

WORKING FOR A BETTER HEALTH SERVICE - AUTUMN 2004

Glimpse of the future



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Vital role of medical records



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Brushing up on oral health



PAGE 11

Health chief backs ban on smoking



NHS Greater Glasgow's Director of Public Health, Dr Harry Burns.

Open letter supports an end to smoking in public places

Dear First Minister,

I WOULD like to congratulate you on your decision to consult the Scottish public on whether action should be taken to reduce exposure to second-hand smoke.

Glasgow's poor health is a matter of public record. Men in Glasgow are significantly more likely than other Scots to die from heart disease, lung cancer and respiratory diseases such as chronic bronchitis. The link between smoking and Glasgow's ill-health is clear and compelling.

In the coming year, more than a thousand Glaswegians will die prematurely because they smoke.

The majority of Glaswegians do not, however, smoke. Yet they suffer health consequences as a result of sharing public space with smokers.

Public Health colleagues working in the West of Scotland more than 30 years ago showed



that passive smoking significantly increased the risk of heart disease amongst non-smokers.

Since then, the risks of developing lung cancer as a result of exposure to environmental tobacco smoke has also been shown to be significantly elevated. In addition, we estimate that between 300 and 400 children under the

age of five are admitted to hospital each year in Glasgow because of exposure to other people's cigarette smoke. They are admitted with bronchitis, coughing, wheezing, pneumonia and ear infections. Even before birth there is evidence that environmental tobacco smoke can harm developing babies through causing low birth weight.

Environmental tobacco smoke damages the health of every Scot from the youngest to the oldest.

During this consultation you will hear arguments from the tobacco industry and their lobbyists about personal freedom.

A fundamental principle underlying the way we live our lives in Scotland is that people should be free to make choices about how they live their lives - so long as those choices do not harm others. Accordingly, we have laws to prevent drivers speeding in built-up areas. We have laws to prevent drivers causing accidents

CONTINUED ON PAGE 2



Tackling health priorities

Why the time is right for action... let the facts speak for themselves...

NEXT year, in Greater Glasgow, out of a population of just under one million, 2,500 people will die prematurely as a direct result of smoking.

Nearly 800 people will contract and die from lung cancer.

One hundred and four will die from cancer of the oesophagus (the gullet).

There will be 50 deaths from cancers of the upper respiratory tract (including the sinuses, throat and voice box).

And 50 more from cancers elsewhere in the body.

And we're not finished with cancer yet: 40 more people will die from bladder cancer; 37 from stomach cancer; 30 from cancer of the pancreas; 18 from kidney cancer and seven from myeloid leukaemia (a type of blood cancer).

And this is all due to smoking - and it's all preventable.

Of course, the poisons and carcinogenic chemicals in cigarettes and other tobacco products also cause deaths in other ways.

Over the coming year, we can expect 605 people to die from COPD (Chronic Obstructive Pulmonary Disease - also known as Chronic Bronchitis, Emphysema etc). A further 122 people will die from stroke and 113 from pneumonia.

There will also be 104 deaths from heart attacks, 54 deaths from aortic aneurysm, 37 from stomach or duodenal ulcers and 19 from heart muscle degeneration.

And then there's the damage passive smoking does to non-smokers.

As well as the 2,500 smokers who will die from their habit next year, an estimated 174 people in the West of Scotland will die because of other people's tobacco smoke.

And if you're a smoker and you're pregnant or if you regularly smoke around a pregnant woman, you are putting that unborn baby at risk of spontaneous abortion and premature birth. There's an increased



Let's breathe new life into health improvement

risk of stillbirth and foetal hypoxia (lack of oxygen to the unborn baby); the baby may be brain damaged or its lungs won't be developed properly (leading to problems in later life); and it may have impaired growth and may not develop properly.

Once it's born, the baby may have a low birth weight which can cause health problems in adulthood; it may suffer from learning and behavioural problems as it gets older; there's an increased risk of cot death; the child may suffer from nicotine withdrawals; and there's evidence that children of smokers may suffer from an increased risk of obesity.

If you're a smoker and you have

children or you smoke around other people's children, here's what your smoke is doing to them...

You're increasing their chances of suffering from a range of illnesses including cancer (including acute myeloid leukaemia); middle ear disease; lower respiratory tract infections (including croup, bronchitis and pneumonia); they've got an increased chance of having asthma and other respiratory problems; they may perform more poorly at school; and they may suffer from impaired lung development.

That's why action on smoking is top of our priority list ... to let Glasgow's people flourish in a smoke-free environment.

Chief backs ban on smoking

CONTINUED FROM PAGE 1

while using mobile phones. We even have laws to stop public nuisances such as excessive noise. It is entirely reasonable that those whose lives are being irretrievably damaged by environmental tobacco smoke should ask for protection and it is unreasonable for smokers to expect public support for smoking.

Those of us who work in the Health Service see every day the tragic consequences of exposure to the powerful carcinogens contained in tobacco smoke. The damage done by cigarettes is suffered disproportionately by the poor and if we are serious about narrowing health inequalities we must do what we can to discourage cigarette smoking and to protect the majority of Scots, who choose not to smoke, from damage to their health. I strongly urge the Executive to take action to ban smoking in public places.

Dr Harry Burns
Director of Public Health
NHS Greater Glasgow

Beatson docs voice support

GLASGOW'S top cancer specialists threw their weight behind the Scottish Executive's consultation on smoking in public places. They wrote to First Minister, Jack McConnell, supporting a ban.

They wrote: "While our specialty interests cover the whole spectrum of malignant disease, we are all concerned at the impact that smoking has on the health of the Scottish population."

Here's a summary of the points they made...

- Tobacco smoking is the most significant cause of early death in Scots
- Smoking related death and illness are easily preventable
- They urged the Scottish Executive to legislate to ensure smoking in public and in workplaces is banned
- They strongly supported a total ban on smoking in public places to safeguard the public and to encourage smokers to do what many of them want - to give up their habit.

smokers can go for help including:

- Our Starting Fresh campaign where smokers can pop into their local pharmacist for help and advice on giving up
- The work carried out across Greater Glasgow by our smoking cessation coordinators - contact them directly or through your GP
- For information on your nearest source of help (your local smoking cessation coordinator and pharmacy), call free on 0800 389 3210 or visit the Smoking Concerns website on www.smokingconcerns.com

70" coupons were issued by newsagents throughout Greater Glasgow to customers purchasing tobacco products.

It's only one part of a huge array of activities aimed at raising awareness of smoking cessation opportunities.

As part of a national roadshow on community safety and health, NHS Greater Glasgow health promotion teams organised a special advertising campaign at Buchanan Galleries to raise further awareness of smoking cessation opportunities.

So what sort of support is on offer?

There's a range of places



information about how to contact health professionals who can help support smokers who want to give up in a variety of ways. More than 100,000 "Club

Newsagents help in Club 70 campaign

NHS Greater Glasgow and hundreds of newsagent shops joined forces in a unique initiative to target smokers and offer them the chance to stop.

The "Join Club 70" drive is the first time sellers of cigarettes and health promotion workers have reached out together for a "point of sale" stop smoking project. The "Club 70" cards are in the format of a cigarette coupon and highlight that 70 per cent of people in Greater Glasgow don't smoke ... and that of the 30 per cent who do - 70 per cent of them have thought about quitting.

The NHS cigarette cards carry

Facing challenge of modern health



£40m to help drive down waiting times

Major investment includes record spending on orthopaedic services

AFTER a huge amount of hard work NHS Greater Glasgow staff delivered the maximum waiting time target of nine months in December of 2003.

Now a major programme of investment and increased activity is underway to ensure that we deliver a maximum six months wait for both inpatient and outpatient treatment by December 2005.

Over this and next year NHS Greater Glasgow will be putting in additional investment of around £40m to drive down waiting times across the board to the lowest levels in recent history.

