

THE VALE MONITORING GROUP

MONDAY 25 OCTOBER 2010

Victoria Halls, Helensburgh

DRAFT MINUTE

Present: Bill Brackenridge (in the Chair)
Anne Hawkins, NHSGGC, Mental Health Partnership
Grant Archibald, NHSGGC
Harry McCormack, West Dun Mental Health Forum
David Bruce, Helensburgh & Lomond Patients Gp
Al Reay, Argyll & Bute Council
Lily Kennedy, West Dunbartonshire PPF
Anne Fergusson, West Dunbartonshire PPF
Vivien Dance, Argyll & Bute Council
Mairi Harvey, Argyll & Bute PPF
Mike Hall, Argyll & Bute CHP

In Attendance: Garry Fraser, Scottish Ambulance Service
Gordon Robertson, NHSGGC
Lorna Fitzpatrick, Minute

Apologies: Anne Helstrip, Argyll & Bute CHP
Jane Grant, NHSGGC
Keith Redpath, West Dunbartonshire CHCP
Ally McLaws, NHSGGC
Alison Wilding, West Dunbartonshire CHCP
Derek Leslie, Argyll & Bute CHP
David Harrison, Acumen
Jackie Baillie, The Scottish Government
Ronnie McColl, West Dunbartonshire Council

The Chairman welcomed the group to this special meeting arranged to cover the items deferred from the agenda of the meeting held on 1 October 2010.

He introduced Gordon Robertson, representing Ally McLaws, who would introduce the User's Guide to NHS Services in the Vale of Leven Catchment Area.

Item 7 - Acute Services Update

Grant Archibald presented Jane Grant's paper which updates on acute services provision. The paper followed the standard format presented to this meeting previously. The paper provided information on the permanent recruitment of four new consultants who are now working at

the Vale of Leven Hospital. Grant described the new recruits as being very eager and enthusiastic at being part of the Vision.

In addition two long term locum posts have been recruited and the Board continues to attempt to secure permanent appointments to the three remaining vacancies. The paper described the integration of the locums with existing consultants between the RAH and the Vale.

He reported that the GP model continues to progress and the minor injuries unit continues to work perfectly satisfactorily.

The Capital Plan update identified the continued progress being made. Grant Archibald reported that the very fine details of the plans were now being developed; he thanked members of staff both in community services and in the wider hospital who have played a key part in the architecture of the Vale of Leven Vision.

The Group noted the paper.

Item 8 - Activity Monitoring Report

Grant Archibald presented the paper which quantified outpatient, day case and inpatient activity up until the end of August. The paper also quantified activity in minor injuries and medical assessment; it also included information on the Community Midwifery Unit.

Overall, outpatient activity shows an increase on last year's position, day cases remain static and inpatient activity shows a slight decrease. Grant undertook to investigate the reasons for this reduction in demand.

Action: GA

On Obstetrics, the numbers are significantly lower and there will be a more robust report produced for the November meeting.

Action: JG

Anecdotally, it was reported that many people didn't know the minor injuries unit existed. Members hoped that the new User's Guide will go some way to address this. The Chairman noted that all across the NHS, there is a requirement to explain services better and to inform people on how to access services.

In response to a question from Vivien Dance, Grant Archibald advised that it would be helpful to review any downward trend with the national data and confirmed that the differences between urban and rural populations will impact on numbers. He agreed to investigate whether better evidence could be provided.

Action: GA

The Chairman emphasised that the shift in the balance of care should result in a reduction in inpatient numbers and that should lead to an increase in day cases. Al Reay also asked if information could be provided on the numbers of consultations being provided by pharmacies and nurses.

Action GA

Item 9 - Communications

Gordon Robertson presented the booklet "A User's Guide to NHS Services in the Vale of Leven Catchment Area". He intimated that distribution of the leaflet will be completed by 7 November and that a number of copies are being distributed to GPs dentists etc. He also intimated that the Guide will also be available on the website; all local newspapers will be advised of its existence.

David Bruce said he was grateful to see it but was concerned that there was no reference to mental health. He also recorded that the CHCP Boundary should have been excluded.

Anne Hawkins indicated that she believed it would be appropriate that something separate for mental health should be produced once the future of services has been clarified.

There was a discussion around the shelf life of the document as circumstances will change over time. Gordon Robertson agreed to provide the Group Chairman with details of the costs of production and distribution.

Action: GR

There was a discussion around the Involving People Network mentioned in the document and Gordon Robertson was able to confirm that this currently has around 5,500 members and that the Board (of NHS GG&C) continues to work on the network to build it up.

