

THE VALE MONITORING GROUP

MONDAY 25 JULY 2011

DRAFT MINUTE

Present:

Bill Brackenridge, Chairman
Anne Hawkins, NHSGGC
Al Reay, Argyll & Bute Council
Vivien Dance, Argyll & Bute Council
Derek Leslie, Argyll & Bute CHP
Keith Redpath, West Dunbartonshire CHCP
David Harrison, Acumen
Eileen Gorie, West Dunbartonshire Mental Health Forum
Lily Kennedy, West Dunbartonshire PPF
Margaret Cameron, Argyll & Bute PPF
Mairi Harvey, Argyll & Bute PPF

In Attendance:

Ally McLaws, NHSGGC
Sharon Adamson, NHSGGC
Aileen MacLennan, NHSGGC
Jim Shimmins, Helensburgh & Lomond Patients' Group
Wendy Quinn, Scottish Ambulance Service
Lorna Fitzpatrick, Minute
Logan Taylor, Independent Media Adviser

Apologies:

Apologies were intimated on behalf of:
Jackie Baillie, MSP
Jackie Pollock, United Campaigns Group
Jane Grant, NHSGGC
Anne Helstrip, Argyll & Bute CHP
David Bruce, Helensburgh & Lomond Patients Group
Steve Whiston, Argyll & Bute CHP
Mike Hall, Argyll & Bute CHP
Kevin Fellows, West Dunbartonshire CHCP
Garry Fraser, Scottish Ambulance Service

1. Chairman's Welcome

The Chairman welcomed the group to Helensburgh and introduced Sharon Adamson, Aileen MacLennan and Jim Shimmings who attended of behalf of Grant Archibald, Jane Grant and David Bruce.

2. Apologies:

Noted above

3. Minute of June 2011 Meeting

The minute will be amended on page 3 to reflect the fact that the views expressed were those of a patient rather than those of Mairi Harvey.

4. Matters Arising

There were no matters arising not covered elsewhere on the agenda.

5. Feedback from Membership

Each of the represented groups reported on how papers have been shared and what feedback had been received. The Mental Health Forum advises that the Vale Vision will not be successful if it only belongs to the health board and that it has to be shared with community groups. The Forum does not share the view of the board regarding inpatient beds and deplores the loss of local beds. Members continue to receive reports of unfortunate patient experiences of community care and experience in Gartnavel.

Helensburgh & Lomond Patients' Group is resolutely opposed to the loss of adult beds in the Vale.

6. Acute Services Update

Sharon Adamson introduced the acute services update paper and confirmed that fluctuations in numbers are in line with the rest of Scotland but that activity levels at the Vale continue to be monitored closely. One highlight of the report is that a permanent appointment to one of the vacant Emergency Care Physician posts has been made and the new consultant will take up post in August 2011. This leaves only one post being covered by a locum consultant.

Aileen MacLennan described the proposals for the Review of Laboratory Services in Clyde which centres around making best use of Laboratory Services in terms of Clinical Governance, staffing,

technology and staff. The whole review will look at models, manpower plans, out of hour services, and administrative support. Some of the main points include:

- A proposal to close Microbiology at Inverclyde and transfer work to RAH.
- Histopathology – there is a new building at Southern General and all Histopathology samples across GG&C will be analysed in a centralised service in this new purpose built building. This model has already been agreed and approved by the Health Board
- It is proposed to deliver Microbiology services from 3 sites, Royal Alexandria Hospital, Glasgow Royal and the Southern General .
- IRH -The main contentious issues has been around the proposals for Haematology and Biochemistry. This centred around the transfer of non urgent and GP samples from IRH to RAH for both Haematology and Biochemistry. A staffed 24/7 Essential services is proposed to service the acute patients.
- VOL – The main contentious issue has been around the proposals for Haematology and Biochemistry. This centred around the proposal to transfer non urgent and GP samples to RAH. Proposal to have a Rapid Results Laboratory on site during core hours and Point of Care testing out of hours.