And while targets focus on the maximum wait any patient will have, it's worth noting that the aim of everyone working for NHS

frontline services is to see the vast majority of patients within 14 weeks ... the 26-week (or six month) target being clearly a maximum wait.

As at September 2004, NHS Greater Glasgow has already delivered the December 2005 target more than a year early in a number of inpatient and outpatient areas. These include:

Inpatient: Cardio/ dermatology/ general medicine/ respiratory medicine/ and rheumatology.

Outpatient: clinical oncology/ medical oncology/ medical paediatrics and surgical paediatrics

Our job is now to maintain the maximum wait and drive down further the average waiting time of patients where possible.

It's fair to say the challenges facing us in other disciplines are bigger.

The biggest challenge of all to Greater Glasgow, and to the rest of Scotland's Boards, is in orthopaedics.

That's why in Glasgow we are investing an extra £3.8m in orthopaedics this financial year with at least a further £8m next year. This is an unprecedented level of new investment and includes funding for a substantial number of additional posts, including six extra consultant orthopaedic surgeons, additional anaesthetic and specialist theatre staff and a range of other professionals.

Other major areas of investment to ensure the new waiting time targets are delivered include plastic surgery, ophthalmology (eye surgery)/ general surgery/ ear, nose and throat and neurology.

Award for Easterhouse

THE newly upgraded and expanded Easterhouse Community Health Centre has scooped a top design accolade at the Scottish Design Awards.

The Centre - which recently underwent a £3.5million upgrade and extension - was named Best Public Funded Building, beating off competition from the University of Edinburgh at a ceremony in May.

The new building links the existing Easterhouse Health Centre with Easterhouse Resource Centre, which provides community mental health services. The new linking building houses new consulting rooms and new services such as the primary care mental health teams.

Robert Peat, General Manager of Eastern Local Health Care Cooperative (which manages the health centre), said: "We're delighted to have been awarded Best Public Funded Building - Easterhouse Community Health Centre provides a modern, attractive and integrated healthcare facility for both patients and staff, and we look forward to working with our local partners to continually improve healthcare."



Time for a sexual health strategy

A KEY health priority for NHS Greater Glasgow is to promote positive relationships and good sexual health.

It's an area in which we have developed some considerable expertise - and our people and the work they do are recognised as amongst the best in the country.

There's no shortage of good practice and innovation around NHS Greater Glasgow.

But we do have a serious problem in our communities. It's a Scotland-wide problem and it's growing at an alarming scale.

Sexually transmitted infections are at record levels and rising.

Glasgow's sexually transmitted HIV rates are today at their highest levels and increasing.

There are too many unwanted pregnancies - in all age groups.

And there's the scourge of sexual violence and abuse.



People talk about ticking timebombs, but they are wrong. The ticking has stopped and the crisis is already here. We have a considerable sexual health problem now.

The consequences of not dealing with the issues are dire.

For example, infections cause distressing symptoms including ulcers and pain and

in clinics to respond effectively and quickly and education - not in isolation, but in the wider social context - are the priorities we need to pursue.

We can deal with the problems we face. What is needed is leadership, resources and a sexual health strategy for Scotland. Glasgow is proud of its achievements and services provided at our city centre Sandyford Initiative.

We're also proud of the highly pro-active role our health workers provide to support education to teachers in schools and in lifelong learning.

A sexual health strategy for Scotland will provide impetus for a heightened social model of health for every individual and to deliver significant extra support for the role of parents.

To find out more about NHS GG services and information visit www.sandyford.org

Jobs joy for 32

THE NHSGG workforce was complemented by 32 recently thanks to an innovative new employment training initiative.

The Working for Health in Greater Glasgow project offers unemployed people the chance to gain practical experience working as support workers in hospitals across the city.

One of those who recently went through the training programme was Dawn Fyfe (pictured). She is now a Nursing Assistant at Blawarthill Hospital.



Want a job in the NHS? Visit

www.nhsgg.org.uk/jobs





Making healthy progress



Lynda Blue with the highly acclaimed publication

Heart failure nursing service is praised

GLASGOW'S Heart Failure Liaison Service has been highlighted as a model of best practice in a unique new international publication.

The publication 'Improving Outcomes in Chronic Heart Failure - Specialist Nurse Intervention from Research to Practice', is co-edited by NHSGG's Lynda Blue, the Heart Failure Liaison Service Coordinator who is based at the Western Infirmary.

Covering a wide range of information, the publication provides an insight into what makes an effective heart failure service, recent experiences of nurse specialists and highlights the importance of a team approach to care.

Lynda Blue, Service Co-ordinator, (pictured above) said: "This is the only book on heart failure that presents an international, multidisciplinary perspective. Experts have been gathered from many countries and different disciplines to consider the issues surrounding the care of patients with heart failure, and we're delighted that our service has been included as a model for future services."

City's continence service wins Council award

AN innovative service for people with continence problems has been recognised with a special award.

The Continence Resource Centre and Helpline for Scotland was presented with the first ever Health Council Award for providing an innovative and quality service to the people of Glasgow.

Based at the Southern General Hospital, the centre was the first continence service in the world to offer proactive treatments, advice and specialist referral to patients and has cared for 21,000 people since it opened in 1989.

It also was a lead in the development of community services and helped launch a full continence service with the Primary Care Division. Now every new continence nurse/adviser in Scotland has visited the facility as part of their orientation.

The centre also operates the only helpline for continence within Scotland and provides a teaching resource for GPs, community and hospital nursing staff, pharmacists and voluntary groups such as the Princess Trust and Alzheimer's Scotland and multiple sclerosis groups.

The service is run by two clinical nurse specialists, Sisters Mary Ballentyne and Lynn Cherry, medical director and urogynaecologist Dr Ian Ramsay, and administrator Pamela Findlay. Both Mary and Lynn have been with the service since its inception and have witnessed many changes in the provision and development of continence services throughout Scotland.

Mary said: "We're delighted to receive this award from the Health Council. The staff at the centre work really hard to provide a top quality service to our patients."

Sandy Road clinic opens

THE West End of Glasgow has been given a brand new £3million state-of-the-art Community Centre for Health.

Based in Partick, the new Sandy Road Clinic offers a range of new services including men's health clinics, health promotion activities, older person's services and youth and pre-five services. These will run alongside existing services such as community nursing, podiatry and dental services.

The new three-storey building was constructed on the site of the demolished Sandy Road Day Nursery and replaces the old 1940s Sandy Road Clinic. Children and staff from the former nursery are now accommodated in a new nursery within the centre.



The Sandy Road centre.

Talking the Walk

NHS Greater Glasgow's new report, Talking the Walk, celebrates the success of youth health projects throughout the city.

The report highlights the importance of involving young people in the development of health services and recognises the diverse needs of young health service users. Copies of the report can be viewed on: www.nhsgg.org.uk

New community stroke service

STROKE patients will now receive annual health assessments as part of an innovative new community stroke service.

Carried out by practice nurses at health centres and GP surgeries, the aim of the new service is to improve the care of thousands of patients who experience a stroke each year.

Patients will be given a comprehensive annual health assessment by practise nurses.

They may then be referred to the new Primary Care Stroke Therapy Team (PCSTT), who will further assess the patient in their own home.

Glimpse of the future

Students' prototype devices bring us tomorrow's world ... today

HAVE you ever wondered what medical advances will bring us in the coming years?

What new medicines, technologies and medical equipment will be used in Glasgow hospitals in the next ten, 20 or 30 years?

Well, it was a case of wonder no more for Yorkhill staff and patients when they were given a glimpse of the future when three Product Design Engineering students dropped by with their prototype medical devices.

The prototypes could just be the next big thing and included an intravenous drip designed specifically for children, a device to measure pressure in the patient's eye without touching the eyeball, and an umbilical catheter assist for delivering medicines or taking blood tests from newborn babies.

