will update the figures and present them in a summarised, tabular form.

An appendix to the paper described the clinical staffing model at the hospital. The postcode analysis paper was noted.

## **8. Mental Health Update**

In Anne Hawkins' absence, Keith Redpath introduced the three papers which describe mental health activity.

After a long discussion several lay members of the group expressed their belief that no matter what happens, the Christie Ward would be closed. There was a very deep sense of frustration on the part of those members at the meeting on a voluntary basis that they had not been able to persuade the Board to a different course of action.

The Chairman reminded the group that the figure of 12 is important as the Cabinet Secretary has clearly indicated that bed usage at this level would need to

be evidenced before she would consider any request for the NHS Board to transfer the beds to Gartnavel.

David Bruce asked that if the number remained above 12, would GGCHB undertake to reinstate the Christie Ward.

Keith Redpath confirmed that in those circumstances, Board Officers would need to consider what recommendations they would make to the NHS Board given the previously stated views of the Cabinet Secretary.

On readmission rates, in response to a question from Jackie Baillie, Keith Redpath confirmed that if levels remained high, there would need to be a review of the causes but that the numbers need to be reviewed over a lengthier period. He was also able to confirm that boarding outs from Gartnavel are within the Greater Glasgow and Clyde system.

Jane Grant updated the group on the current boarding out levels and confirmed that there were no instances of boarded admissions during November 2010. If there is no capacity to treat patients in an appropriate setting, then they will be boarded out. However, mental health patients would not be boarded out to a non-mental health bed and there is a commitment to maintain the number of beds required for the population.

Vivien Dance restated her disbelief in how the numbers have fallen dramatically from 23 in the spring to the current 12.8. She asked what the point of the data was and asked what the group was monitoring.

The Chairman advised that, on this issue, it was quite clear that the job of the Monitoring Group was to ensure the figures being reported were accurate. Jackie Baillie advised that it was not just about accuracy but about interpretation and local knowledge and she invited the Chairman to write again to both the Cabinet Secretary and the NHS Board to ask that if the number of beds remains above 12, will the Christie Ward be reinstated.

**Action:** The Chairman undertook to do this and to ask for a response before the next meeting of the Monitoring Group in January 2011.

Keith Redpath reminded the group that of the original 24 mental health beds at the Vale, six have been re-provided at Fruin Ward and four long-term rehab beds had also been re-provided, leaving 14 of the original 24 beds for adult inpatient needs against a forecast future requirement of 12.

## **9. Marketing and Promoting Services**

General feedback on the User Guide was positive although there was concern that the booklet had been distributed in Clydebanks which is outwith the Vale's catchment area.

## **10. Alexandria Health and Care Centre**

Keith Redpath reported that the principal supply chain partner had been appointed in September and the company is working with the CHCP to produce the Full Business Case. The Gateway Review had been completed and the detail of that will be reported to the CHCP Committee and shared with the membership of the Monitoring Group. Once the FBC is approved, there is a 20 - 22 month period of construction.

On finance, Keith Redpath was seeking written confirmation that an allowance for Alexandria is included in the current SG allocation of committed projects.

#### **11. Ambulance Service**

Garry Fraser presented his paper which describes the outpatient attendance guidance and the exceptions when the guidance cannot be used appropriately.

Vivien Dance asked if the service depended on the goodwill of staff with no real hard and fast rules. Garry Fraser confirmed that there is a lot of goodwill and most of the time the system works very well. The service is very fluid to meet all patients' needs and it rare for the system to fail.

#### **12. United Campaign Group**

Vivien Dance asked that this item be continued until someone from United Campaign Group is present. In the meantime, Grant Archibald undertook to talk to Jackie Pollock outside this forum on the issue of the ambulance waiting area at the RAH.

#### **Agenda Item No. 5**

In view of the hour, the Chairman asked for reports by exception. David Bruce asked if he could have an early version of the Minute for the Helensburgh Patients meeting next week and advised that the group continue to be concerned about the situation with the Christie Ward and the role of lay members within the Monitoring Group.

Harry McCormack also asked that it be recorded that his group agree with the repatriation of the Christie Ward.

#### **13. Any Other Competent Business**

There was a discussion around Cabinet Responsibility where Jackie Baillie expressed the view that once the Monitoring Group makes a decision, it would not be helpful if members were disagreeing with that decision publicly.

The Chairman told the Group that it was his considered opinion that while officials of NHSGGC may disagree with majority decisions of the Group, they were under a Cabinet Responsibility obligation to include the views of the Group in any papers they write or contribute to. He pointed out to the Group that membership of the Monitoring Group was only one part of their roles.

#### **14. DONM**

24 January 2011 – venue, in Helensburgh, to be confirmed.