Feedback on the booklet will be welcomed and the Chairman asked PPF representatives to obtain this from their groups. Further hard copies of the document are available from Lorna Fitzpatrick.

Item 10 - Out of Hours Service

Grant Archibald presented the paper "Out of Hours & Integrated Care Clinical Staffing Model".

Grant Archibald emphasised the fact that the design of this model is being led by the Associate Medical Director, Medical Clinical Director, Director for NHS Greater Glasgow and Clyde Out of hours and local GPs. The new arrangements will be monitored closely and it is recognised that robust governance will be essential in delivering this service.

There was some discussion over the clarity in the paper.

Action - GA

After a discussion around the sustainability of the model, Grant Archibald expressed his personal view that it had to be borne in mind that the model is in the vanguard – there is no other model like this in Scotland and it is incumbent on the NHS Board to continue to review the numbers along with the clinical expertise. The GPs have been provided with additional training to support service delivery.

Grant Archibald intimated that the model will go live when the hospital based arrangements are in place; this should be in November or early December: there are a couple of elements with staff that need to be finalised.

It was also agreed to ask Alison Wilding and Mike Hall to invite involved GPs to attend future meetings of this group – or, preferably, to discuss the new arrangements with GPs, establish their commitment to the new arrangements, and to confirm that commitment to the new arrangements to the next meeting. The Chairman pointed out that the CHP/CHCP Medical Directors were on the Group in order to provide a direct link from the Group to GPs; there was not a need for GPs to attend the Group.

Item 11 – Alexandria Health and Care Centre

In Keith Redpath's absence, Lorna Fitzpatrick was able to confirm that Laing & O'Rourke had been appointed as Principal Supply Chain Partners and will oversee the process of architect recruitment, project management and all other aspects of the new build.

The Scottish Government's Gateway Review process has been completed and this assists in the move towards preparation of the Full Business Case.

Item 12 – Ambulance Service

Garry Fraser presented the updated redesign paper which provided an overview of patient transport services in the area.

He reported that the demand for patient transport services is extremely variable with demand over the last five years showing no regular pattern with the exception of a dip in April and May each year.

Garry Fraser described the difficulties there are in Scotland in that people use PTS when there is no real clinical need. Colleagues in outpatient departments and GPs are asked to apply the existing criteria to establish a real medical need for transport.

The paper showed there to be a saving of 77 minutes each day and that manpower time could be put back into patient transport services.

Importantly, with the change of service provision at the Vale of Leven PTS patient journeys to Glasgow hospitals had been reduced by 80%.

Vivien Dance pointed out that with no need for additional staff or additional resources and with many more patients being seen at the Vale this was very good news.

The Chairman reminded the Group that there was a transfer of resources to deal with A&E patients who will have to travel further but that a month's worth of PTS is equivalent to a year's worth of emergency transfers.

There was a discussion around A&E demand and the following points were highlighted:

- All A&E ambulances are satellite tracked and the most appropriate ambulance will attend in an emergency.
- Over the three areas the on-target performance figure is around 77%
- Patient care is paramount – it's not all about stopping the clock.
- On a blue light ambulance there are two staff members and current staffing levels are 60% paramedic and 40% technician
- It is very rare to have two technicians although this does happen in the event of staff sickness. Garry Fraser pointed out that it takes three years to train a technician to become a paramedic but that technicians can prescribe 14 drugs and carry out defibrillation. The main task they are unable to perform is to intubate.
- Most of the vehicles are traditional two crew ambulances but there are a couple of rapid response units which have a single paramedic and they mostly attend category A and B calls. They are there not to move a patient but to start treatment.
- Garry Fraser also reported that in the Vale catchment area the Scottish Ambulance Service practices "strategic deployment".

Garry Fraser went on to confirm that a second ambulance is being introduced to Helensburgh. He also confirmed that work is due to start on the new Helensburgh Ambulance station in the middle of November with a proposed completion date in April 2011.

Lily Kennedy asked that it was recorded how much she appreciates the wonderful service the ambulance service provides. Garry Fraser thanked her and agreed to pass on that message.

It was agreed that a paper on public transport will be produced for the next meeting.

Action: GA

Item 14 – Future Meeting Dates

The schedule was agreed and a full list with venues will be circulated shortly.

Action: LF

The Chairman thanked members for their contributions and brought the meeting to a close. .

15 – Date of Next Meeting

29 November 2010, 9.30am, Dumbarton Borough Hall