The students designed the devices with advice from Yorkhill clinical staff as well as the guidance of their academic tutors.



David, Geoff and Dominic with their designs.

The new Child's Play Intravenous Drip was designed by David Murray and could be a whole new way of delivering medicines intravenously to children.

Geoff Bland's tonometer could completely change the way eye pressure readings are taken. It allows the pressure of a patient's eye to be taken when their eye is shut, greatly reducing the discomfort many patients feel during such procedures.

And Dominic Reilly's 'umbilical catheter assist' could help baby doctors in caring for very premature babies by assisting in the process required to take blood samples, give drugs and carry out other fluid transfers.

Professor Alastair Macdonald is the Head of the Product Design Engineering Course that is run between the Glasgow School of Art and Glasgow University.

He said: "The projects highlighted are a great example of the creative flare and complex engineering knowledge that the course brings together. Our students can offer fresh and imaginative, yet very practical and user-friendly solutions to a wide range of medical-related issues."

ANNUAL REPORT - Review of 2003/04



Glasgow medics lead Euro brain injury project

MEDICAL teams at the city's Southern General hospital are leading the way on a pan-European IT research project into brain injury.

The three-year project, known as Brain IT (short for Brain Monitoring with Information Technology), has attracted two million Euros worth of funding from the European Union and is being led by Southern General-based clinical physicist Dr Ian Piper.

Dr Piper and his team are currently working with colleagues across Europe to collect data from seven treatment centres across the UK and a further 23 centres Europe-wide.

Dr Piper said: "The idea behind the project is that brain injury data will be collected from across Europe enabling specialists to compare information and formulate new ways of treating people with brain injuries.

"The Southern General already enjoys a worldwide reputation in the field of brain injury research. This new development will see Glasgow leading the way in the application of information technology.

"With more than one million people across Europe sustaining serious head injuries each year, the majority the result of a car accident, the scale of the problem is immense.

"Unlike other forms of disease, patients with head injuries often have other complex and serious injuries, which makes effective treatment with drugs more challenging.

"By using IT, our overriding aim is to improve the standard of care for our patients, ensuring that they will ultimately receive the most effective treatment."

THE past 12 months have undoubtedly been a bit of a rollercoaster ride for those who work within NHS Greater Glasgow.

There have been a number of extreme highs where we've made real advances in service development and improving care for patients.

Equally there have been a few major challenges - trying to identify £46million worth of savings whilst continuing to provide a high standard of care; the hard work and struggle to meet waiting times targets; and the debate over the future of maternity services, to name but three.

But our staff have risen magnificently to the challenges thrown at them and, overall, 2003/2004 has been a year of achieving major milestones.

Modernisation

We have steamed ahead with our plans to modernise services. This includes our modernisation plans for our big acute hospitals.

- The start of building work on the new £87million Beaton Phase II building at Gartnavel;
- The final stages of negotiations with contractors to build the new Stobhill and Victoria hospitals;
- Preparation for work to begin this autumn on the new Local Forensic Psychiatric Unit at Stobhill.

And it's not just bricks and mortar that makes for true modernisation.

Improved services

We've been looking at a variety of services and improving on how we deliver them to patients.

For instance, thanks to new advances in heart operations, called coronary revascularisation, we've been able to treat more patients than ever before with patients waiting less time for their treatment.

We've also started up new exercise and education classes for cardiac rehabilitation patients in the East End of Glasgow.

And Glasgow's 65 ambulances were fitted with new state-of-the-art heart defibrillators (machines which can restart the heart) thanks to a share of a £5.1million funding package from the Scottish Executive.

An innovative new community-based stroke service was launched during the year which improves the care and treatment of the thousands of Glaswegians who experience a stroke each year.

The treatment of heart and stroke patients was further strengthened by the recent introduction of two new Managed Clinical Networks - one for heart and one for stroke. These ensure health staff, social care staff, patients, carers, voluntary organisations and community support groups work more closely together for the improvement of patient care.

Waiting Times

NHS staff have been working flat out to meet waiting time



Rising to the rollercoaster challenge

targets over the last year. New waiting times initiatives were introduced which saw NHS Greater Glasgow successfully meet all our targets of no person waiting more than nine months for treatment.

We think this is still too long and are now working towards new targets of no person waiting more than six months for treatment by December 2005 and 26 week target for a first outpatient appointment.

Community Services

Community health services play a vital part in the care of Greater Glasgow's citizens. Indeed, when it comes to personal healthcare, our Primary Care or community-based services are to where most of us turn, whether it's for an appointment with our GP, dentist or optician.

NHS Greater Glasgow has been working towards changing how community services are delivered

through the development of new Community Health Partnerships (CHPs).

Replacing Local Health Care Co-operatives (LHCCs), from April next year the CHPs will be responsible for managing a wide range of community based services and, with partner organisations, possibly other care services. CHPs will build on the work carried out by LHCCs, but will be larger organisations with wider responsibilities and greater influence.

Dental services received a funding boost of more than half a million pounds to improve community dental facilities for children and adults with special needs. The money was used to develop and expand dental facilities at Pollok and Springburn Health Centres.

NHS Greater Glasgow is also consulting on a new draft Oral

Health Strategy which aims to improve the oral health of Greater Glasgow residents. An overview of this strategy can be seen on page 11 of this newspaper.

Dentistry wasn't the only community based service to benefit recently. NHS Greater Glasgow received £477,000 to develop and improve on men's health services. The money went towards introducing men's health clinics in local health and community centres across Greater Glasgow.

Social Care

And Glasgow's homeless are now benefiting from the opening of a £700,000 custom-built homeless health and social care centre in Glasgow's Gallowgate. This is the first time health and social care services for the homeless have been brought under the same roof in Glasgow.

Glasgow's addiction services received a boost this year with the launch of new Community Addiction Teams (CATs). Nine new teams were formed throughout the city, bringing together health and social care staff in joint teams to provide a comprehensive range of community based addiction services.

Health Promotion

Prevention is better than cure and NHS Greater Glasgow staff have been taking this health promotion message out to the people of Glasgow. Healthy eating, exercise, positive mental health, sexual health and self-esteem are just some of the myriad of issues promoted by our staff.

We've also been involved in a major push to encourage Glaswegians to give up smoking. A new website was also set up as a source of information: www.smokingconcerns.org.uk

Improving how we communicate with and involve the public in decision-making within the NHS was a key priority over the last year.

A new community engagement team was formed to speak to the public about our modernisation plans for our services and they've regularly met with community groups and individuals to discuss their views on projects such as the new Stobhill and Victoria hospitals.

Talking to the Public

A number of important consultations were also carried out which saw a wide range of people putting forward their views on our proposals for service changes in areas such as maternity services and car parking.

NHS Greater Glasgow has undergone major re-structuring to deliver single-system working. Gone are the old Trusts - replaced by four operating divisions operating under the single umbrella of NHS Greater Glasgow.

Structure Change

The Board - the management part of NHS Greater Glasgow - has also undergone a bit of a change. Following the move to single system, the Board welcomed seven new members, bringing the total membership up to 31 and making it more diverse and representative of the people it serves.



ANNUAL REPORT - How NHS Greater Glasgow performed last year



Positive signs of real improvement

By Professor Sir John Arbutnott
Chairman
NHS Greater Glasgow



Sir John Arbutnott

THE health of the population of Greater Glasgow is showing some signs of improvement, but we're still lagging behind the rest of Europe.

Health inequalities, poverty, the culture of heavy drinking, poor diet, smoking and lack of regular exercise produce a deadly cocktail that results in disease and early death for many Glaswegians.

Working together, NHS Greater Glasgow and its partners have seen improvements in these areas, but we recognise that even greater effort is needed.