PID Proposals

1. IRH – contentious issue was around the transferring of non urgent and GP samples from IRH to RAH for all disciplines leaving a 24/7 essential service lab (staffed 24/7).
2. VOL – contentious issue was proposal by management to transfer non urgent and GP samples to RAH. Proposal to leave a Rapid Results lab on site 9-5 and POCT out of hours.

It was emphasised that these are just proposals at this stage and the review is steered by a steering group with staffside representation.

Full discussions have been carried out with staff involved who have contributed some very good suggestions about how services should be delivered.

Any change to services will be invisible to patients and clinicians, and have no impact on the Vale Vision.

A breakdown of daily samples from inpatients, outpatient services and GPs is:

Haematology:		Biochemistry:	
Outpatient	44	Outpatient	50
Inpatient	50	Inpatient	106
GPs	230	GP	366

If the proposals are adopted, the main change would be to GP samples which are not time sensitive and could potentially be processed and analysed elsewhere. However, the health board has invested £350,000 in a fully modernised laboratory on the Vale site and further investment in equipment is being considered as part of the review.

It is important to establish some closure to the debate to avoid increasing staff anxiety and the steering group will reach its conclusions within a three month timeline.

There followed some discussion around retaining patient welfare at the heart of services and improving quality of care. Disappointment was also expressed that the Monitoring Group had not had earlier sight of the full proposals.

In response to a question from the Chairman, it was confirmed that there are medical colleagues on the review group; there is no desire to remove services which are fundamental to patient care; and the turnaround time for GPs samples will be unchanged.

Jim Shimmins reported disappointment from the Helensburgh & Lomond Patients' Group at hearing nothing about patient consultation and urged the Board to involve patients before the proposals are finalised.

After discussion, it was agreed that a report of the review will be available for the October 2011 meeting of the Monitoring Group for review.

Action: NHSGGC

7. Mental Health Services

Anne Hawkins introduced the update paper and drew the Group's attention to the activity over the last three months and the last month. The paper demonstrates that the service is functioning at 12 or less beds as indicated within the Clyde Mental Health Strategy.

There followed a discussion over the timing of the issue of papers for the Monitoring Group with a request that they be made available two weeks in advance of the meeting. The Chairman pointed out that it was normal practice to send out papers one week in advance of the meeting but Anne Hawkins undertook to produce the mental health paper a fortnight in advance of the meeting. Derek Leslie acknowledged the commitment shown by lay members of the group where networks are perhaps less formally set up than the Boards'.

Anne went on to discuss the Service Users Questionnaire Results paper which was produced as a result of concerns expressed over mental health community services. The views expressed are fairly mixed and the results will be used to pick up on the points where change needs to take place. The results have been beneficial to the local teams and there was a general view that these questionnaires need to be used all the time. Generally, the content was fairly positive. The results are also being fed back to community engagement groups in the locality.

The third paper included the previous board paper as a reference document. The Board received that report in October 2010 and there is a proposal to take a further paper to the Board in October 2011 on the future of the Christie Ward. It was agreed that a number of meetings of the lay members of this group to consider their response to the Board paper would be arranged. The Chairman agreed to circulate dates shortly.

8. Communications Plan Update

The previously circulated report concentrates on media coverage which has been predominantly on laboratory services. It was agreed that a report on website usage would be provided at the next meeting.

Action: Ally McLaws

9. Alexandria Health and Care Centre

Keith Redpath reported that the CHCP is in the final stages of producing the Full Business Case (FBC) and the Gateway Review will be finalised in September. A decision of the Planning Permission is also expected in September. Thereafter the FBC will go to the NHS Board and to the Scottish Government for approval.

10. Ambulance Service and Transport

Month on month there has been a very minor increase in activity and performance has remained high. The new Helensburgh station is

now open and the impact of this on services will be the subject of constant monitoring. It was agreed that regular reports on staffing levels should be submitted to the Monitoring Group.

Action: Garry Fraser

11. Any Other Competent Business

There was no further competent business.

12. Date of Next Meeting

The next meeting of the full Monitoring Group is Friday 30 September 2011 at Garshake Road in Dumbarton.