

MINUTE of MEETING of the ST JOHN'S HOSPITAL STAKEHOLDER GROUP held within the ST JOHN'S HOSPITAL, HOWDEN, LIVINGSTON on FRIDAY 8 MAY 2009.

Present – Councillors Peter Johnston (Chair), Gordon Beurskens and Ellen Glass; and Maureen Anderson (Patient Representative), Theresa Douglas, Derek Thompson (Staff Representative) and Dr Charles Winstanley.

Apologies – Dr Ian McKay.

In Attendance – Jim Forrest (CHCP Director, West Lothian CHCP) and John Jack (Director of Facilities, NHS Lothian).

1. ORDER OF BUSINESS

Following on from the presentation by Dr Armstrong on the Short Stay Elective Surgery Centre development and the related tour of wards 5, 6 and 7, the Group agreed to have a discussion relating to the development immediately prior to consideration of the minute.

2. SHORT STAY ELECTIVE SURGEY CENTRE (SSESC) - DISCUSSION

To commence the discussion, the Director of Facilities gave a brief recap of the plans for the SSESC development. He advised that the preliminary works would commence following the completion of the new Endoscopy Suite.

Councillor Glass was minded that there had not been adequate consultation with the public on the SSESC development and the consequential ward reconfigurations within the hospital. She was of the opinion that the public should be afforded an appropriate and meaningful input to the changes, as had been the case with other developments in other areas of Lothian.

Councillor Glass questioned where the laser service would be moving to as a result of the consequential ward reconfigurations. The Director of Facilities advised that the service would be moving to outpatients on the ground floor and that provision would remain unchanged from what it was at the moment. The Director of Facilities undertook to report back to the Group with details of the move.

The Chair questioned whether or not the SSESC was being developed before its use had actually been defined and the patient mix to be treated therein determined.

The Director of Facilities advised that there was a clear need to enhance day case surgery provision within the hospital, as current provision was considered not to be appropriate, i.e. it was currently provided by various specialties throughout the hospital and best practice was to have a dedicated day surgery unit. The rationale behind developing the SSESC in such a way was to improve current day case provision and create additional opportunities for further cases to be dealt with, over and above current levels, from across Lothian. Furthermore provision within the SSESC would be flexible and could adapt over time according to demand. Essentially, the design of the SSESC ensured that other appropriate inpatient cases could be accommodated in the future, although this would require extending the duration of theatre sessions.

Councillor Beurskens welcomed the Director of Facilities' explanation of the principles behind the SSESC development and indicated that he supported the concept. He indicated that he was however, aware of an ongoing perception amongst the public in West Lothian that NHS Lothian had not afforded them appropriate opportunities to be

consulted on the developments. He was minded that an important link to the West Lothian public was this Group, and that accordingly, it should be engaged in detailed discussions relating to redesigning services at St John's Hospital.

Dr Winstanley highlighted that the strategic decision to develop the SSESC was taken by Lothian NHS Board in accordance with the rationale outlined in the strategic business case, and as explained earlier in the meeting by the Director of Facilities. Fundamentally, in accordance with recognised best practice, there was a need to develop a dedicated unit within St John's Hospital for day surgery in order to ultimately improve the patient journey.

Dr Winstanley advised that it was helpful to hear the comments from Councillors Beurskens and Glass relating public consultation. He was of the opinion that local input would be welcome and it would be appropriate to consult with the West Lothian public on certain aspects of the execution of the development. This was not to say however, that the overall concept of the development should be open for challenge.

Councillor Beurskens indicated that he agreed with the concept of the development and did not wish to stand in the way of progress. He was keen to establish the route for discussion of the details which the public could be consulted on.

Derek Thompson welcomed the comments made by Councillor Beurskens and Dr Winstanley.

The Chair asked how such a consultation could progress and questioned what form it could take.

Dr Winstanley suggested that the SSESC centre development needed to be described in lay terms in order to accurately and simply convey what it was proposed to look and feel like. A leaflet could be prepared, an event/exhibition held and a webpage produced, all to be utilised as mechanisms for collecting views on certain aspects of the development from members of the public. He suggested that NHS Lothian's communications team be asked to recommend what form such engagement and consultation would take.

The Chair was keen to ensure that there was a link between the work which Dr McCallum was undertaking on assessing the health and healthcare needs of the West Lothian population and the future mix of service provision which was delivered through the SSESC. For instance, should Dr McCallum ascertain that the health and health care needs of the West Lothian population indicated that certain services should be delivered more locally, he hoped that this would lead to appropriate changes in service provision.

Dr Winstanley was of the opinion that the Group should not seek to pre-empt the outcome of Dr McCallum's work, but if areas for attention were identified by this work, then there were no reasons why they could not be addressed.

Councillor Beurskens was minded that constructive discussions about future service provision at St John's Hospital could only take place if nothing was ruled in or out at this stage. He added that Dr McCallum's work would be key to ensuring that any case for changes in local service provision was appropriate to West Lothian's needs.

Theresa Douglas welcomed the flexibility inherent in the design of the SSESC, especially the opportunity to accommodate increased levels of minor elective orthopaedic cases.

Councillor Glass highlighted that the 3000 extra patients which could be accommodated by the SDESC development were cases that were currently being dealt with at the Royal Infirmary of Edinburgh and the Western General Hospital and would not be West Lothian patients. Councillor Beurskens clarified however that a number of the cases currently being dealt with at the Edinburgh Royal Infirmary and Western General Hospital were patients from West Lothian.

Councillor Beurskens raised a concern about the Group not yet being informed of the timescales for completion of Dr McCallum's proposed work on assessing the health and healthcare needs of the West Lothian population. He was aware of a similar piece of work being proposed a couple of years ago however nothing had materialised to his knowledge.