That's why we remain dedicated to improving and developing existing services and to providing high quality facilities. Only through our continual drive towards delivering modern, high quality healthcare, can we improve the health outlook for individuals in our community.

This includes our plans to modernise Glasgow's acute hospitals. Over the last year, these plans took a major step forward with the start of work on the new Beatson Phase II building at Gartnavel and the final stages of the contracts being pulled together for the new Stobhill and Victoria hospitals.

Modernisation isn't just about buildings, it's also about treatments and staff and we've seen a number of things happening in those areas. New technology, new services and better trained staff have seen us making improvements to care in areas such as children's health, addictions, youth health, heart, stroke and dental health.

And in the community, the big news is the formation of the new Community Health Partnerships (CHPs) - which are replacing the Local Health Care Cooperatives as the management structure for our community services which we aim to have up and running by April next year. The new CHPs will mean health and social care staff are working even more closely together and will result in a more coordinated approach to service provision.

NHS Greater Glasgow has also taken some momentous strides in reducing waiting times. We've met all our waiting times targets for the past year and are now working to have no patient waiting more than six months for treatment.

Smoking has been a major issue for the Health Service. Over the

last 12 months, we've been developing our stop smoking services to give more Glaswegians the opportunity to get help to quit. Another landmark this year has been the establishment of the Centre for Population Health to look at the causes of Glasgow's poor health and develop new ways of improving health. This radical approach to health research pulls together the thinking of some of Scotland's top health professionals who are working to establish why Glaswegians continue to have some of the worst health outcomes in Europe.

And we've also been strengthening our ties with the city's universities - Glasgow, Strathclyde and Caledonian - through the signing of a new agreement to ensure that existing working relationships between health and university staff makes further healthcare advances in Greater Glasgow.

Working with you

Another major piece of work this year has been improving on how we involve the public and staff in decision-making and have been carrying out a number of public consultations on a range of different issues including maternity services and car parking.

This is part of our drive to involve patients and staff more in decisions about changes to services. We remain fully committed to working with our staff, the community, voluntary groups and individuals to examine options, explain changes and develop Greater Glasgow's services for the new century.

Talking of staff - all 33,000 of them - I commend their hard work and dedication over the past year. They have once again delivered a huge contribution in dealing with emergency care, routine treatment and health improvement.

I look forward to the coming year ahead with all the new developments and fresh challenges it will bring.

NHS GREATER GLASGOW - ACUTE HOSPITAL INPATIENT AND DAY CASE ADMISSIONS 2003-2004



SPECIALITY SURGERY/PROCEDURE	PLANNED	EMERGENCY	TOTAL
Bladder function etc.	12,587	3,342	15,929
Ear, Nose and Throat	3,623	1,426	5,049
Eyes (Ophthalmology)	6,633	609	7,242
Female reproduction (Gynaecology)	10,007	2,362	12,369
Hips, knees, back pain (Orthopaedic)	7,106	8,390	15,496
Scar repair, skin cancers, breast reconstruction (Plastic Surgery)	7,287	1,533	8,820
Brain (Neurosurgery)	1,500	1,487	2,987
Brain (Neurology)	1,707	565	2,272
Children (Paediatrics)	10,679	9,116	19,795
Cancer (Clinical Oncology)	14,665	1,140	15,805

SPECIALITY SURGERY/PROCEDURE	PLANNED	EMERGENCY	TOTAL
Cancer (Medical Oncology)	8,652	652	9,304
General Surgery <small>General Surgery, Oral Surgery, Vascular Surgery, Thoracic Surgery, Restorative Dentistry.</small>	25,202	20,622	45,824
Heart <small>Cardiology, CCU, Cardiothoracic, Cardiac Surgery</small>	6,727	8,088	14,815
Medicine <small>General, Geriatric, Haematology, Respiratory, Gastroenterology, Nephrology, Communicable Disease, Endocrinology, ITU, Rheumatology, Diagnostic Radiology, Accident & Emergency, Anaesthetics, Dermatology, Homeopathy, Palliative, Genitourinary.</small>	35,785	77,812	113,597
TOTAL INPATIENT AND DAY CASE ACTIVITY <small>To be validated by Information Services Division</small>	152,160	137,144	289,304
2002/2003 ISD Validated	149,281	133,717	282,998
Change to 2003/2004	+ 2,879	+ 3,427	+ 6,306
Percentage change to 2003/2004	+ 2 percent	+ 3 percent	+ 2 percent

LIST OF HOSPITALS

Western Infirmary	0141 211 2000
Gartnavel General Hospital	0141 211 3000
Glasgow Royal Infirmary	0141 211 4000
Princess Royal Maternity	0141 211 5400
Glasgow Dental Hospital & School	0141 211 9600
Blawarthill Hospital	0141 211 9000
Drumchapel Hospital	0141 211 6000
Stobhill Hospital	0141 201 3000
Lightburn Hospital	0141 211 1500
Glasgow Homoeopathic Hospital	0141 211 1600
Southern General	0141 201 1100
Victoria Infirmary	0141 201 6000
Mansionhouse Unit	0141 201 6161
Mearnskirk House	0141 211 9400
Gartnavel Royal	0141 211 3600
Parkhead	0141 211 8300
Leverndale	0141 211 6400
Royal Hospital for Sick Children, Yorkhill	0141 201 0000
Queen Mother's Maternity Hospital, Yorkhill	0141 201 0550

PERFORMANCE AGAINST FINANCIAL TARGETS

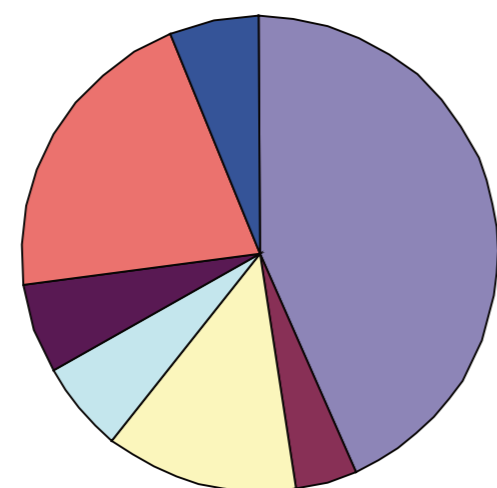
THE Scottish Executive set three budget limits at a NHS Board Level on an annual basis. NHS Boards are expected to stay within these limits. The consolidated performance against these limits during 2003/04 was as follows:

	Limit as set by SEHD	Actual Outturn	Variance Over/Under
	£'000	£'000	£'000
1 Revenue Resource limit	1,333,549	1,328,539	5,010
2 Capital Resource Limit	28,513	28,513	-
3 Cash Requirement	1,137,500	1,137,181	319

Individually, the Board and each of the four Trusts met all of their financial targets for 2003/04.

Financial Information

The Net Operating Cost of Greater Glasgow NHS Board (£1,443m) is shown in the following chart.



- Acute Services £630.6m
- Maternity Services £60.2m
- Mental Health Services £193.1m
- Continuing Care £87.2m
- Other Community Services £88.4m
- Family Health Services £309.0m
- Others £74.5m

CONSOLIDATED COST STATEMENT

The following tables have been produced by consolidating the information contained in the Accounts of the Health Board and the four Divisions. The aggregated figures have been adjusted to eliminate any inter Division income and expenditure.

NHS GREATER GLASGOW

CONSOLIDATED OPERATING COST STATEMENT

For the year ended 31 March 2004

2003	2004
£'000	£'000
790,591	110
305,541	120
1,096,132	130
331,317	180
7,591	200
(1,630)	210
	250
	300
	310
	350
	400
	450
1,433,410	500
53,623	600
1,771	610
	620
	630
	700
	700
	(111,108)
	(655)
	(2,798)
	(9,102)
	(13,816)
1,240,537	
1,257,667	
17,130	
	797,849
	324,898
	1,196,747
	342,076
	535
	(14,365)
	-
	1,524,993
	66,960
	1,616
	1,456,417
	(127,166)
	(709)
	(3)
	-
	-
	-
	1,328,539
	1,333,549
	5,010

CONSOLIDATED BALANCE SHEET

NHS GREATER GLASGOW CONSOLIDATED BALANCE SHEET

As at 31 March 2004

2003	2004	2004
£'000	£'000	£'000
277	362	
708,902	819,654	
709,179		820,016
2,994		10,657
17,598	15,560	
45,276	55,428	
-	-	
5,232	7,560	
68,106		78,548
(183,368)	(183,750)	
(115,262)	(105,202)	
596,911	725,471	
(161)	(199)	
(64,247)	(79,130)	
532,503	646,142	
444,968	446,040	
77,624	190,656	
9,911	9,446	
-	-	
532,503	646,142	

NHS Greater Glasgow ANNUAL REPORT - NHS chief's review

TREVOR Jones, Chief Executive of NHS Scotland, spent time evaluating the performance of NHS Greater Glasgow during a series of meetings in July of this year.

Following this annual Accountability Review he wrote to NHS Greater Glasgow's Chairman Sir John Arbutnotth detailing his findings of the health systems performance in 2003/2004 and of our plans for the provision of healthcare in 2004/2005.

The services provided by NHS Greater Glasgow must meet nationally and locally agreed standards and the Scottish Executive measure this by using a Performance Accountability Framework process.

Here we summarise the "assessment letter/action plan" which concludes that Greater Glasgow met its targets and balanced its budget in 2003/04 and was going forward facing particular challenges on finance, waiting times, implementing the Acute Services Review and redesigning service.

Performance in 2003-2004

2003-04 is summarised as a busy and testing year for NHS Greater Glasgow in which key financial and waiting times targets had been met and progress had been made with planning for the Acute Services Review.

"Tackling the relatively poor health state of Glasgow residents remained a top priority, as did improved cancer services. You were developing the Centre for Population Health, and detailed planning for the new West of Scotland Cancer Centre, expected to complete in 2007, was well under way."

In terms of organisation of services, the Board had moved to a single system with the senior management team and the Board working closely together.

Improving Health

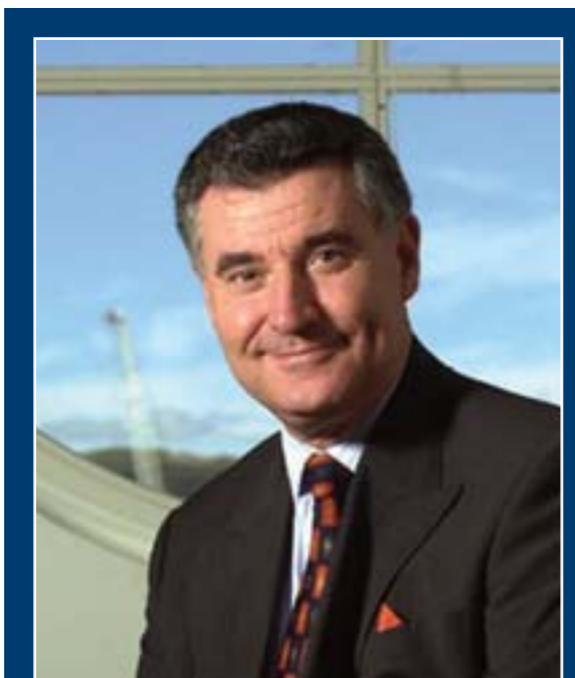
WE agreed that the Scottish Executive and NHS Greater Glasgow should meet at senior level to discuss the unmet needs proposals, and to ensure a high degree of collaboration on health improvement issues.

"While the premature mortality rate from coronary heart disease in Glasgow is falling in line with the national target, inequalities remain stark: we agreed that this needs more work. On childhood dental disease, there has been recent success and you will continue to build on this."

Access and Waiting

"YOU met the nine-month target and confirmed your commitment to the six-month target by December 2005. In the period to March 2004, you plan to reduce the number of outpatients waiting more than 26 weeks by 35%, which amounts to a reduction of 5,400 cases. Corresponding plans for inpatients/daycases will see the number of patients waiting more than six months fall by 53%, amounting to a reduction of 900 cases. With the exception of Orthopaedic outpatients these plans have been agreed with the National Waiting Times Unit. The planned reduction for orthopaedic outpatients amounts to 18% by March 2005, leaving the majority of patients to be seen during the remainder of 2005. NHS Greater Glasgow is confident that the number of patients converting from orthopaedic outpatients to inpatients/daycases will be managed within waiting time guarantees. We agreed to review this position by 31 October 2004 along with the outcome of modelling of the orthopaedic work."

Although NHS Greater Glasgow's performance on delayed discharges has been good relative to the all-Scotland position, it missed the April 2004 delayed discharge target by 63. The new targets for April 2005 expect a 20% reduction in overall numbers, with no patients delayed more than 12 months. You expect to achieve this target. We will monitor progress.



Trevor Jones, Chief Executive, NHS Scotland

Meeting standards and setting targets for the future

Meeting with the Area Clinical Forum

IN our discussion with the Area Clinical Forum I was told that it was closely involved with the Maternity Services Review, and with other key clinical issues where a pan-Glasgow perspective was required.

"I believe that the Board and the Forum need to articulate a clearer strategic role for the Forum – along the lines of providing clinical advice regularly to the Board on a broad range of major issues."

Modernising NHS Services

"YOU expect Community Health Partnerships to be operating in Glasgow within planned timescales. You asked us to look at the terms of the final guidance which would be issued in order to ensure that the maximum potential for Community Health Partnerships could be realised."

QIS Standards on schizophrenia

You agreed to forward a copy of the Board's plan for achieving compliance with the NHSQIS Schizophrenia

standards to the Chief Medical Officer.

Diversity

"I COMMENTED NHS Greater Glasgow's progress on diversity issues. We agreed that awareness of diversity must be actively embedded in the Board's core business."

Meeting with Partnership Forum

WHILE this meeting was generally positive, we learned of some difficulties.

"The Partnership process is developing satisfactorily, with all participants involved (except for BMA, where action is in hand to encourage them in). We were reassured to hear that the partnership approach also operates at divisional level, and that the staff governance structure will be overhauled in line with the Board's unified structure."

Members told us of tensions around the creation of the single system. It was felt that a successful transition from five separate organisations to a truly single system would be assisted by the appointment of a Strategic Lead for HR and we were pleased to hear your plans to take this forward. Members of the Partnership Forum expressed concern that partnership working should not only sit at area or divisional level and the challenge now would be to embed partnership working below divisional level. To that end we would expect to receive your plans as to how this may be achieved.

Accelerating implementation of the Acute Services Review

"PRESSURES are emerging in sustaining acute receiving across five sites in the city, and the Board is considering closing casualty services at Stobhill Hospital in 2005. You agreed that this will require robust justification, and the Board must demonstrate that its plans are affordable."

Organisational development - Senior team building

I RECOGNISE that you have just faced a tough two year period, and this places heavy demands on the Senior Team. I am pleased to see that you are working on developmental needs, and feel that it is important that Team Development is put in place for Executive and Non-Executive Board Members.