The Chair indicated that he shared Councillor Beurskens' concern on this matter.

The Chair asked if it was accepted that there was a need to assess demand for services locally, for instance, in respect of elective orthopedics such as hips and knees. He was minded that this was what the people of West Lothian wanted and indeed voted for at the last election.

Dr Winstanley indicated that he expected that Dr McCallum's work would provide evidence on whether or not there was equitable health service provision for the West Lothian population.

The Chair again stressed that he saw Dr McCallum's work as being key to informing the mix of treatments and services offered at St John's Hospital, and that until the proposed work was delivered, he hoped that no services would be ruled in or out for the future.

The CHCP Director advised that the development of the SDESC would be key to ensuring that patients received the best level of treatment as possible. The SDESC would be a future-proofed facility and the services delivered there could change over time according to demand. He was also minded that care needed to be taken when discussing 'minor' and 'major' surgery as although there were clear distinctions between the categories, what was deemed 'minor' in professional terms may be seen as 'major' in the mind of the patient. The main point was that St John's Hospital needed a day case facility that was fit for purpose, and the SDESC development would ensure that it would have.

Both the Chair and Dr Winstanley agreed that there was scope for other specialties to be delivered from SDESC development in the future.

Councillor Beurskens was minded that this Group would play a key role in informing the discussion of the future of St John's Hospital when recommendations came forward from Dr McCallum's work.

Decisions -

1. To note the discussion relating to the development of the SDESC at St John's Hospital;
2. To agree that the concept of the SDESC development was welcome;
3. To request that the suggestions made by Dr Winstanley relating to possible public consultation exercises on certain aspects of the SDESC development

should be progressed by NHS Lothian's communications team and that an update be reported back to the next Group meeting;

4. To request that Dr McCallum report back to the next Group meeting with details of the timescales for completion of the proposed work on assessing the health and healthcare needs of the West Lothian population; and
5. To note that the Director of Facilities would report back to the Group with details of the laser services move to the ground floor of the hospital.

3. MINUTE

The Group confirmed the minute of its meeting held on 6 April 2009 as a correct record subject to clarification from Dr Winstanley that the word 'implementation' in bullet point 3 on page 28 should read 'investigation'.

Matters arising from the minute were dealt with as follows:

1. Page 23 – It was agreed that Group members should feed back any suggestions for future presentations to Clerk;
2. Page 28 – The Director of Facilities undertook to set up a meeting with the Council's public transport officers to seek to address transport issues relating to NHS Lothian rezoning proposals, and report back to the Group on progress;
3. Page 28 – The CHCP Director undertook to take forward local Social Work issues relating to NHS rezoning proposals, and report back to the Group on progress;
4. Page 28 – The Director of Facilities confirmed that there were no current issues of concern to the Group in respect of the Burns Unit at St John's Hospital; and
5. Page 28 – The Director of Facilities undertook to re-engage with the appropriate Council officers to discuss traffic management options in respect of the car park at St John's Hospital.

4. UPDATE BY DIRECTOR OF FACILITIES

A report by the Director of Facilities had been circulated advising of a number of updates on the following issues, which had been raised by the Group at its meeting held on 17 February 2009:

- Napier University space;
- Roofs and windows replacement;
- Daily admission statistics;
- Implications of university status;
- Short stay elective surgery unit business plan; and
- Head and neck services.

In respect of the update on daily admission statistics, the Director of Facilities undertook to progress this matter with Councillor Glass outwith the meeting, in order to have a detailed discussion about the exact information that was being requested.

In addition to the reported update on the implications of university status, Dr Winstanley highlighted that the meeting with Sir John Saville had been a successful one which had covered issues such as resourcing an office for the university and the teaching role of consultants.

Decisions -

1. To note the updates on the issues raised by the Group at its meeting held on 17 February 2009;
2. To note that the Director of Facilities would progress the matter of daily admission statistics with Councillor Glass outwith the meeting; and
3. To note the additional update from Dr Winstanley on the meeting with Sir John Saville on the implications of university status.

5. GROUP WORKPLAN

Through discussion amongst Group members and officers it was suggested that the Workplan be updated to reflect that:

- An item needed to be added on suggestions for public consultation relating to the SSESC development;
- An item needed to be added on the proposed work by Dr McCallum on assessing the health and healthcare needs of the West Lothian population;
- The Director of Facilities had undertaken to report back to the Group with details of the laser services move to the ground floor of the hospital;
- The Director of Facilities had undertaken to report back to the Group on progress with transport issues relating to NHS Lothian rezoning proposals;
- The CHCP Director had undertaken to report back to Group on progress with Social Work issues relating to NHS Lothian rezoning proposals;
- The item on the Burns Unit at SJH should be removed, as the Director of Facilities had confirmed that there were no current issues of concern to the Group in respect of this;
- The Director of Facilities had undertaken to re-engage with the appropriate Council officers to discuss the issue of traffic management in respect of the car park at SJH; and
- The Director of Facilities had undertaken to progress the request for available information on nurse escorts to the Royal Infirmary of Edinburgh and the Western General Hospital with Councillor Glass outwith the meeting and report back to the Group accordingly.

Decision -

To update the work plan accordingly.

6. DATES OF FUTURE MEETINGS

The Clerk tabled a list of potential dates for future meetings. It was suggested that, in consultation with all Group members outwith the meeting, the Clerk finalises the date of next meeting and prepares a draft schedule of future meetings to be reported back to the next meeting.

Decision -

To agree that, in consultation with all Group members outwith the meeting, the Clerk should finalise the date of next meeting and prepare a draft schedule of future meetings to be reported back to the next meeting.

7. SIGNING OF FUTURE AGENDAS

The Group agreed that the Clerk would sign all future agendas 'For Stakeholder Group'.