Agreed key actions 2004/2005

- THE Board will work with the Area Clinical Forum to develop a clear strategic role.
- The Board will ensure the engagement of staff at all levels of the organisation and agree with the Area Partnership Forum a partnership information network on a pan-Glasgow basis.
- On regional planning: to agree costs of patient cross border flows with other West of Scotland Boards.
- On improving health: focus on tackling inequality ratio. A senior level meeting on unmet needs proposals to take place between the Board and Scottish Executive Health. Also the Board will update initial outcome of work in oral health.
- Ensure accurate and timeous financial plan forecasts with a revised plan submitted to the Scottish Executive by August 31.
- Achieve and maintain the six month outpatient and inpatient/daycase standards from December 2005.
- In the period to March 2005 achieve a 35 per cent reduction in outpatients waiting more than six months and a 53 per cent reduction in inpatients/daycases waiting more than six months (for patients covered by national waiting time standards).
- The reduction in waiting times for orthopaedic outpatients remains under review.
- Demonstrate affordability of the proposals to accelerate the implementation of the Acute Services Review.
- Continue to strengthen partnership working linking local and national partnership developments and then review partnership working later in the year.
- Deliver a Child Protection Plan to the Minister for Health and Community Care.
- Review MRSA rates in North Glasgow and consider comparisons with other similar organisation as part of ongoing Healthcare Associated Infection work.

Cervical screening will pay dividends

ALTHOUGH deaths from cervical cancer remain low, NHS Greater Glasgow is continuing its drive to reduce the number of women contracting the disease.

New technology, improved training for staff and better monitoring of uptake of smears has meant that more women than before are being screened for cancer.

Over the last year (April 2002-March 2003), around 7,000 women aged between 20 and 60-years-old from all over Greater Glasgow were screened for cervical cancer, representing 27% of all eligible women.

So how have things been improving?

CYTOLOGY Lab staff across NHS Greater Glasgow are now using a revolutionary new method called liquid based cytology to examine cervical smears. Using a Cytoc Corporation T3000 automatic processor - the machine used in liquid based cytology - they are able to produce clearer, cleaner slides for examination under the microscope. This makes it easier for lab staff to interpret slides and reduces the number of women having to be recalled for repeat smears because the first smear was inadequate.

Other innovations in cervical screening include:

- New improved training for staff at the Sandyford Initiative;
- The opening of a Learning Disability Unit which offers information and support to women with learning disabilities on the subject of sexual health, including the importance of cervical screening;
- The use of drama workshops being used as a method of encouraging women to attend smear tests;
- The continued monitoring of cervical screening uptake in all GP practices;
- Services for women not registered with a GP or Community Health Index;
- And improved information for women who are given a colposcopy (an examination given to women if it is believed they may have cervical cancer).

Over the coming year, improvements will continue to be made to the service including developing the IT system which allows health staff to collect and store reliable and accurate colposcopy data.

And all GP based call/recall systems (which sends women out their reminder letter) will be put on to the one system.

Sharing vital information

Meet Jim Smith... he owes his life to computer records

DO you ever wonder how all your medical records are stored and updated? It is important that the doctor treating you has all the right information on you as he decides what treatment is best for you and what drugs to prescribe.

We would like to think that this information is readily available, but sometimes it's stored in another location or is not as up-to-date as it could be.

Every one of us has a CHI (Community Health Index) number which identifies us throughout Scotland and is important as not every hospital patient is in a fit state to inform medics what medication they are taking or what blood group they are.

Greater Glasgow NHS Information Communication Technology (ICT) staff are at the forefront of a Scottish drive to develop and ensure this - and much more - happens - and happens all the time for every patient in every setting.

It's about the very latest computer technology systems. It's about instant full-procedure patient records data. It's about ensuring mistakes don't happen when the pressure is on ... it will speed up the appointments process and the delivery of emergency care when there isn't time to waste - and there's no room for mistakes.

NHS Greater Glasgow has created a single high security computer system with a single entry point common to all NHS computer systems called a "shared NHS portal". Using a specific security code authorised staff will be able to enter the portal and review records. For instance, new lab results will be automatically available once "signed off" by the Labs, doctors and technicians.

HERE we illustrate a scenario to outline just how vital this will be to fast, efficient and safe NHS service delivery.

PATIENT Jim Smith is 59 and suffers the onset of diabetes. Despite this he smokes 20 cigarettes a day and he's been smoking for more than 30 years. He also likes a few pints of an evening.

● STATE of the art protection and authorisation procedures will be built in to safeguard your record against breaches of security and computer failures.

He's developed a few health problems along the bumpy road of life ...he was diagnosed with prostate cancer and was successfully treated with radiotherapy. Jim also develops a bad cough every winter and often needs antibiotics to manage it.

Jim goes to see his GP for a routine check and a repeat prescription.

The GP logs into the new NHS Patient Care computer portal, keys in Jim's unique identity code and instantly sees what his patient is currently taking to support his diabetic control. It also tells him Jim is taking other medications and the dosages. The GP also views recent laboratory test results and discharge letters from hospital admissions including notes stating his next diabetes check is not due for three months.

It's all the doctor needs to know and he decides to try Jim on a newly approved treatment. An online prescription order is placed.



● WILL I be able to see all my own patient records? YES. Technically this is all possible. Eventually all your past x-rays could be immediately available over the internet, subject to national agreements on protecting the confidentiality of such records.

TWO days later Jim visits his son but falls climbing the tenement stairs and knocks himself out.

An ambulance rushes him to the Western Infirmary's A&E Unit. It's 11.30pm and his GP surgery is closed ... but the medics in the Western quickly key into the Glasgow Patient Record portal and instantly see the medical history of their unconscious patient and that two days earlier his GP had put him on a new drug treatment. They also see Jim's previous x-rays and see he hasn't suffered head injuries before...this is crucial information at this early stage of evaluation. After x-rays and treatment Jim recovers.

He was in a lot of pain when he regained consciousness but the medics could give him painkillers that didn't react with the new medication his GP put him on only two days earlier.



THE NHS patient care computer portal is proving vital in ensuring that people like Jim Smith receive the correct treatment ... 24 hours a day.

● WORK is in progress for completion in 2007 to coincide with the opening of the new Victoria and Stobhill Ambulatory Care Hospitals.

A WEEK later Jim calls his GP. He's not feeling right and has a headache. His records are accessed and immediately the doctor is reminded of the head injury treated at the Western.

Jim is advised to go straight to his local A&E at the Southern General. The Southern is prewarned that Jim is on his way and they go into the Patient Care portal to get all the latest background information on Jim.

In the Southern General there are two other Jim Smith's awaiting treatment ... and one is also complaining of head pain following a recent fall.

Thanks to accurate detailed x-ray and other detailed information the medics attending to "our" Jim have absolute confidence they are treating the right J. Smith. Jim doesn't know how grateful he should be as he needed swift treatment an internal head bleed. During his inpatient treatment at the Southern the staff know the full details of the other care that Jim needs regarding his diabetes - and that in two weeks he's due for a prostate check up.

And while he's in there the staff can have a chat to him about making a few lifestyle changes - perhaps with the help of free Nicotine Replacement Therapy treatment once he's up and about again.

THE moral of this story is that wherever Jim goes and no matter what befalls him - the NHS staff who treat him will instantly know that he has the onset of diabetes and treat him accordingly.

They'll know all the details of the various drugs he is currently taking and ensure nothing is administered that will cause adverse effects. They know they will not waste time tracking down records and they know that patients can feel confident that information vital for safe, effective treatment is there - round the clock.

HEALTH SERVICES FOR 870,000

NHS Greater Glasgow's 33,000 staff provide a range of health services for 870,000 people living in:

- The City of Glasgow
- East Dunbartonshire
- West Dunbartonshire (Clydebank)
- South Lanarkshire (Rutherglen and Cambuslang)
- East Renfrewshire (Eastwood)
- North Lanarkshire (Stepps-Moodiesburn corridor)



Working hard for a

Working through the ABC of A&E

THE next few months will see NHS Greater Glasgow look again at its plans for modernising Accident & Emergency (A&E) care.

Originally approved in 2002 by Health Minister, Malcolm Chisholm, we're looking again at the plans to ensure that the proposals are still correct before modernisation gets underway.

Next month (October), NHS planners, doctors and other professional staff plus patients' representatives, will come together to make sure that the trends in patient numbers and service arrangements that shaped the proposals then are still valid.

Opinion and evidence received in the course of the day will be fed back to the Board of NHS Greater Glasgow in November, which in turn will submit its conclusions to the Minister.

So what are our proposals?

At present, the city's existing five units currently take all comers. The result is that overloaded staff have to concentrate on the worst cases, leaving those with relatively minor injuries to wait for attention - sometimes for hours.

Our plans for A & E will completely transform emergency care in Glasgow. They include:

- Two 24-hour major trauma units for the most seriously ill and injured will be based at Glasgow Royal Infirmary and the Southern General. These hospitals, along with Gartnavel General, will also have new emergency receiving services, which ensure that people whose conditions have been previously diagnosed and stabilised by paramedics or GPs - such as heart attack victims, for example - can be admitted directly to hospital wards without the need to go to an A&E unit.

- Five minor injuries units across Glasgow to provide people suffering lumps, bumps and sprains with their own unique service, drastically reducing their chances of having to wait a long time for attention.



New hospitals are models for the future...

IF you're curious to find out just how big the new Stobhill and Victoria Hospitals will be, you might want to take a look at the picture above.

It shows a scale size model of the new Stobhill as it will look in comparison with the rest of the site.

If you look up to the left, you'll see the familiar clock tower of the old Stobhill Hospital, with the rest of the existing buildings sprawling to the right. In front, coloured in yellow, is the new building.

This will not be the actual design of the new building - that hasn't been finalised yet - but the model was created to give staff and the public a good idea of how big the new hospital will be.

So far people have been surprised to realise how big both the new hospitals are - both the Stobhill and Victoria hospitals will be similar in size to Hairmyres Hospital in East Kilbride.

So, what's the latest on the building of the new hospitals?

Last month (August), NHS Greater Glasgow received its Invitation to Negotiate bid returned by a consortium of companies hoping to

build the new hospitals.

The bid defines the design of the buildings, the consortium's bid to provide the hard and soft facilities management (including portering, cleaning etc) and the Unitary Charge for both new buildings.

On the same day, NHS Greater Glasgow also received an in-house team bid for the soft facilities management.

Both bids will be fully evaluated by NHS Greater Glasgow's ACAD Project Team and its legal, financial and technical advisors and confirmation of the preferred bidders for the respective services will be announced in November 2004. Local stakeholders will be involved in reviewing the submissions received.

This is a key stage in the project as it determines the baseline design, service levels and financial costs upon which negotiations will be based to bring the project to a financial close by June 2005 with the formal signing of contracts.

Work on both sites is expected to commence in the summer of 2005 with completion scheduled for December 2007.

Things are happening at Gartnavel

A NEW era began in July when Minister for Health and Community Care Malcolm Chisholm cut the first turf for the final stage of the work on the new Beatson.

Also known as the West of Scotland Cancer Centre, the new £87million centre will be based on the Gartnavel site.

Once complete, the new Beatson will unite the city's cancer services for the first time, centralising all North Glasgow oncology services from existing sites at the Western Infirmary, Gartnavel General Hospital, Stobhill Hospital and haematology services at Glasgow Royal Infirmary.

Site preparation work for the new Gartnavel Royal Hospital is also underway. This new development will replace existing adult and elderly mental health wards with modern, purpose-built inpatient facilities designed to meet the needs of patients and staff. The new hospital will have single bedrooms with en-suite toilet and shower facilities, improved clinical and therapeutic areas and flexible space for recreation and day activities.

Construction work is expected to start in spring 2005 with the aim of having the new hospital operational by late 2006/early 2007.



Pick up your copy of our new CD Rom

NHS Greater Glasgow's Acute Hospitals Modernisation Team has produced a new CD-Rom containing a short guide to the hospitals modernisation programme.

The disk uses a spoken commentary and images to explain the background to modernisation and what will be happening to buildings and services between now and 2012.

You can obtain a copy of the disk by calling the Community Engagement Team on 0141 201 4751 or emailing mark.mcallister@gghb.scot.nhs.uk

HOSPITAL CAR PARKING ... LET'S HEAR YOUR VIEWS

NHS Greater Glasgow is still looking for views on proposals for car parking in Glasgow's hospitals.

The consultation period does not end until October 1, 2004, so there is still time to send in your views and comments.

If you want more information on what the proposals are about, the draft car parking policy can be viewed on the NHS Greater Glasgow website www.nhs.gov.uk

Alternatively you can write, telephone or email your views and comments to: Mr J.C. Hamilton, Head of Board Administration, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ. Tel: 0141 201 4608; fax: 0141 201 4601. Email: carparking@gghb.scot.nhs.uk



better health service

Time to brush up!

Five year plan to improve Glasgow's oral health

THE West of Scotland - and Glasgow in particular - has the worst record for dental decay in the whole of Scotland.

And, although more people in Greater Glasgow are registered with a dentist than in many other parts of Scotland, the figures for dental decay in people living in our area still make quite shocking reading.

In 2002-03, two-thirds of children in Greater Glasgow had dental decay by the age of five. The following year (2003-04), more than 1300 children aged three to five had teeth extracted under general anaesthetic at the Glasgow Dental Hospital.

And adults are no better. Only 66% of Glaswegians report brushing their teeth twice a day, with 12% of adults living in more deprived areas admitting to brushing less than once a day, seldom or never.

So what is the Health Service doing to try to encourage Glaswegians to take better care of their teeth and oral health?

We've recently launched a



TWO thirds of children in Glasgow have dental decay by the age of five.

consultation on our five-year draft plan for oral health.

Written by Greater Glasgow's Oral Health Planning & Implementation Group, the Oral Health Draft Strategy 2004-09 sets out NHS Greater Glasgow's plans to develop dental services and promote good oral health over the coming five years.

David McCall, NHS Greater

Glasgow's Consultant in Dental Public Health, said: "Oral health is so poor in Greater Glasgow because currently too few people consider it to be very important. It mirrors the pattern of Greater Glasgow's general ill health, with Glaswegians having a poor attitude towards their own health in general."

He said that NHS Greater Glasgow had already been

working hard to promote good dental health. This included teaching children about the importance of brushing their teeth and concentrating on encouraging people living in more deprived areas (where tooth decay is at its worst) to look after their teeth and mouths better.

"Dental decay is preventable and people should have most of their teeth for life. Good oral health is not just about brushing teeth or visiting dentists, although both are very important, it's about good general health too. Eating healthily, not drinking too much, giving up smoking and living a healthy lifestyle are all contributing factors not only to physical and mental health, but for oral health too."

The full report can be viewed on Greater Glasgow NHS website www.nhs.gov.uk (Click on NHS Board button. Click to visit the site and then on Board business). Alternatively go directly to: <http://www.show.scot.nhs.uk/gg/nhsb/AbtBoard/Papers/2004/08-aug/04-50.pdf>

NHS in pledge to help protect children

PROTECTING children from physical, emotional or sexual abuse is a priority for everyone including staff in the NHS.

NHS Greater Glasgow has recently established a Child Protection Forum to look at ways in which health services in Glasgow can help protect vulnerable children.

The forum is made up of staff from hospitals and the Board, and was set up in response to reviews following child deaths and the report produced as a result of the Scottish Audit of Child Protection, entitled "It's Everyone's Job to Make Sure I'm Alright".

Rosslyn Crocket, Nursing Director for the Board and Chair of the Forum, said protecting children from any sort of abuse is what the Forum is all about.

She added: "The Forum is looking at ways in which staff working within NHS Greater Glasgow can be more aware of their role in protecting vulnerable children. This includes issuing all our staff with a wallet-sized card which will provide information on what to do if they have any concerns about the protection of a child observed in the course of their work."

"Children can come into contact with a range of health service staff throughout their lives, therefore, all NHS Greater Glasgow staff have a role to play in protecting children."

Another action planned will be the development of a website with detailed information and advice.

Extensive training will begin for staff throughout NHS Greater Glasgow, ensuring that all staff are fully aware of what to do if they have any concerns about a child's welfare.

Reopening the fluoride debate

WHEN NHS Greater Glasgow's Oral Health Draft Strategy 2004-09 was discussed at a recent Board meeting and fluoride in water was talked about, it opened up a widespread media debate.

The draft report states: "Whilst we do not disagree that further research should be undertaken, we believe that the withholding of optimally fluoridated public water unnecessarily disadvantages Glasgow's population."

Dr Harry Burns, Director of Public Health with NHS Greater Glasgow, said: "The decision to put fluoride in the water does not lie solely with this Board, but the opinion of the Public Health department is that the introduction of fluoride to our water to bring it up to the background levels of fluoride

occurring naturally elsewhere in Scotland, would make a huge contribution to improving oral health in Greater Glasgow.

"Improved oral and dental health has an impact on general health and the scientific arguments for fluoride are very powerful indeed. There are, however, ethical and moral issues about additives to drinking water and, clearly, the views of the public must be heard."

"However, we should remember that the water most of us drink already has chlorine added to it to protect public health. The addition of fluoride would also be in the interests of the public health of the people of Greater Glasgow."

This part of the draft strategy was recently incorrectly reported in a newspaper article.

In the story, it was claimed that "Glasgow health bosses plan to put fluoride in the water supply - against the advice of their own top dentist".

Dr Robert Broadfoot, Dental Director with the Primary Care Division, was quoted as saying he did not support the inclusion of fluoride in Glasgow's water.

As a key member of the Implementation Group and joint author of the Oral Health Strategy 2004-09 - which gives strong backing to fluoridation of Glasgow's water - he said: "Let's make it clear - I back fluoride in water."

"If we got approval to introduce fluoride to the water supply, I would be very happy. It would be a most effective way of tackling the dental health problems this city faces."

Bowel cancer awareness campaign

A NEW campaign focussing on bowel cancer is being launched next month.

Talking about the signs and symptoms of bowel cancer, the new campaign will officially be launched by Health Minister, Malcolm Chisholm, and will include information leaflets being made available at GP surgeries and health centres

throughout the West of Scotland.

Run by the West of Scotland Cancer Awareness Project (WoSCAP), the campaign - including a television advert (pictured) - focuses on bowel cancer.

Log on to www.woscap.co.uk, or contact the Project Team on 0141 842 7327, or email woscap@achb.scot.nhs.uk



Freedom of information ... all you need to know

FROM January 2005, a new law comes into full force that will mean any member of the public can ask public organisations for any type of information and on most occasions we have to provide it.

The new Freedom of Information (Scotland) Act affects all public bodies in Scotland and there will be very few types of information that you won't be able to ask for.

The Act covers more than a 100 public bodies and includes the NHS, local councils and the Police.

So what is the Act and what does it mean?

The Act states that anyone (person or organisation) from anywhere can ask a public body for any bit of stored or written information you like and you don't have to provide a reason why you want it.

That's any kind of stored or written information on a range of different subjects. It can include information such as:

- Information on how services are performing;
- Minutes of meetings;
- Service information;
- Service planning documents;
- Financial information.

The Act covers information held before it



came into force as well as that which comes after.

A Scottish Information Commissioner has been appointed to ensure that public bodies meet their obligations under the Act. He can serve a 'practice recommendation' on an organisation that does not comply with the spirit of the Act which is all about making public bodies more open and accountable.

So how would I ask for information?

All requests under FOISA must be in some permanent form. In most cases that will be in writing (including emails) stating clearly the exact information you want.

You don't have to state that you are making the request under the Act or your reasons for the request, but please ensure you are absolutely clear about what you

want or you may be asked to specify what information you require.

You are entitled to receive a response to your request within 20 working days.

To assist you and our staff in seeking out information, we've created a Publication Scheme which is a guide to information we routinely publish. This Publication Scheme is on the NHSGG website: www.nhsgg.org.uk

Most information will be provided free of charge, but we may have to ask you to pay for providing you with certain information based on the cost to us of accessing it. We will let you know what, if any, charge is payable before we go ahead.

So, what information is exempt?

We may not be able to provide you with certain types of information because this information is exempt.

There are 17 exemptions under the Act including confidentiality, personal records (including health records that continue to be covered by Data Protection rules) and information intended for publication in the near future. However, there will be times when other exemptions apply.

Further information about rights under the Freedom of Information Act will be available on our website at www.nhsgg.org.uk/foi or from the persons listed in our Publication Scheme.

Nominate caring NHS staff for award

HAVE you received outstanding treatment or care from staff in NHS Greater Glasgow?

Then now is the time to send in your nomination for the 2005 Greater Glasgow Health Council NHS Awards.

Now in its thirteenth successful year, the awards give patients and members of the public the chance to thank NHS Greater Glasgow staff for the treatment, care and support they've received.

You can nominate any NHS Greater Glasgow health worker or department you wish.

Nominations will then be looked at by the Health Council before the winners are chosen.

For more information and to obtain a nomination form, contact: Greater Glasgow Health Council, 44 Florence Street, Glasgow G5 0YZ or tel: 0141 429 7698. Closing date for nominations is November 12, 2004.



HOW TO CONTACT US

Greater Glasgow NHS Board,
Dalian House,
350 St Vincent Street,
Glasgow, G3 8YZ
(Tel: 0141 201 4444).
Chair: Professor Sir John Arburthnott.
Chief Executive: Tom Divers.

North Glasgow University Hospitals Division,
Divisional Headquarters,
300 Balgrayhill Road,
Glasgow, G21 3UR
(Tel: 0141 201 4200).
Chair: Ronnie Cleland.
Chief Executive: Tim Davison.

Primary Care Division,
Divisional Headquarters,
Gartnavel Royal Hospital,
1055 Great Western

Road, Glasgow,
G12 0XH
(Tel: 0141 211 3600).
Chair: Andrew Robertson.
Chief Executive: Iain Reid.

South Glasgow University Hospitals Division,
Divisional Offices,
Management Building,
1345 Govan Road,
Glasgow, G51 4TF
(Tel: 0141 201 1200).
Chair: Elinor Smith.
Chief Executive: Robert Calderwood.

Yorkhill Division,
Dalnair Street,
Glasgow, G3 8SJ
(Tel: 0141 201 0000)
Chair: Sally Kuenssberg.
Chief Executive: Jonathan Best.

Changes in the pipeline

PEOPLE will continue to have a strong way of voicing their views on healthcare with the introduction of a new Scottish Health Council (SHC) in March next year.

Currently, Greater Glasgow Health Council and the 14 other health councils in Scotland, have the responsibility of involving the public in the work of their local NHS.

However from March 31, 2005, these councils will be dissolved and a new national body established, with local offices in each health board area. Members of the public will be on Advisory Councils for each of these offices.

For more information, contact: The Scottish Health Council Project Implementation Team c/o NHS QIS, Delta House, 50 West Nile Street Glasgow, or telephone the team on 0141 225 6999.

Jobs on the web

LOOKING for a new job within NHSGG? Then you'll be pleased to know that plans are afoot to create NHSGG's very own jobs website.

Work is currently taking place to put together the new site and we hope to have the new website up and running by the end of the year.

In the meantime, if you're looking for a new job in NHS Greater Glasgow, all our vacancies are advertised on www.nhsgg.org.uk/jobs

Stobhill service

GLASGOW Cathedral provides the magnificent backdrop for a special service commemorating Stobhill Hospital's centenary on Sunday, September 19, 2004. The service is open to all and starts at 6.30pm, although you are asked to be seated by 6.15pm. All welcome.

OUR PARTNERS - NHS Greater Glasgow works with a number of partner local authorities, charities and other organisations such as Strathclyde Police and NHS 24. Our main partners are:

