

## MAJOR CONSULTATION STARTS ON MATERNITY SERVICES

### No decision made All views listened to

This month Greater Glasgow NHS Board launches its major consultation on the future of maternity services.

Amidst a backdrop of misleading newspaper articles and conflicting opinions, the Board is establishing a major public consultation about seven proposals on maternity services.

At the end of that consultation period, the Board will then decide whether or not to adopt those proposals as the way ahead.

Yes, the Board has a difficult decision to make on the future of maternity services.

Yes, one of the proposals is to close the Queen Mum's based on evidence from the Maternity Working Group and redeploy its staff and services at the remaining two maternity hospitals and within the community.

But, NO decision has been made yet and won't be made until after the end of the consultation period, which finishes early next year.

What is known is that the outcome must be that there is a sustainable, high quality maternity service for mothers and babies.

And the Sick Children's Hospital is definitely NOT part of this consultation process.

If you want to find out more about the proposals and what the next steps are, turn to pages 2, 3 and 4. Alternatively, click on the Maternity Services button of our website: [www.nhsgg.org.uk](http://www.nhsgg.org.uk)



### inside this issue

Maternity  
latest



page 1-4

NHS and  
domestic  
abuse



page 8

New NHS  
training  
initiative



page 10

# Tough decisions need to be made over future of Maternity Services

Greater Glasgow NHS Board last month (October) agreed to consult with the public on a series of reports from a major pre-consultation exercise which includes the proposal to close the Queen Mother's Hospital.

The Board stressed that it would listen to all views and that no final decision will be made until the end of this major consultation exercise, which started this month.

NHS Greater Glasgow chairman, Professor Sir John Arbuthnott, again gave a personal assurance that the Royal Sick Children's Hospital was not part of this consultation process, that investment will continue in the hospital and that it will continue to serve the needs of children for the next 15 years. The Board agreed the future of the Sick Children's Hospital would not be part of this consultation process.

Sir John said: "Tumbling birth rates (the annual birth rate today is 3,500 less than it was 11 years ago), pressures on staff and changes in clinical organisation mean it is imperative that we make a decision soon on the future of maternity services."

The recommendations in the maternity services report were put forward following a three month pre-consultation carried out by an independently chaired Modernising Maternity Services Working Group.

Chaired by Professor Margaret Reid of the University of Glasgow, the Working Group gathered evidence from experts from across the UK, local health staff and other interested parties before making their recommendations.

Reports from Glasgow midwives, following a midwifery workshop, and from MATNET, the maternity services users groups, were also submitted to the Board. Both organisations agreed that there should be two maternity hospitals instead of three, but did not come to a conclusion as to which hospital should close.

Chief Executive Tom Divers said: "The reason why we had a pre-consultation was that we did not have a clear consensus from local clinicians as to the best way forward, ensuring safe services for both mothers and babies. However, there is a clear consensus that we need to cut the number of maternity hospitals from three to two, but opinions are divided as to which hospital should be



closed. That's why we asked Professor Reid's group to look in detail at the complex clinical issues involved and asked MATNET and the midwives to put forward their views on the issues."

Professor Michael Farthing, Board member, Dean of the Medical School and member of the Working Group, spoke about how evidence was gathered for the report.

He said: "We heard evidence and we heard opinions and based the outcome of the report on evidence. We found the evidence from the experts, who have no competing or conflicting interests, compelling. Seven out of nine agreed that moving services from the Queen Mother's to the Southern General was the best way forward."

Dr Brian Cowan, Greater Glasgow NHS Board Medical Director, said: "Changes in medicine, pressures of ongoing training, New Deal for Junior Doctors and the Working Time Directive for Consultants mean that our clinicians can no longer sustain the current number of rotas. There's a minimum amount of clinical staff required to cover each rota and skilled staff are needed 24 hours a day, seven days a week. We have to make a difficult decision, but however difficult that decision will

# The Background

In 1999, following widespread consultation with women's groups and medical professionals, it was agreed two maternity units should serve Glasgow. Pressures on the midwifery, obstetric, neonatal and anaesthetic workforces are such that change is essential.

It was understood that the Princess Royal would remain. However, local clinicians were unable to agree on which of the two remaining units would close.

Both the Southern General and the Queen Mother's are excellent hospitals and both provide a good range of local and regional services, but these services can be better provided with proper resources and staffing for the long-term from one site.

Earlier this year, the Board approached Professor Margaret Reid to be the independent chair of the Modernising Maternity Services Working Group. The group included three non-executive members of the Board – Peter Hamilton (former Greater Glasgow Health Council chairman), Professor Michael Farthing (Dean of Glasgow University's Medical School) and Rosslyn Crocket (Director of Nursing for the Primary Care Trust).

Their remit was to look at the issue, gather evidence from a range of expert, health and other interested parties and then submit a report to the Board at a special Board meeting on October 7, 2003. Midwives and representatives from the Maternity Services Users Network (MatNet) also submitted reports.

Following that meeting, Board members took away all the reports for consideration and on October 21, 2003 met again to discuss the issue. It was then agreed that the Board would take seven proposals made in the report to public consultation.

And that brings us up to where we are today: the public consultation began early this month (November) and will be thorough and inclusive, offering everyone from MSPs and maternity network groups to clinicians and Glasgow mothers the chance to have their say on the future of maternity services in the city.



be, it has to be made soon.”

An extensive public consultation, which started at the beginning of November, will now take place on the proposals endorsed by the Board at October's meeting. User friendly information leaflets on each key proposal will be made widely available with more detailed information accessible to those who want it. This will include all of the written material submitted to the Working Group for the pre-consultation period, policy guidance and the reports from MATNET and the midwifery group.

Following the consultation, the Board will look at all the views gathered and make a decision on the shape of future services. A final decision will then be put forward for approval by the Minister for Health and Community Care.

# Message from Our Chairman

I wanted to write to all NHS staff to communicate directly the position on maternity services. I am very aware of intense and contradictory media coverage and it is important that all our staff have the correct message about the outcome of the Board meeting.

We particularly recognise six points:

- There is a strong consensus that with Greater Glasgow's falling birthrate and all of the clinical pressures, including working hours, and the need to provide round the clock cover, we must move from three delivery units to two;
- Deciding on which hospital should be developed as our second delivery unit was always going to be difficult;
- This is a key decision about a core part of our maternity services, for the vast majority of women, almost all of their care, during the normal process of pregnancy and birth, is provided by midwifery, medical and primary care staff, working in community settings. Our proposals for consultation reflect that reality and therefore include important questions about the development of community and midwifery services;
- Recognising the difficulty of this decision, and with full commitment to public and staff involvement, we established a major preconsultation exercise;
- There is a real and very difficult assessment to make on the best way to ensure safe services for women and babies;
- I am also very aware that this debate creates major uncertainty for staff providing services to which they are highly committed, about which they care deeply and of which we are very proud.

At our meeting, after a long and difficult discussion, the Board agreed to consult on seven proposals. The Board also agreed that we should ensure that people can put alternative views, about the second delivery unit and any other issues.

The seven proposals, based on the totality of the pre-consultation work are:

- Delivery services should be located in the new facilities at the PRMH and in high quality provision at the Southern General Hospital;
- There should be greater consistency and co-ordination in the organisation of maternity services, with a Glasgow wide approach to service delivery;
- The important quality of service issues identified in the pre-consultation process below need to be fully reflected in our final reorganisation of services;
- Developing and improving community services will be a core part of our proposals for service change;
- Our final reorganisation of services will include specific proposals to develop midwifery services which are central to the provision of high quality maternity care;
- Fetal medicine services currently provided at QMH should be transferred to the PRMH providing a single consolidated service for the West of Scotland and including current national services provided at the QMH;

- Our final modernisation proposals should clearly take account of access and transport issues, mainly by delivering as much service as possible in community settings.

We will develop a range of clearly understood material, make available a whole range of background information and evidence.

The consultation will include a range of questions enabling staff and other interests to express their views. We are committed to Partnership working and are committed to treating any staff affected by service change in Greater Glasgow fairly.

If the Board recommends a restructuring of maternity services and this is approved by the Health Minister, all staff concerned should be assured their employment is safe and they will be redeployed within the service.

I can assure staff who might be affected that we would want to ensure that we are able to offer you positive opportunities which reflect your skills and aspirations. If you have any immediate concerns about your own situation please talk to your Human Resources Department who will be able to offer you initial advice.

This consultation exercise will not include any proposals to shift the Royal Hospital for Sick Children.

Our absolute aim must be that the reorganisation of maternity services delivers safe care to women and their babies.

During the consultation process we will keep all staff up-to-date on what is happening. For the moment please if you have any queries about this letter - you can contact your Communications Team on:

<b>Board:</b>	<b>North Trust:</b>	<b>South Trust:</b>
Communications Team,	Sandra Moir,	Gavin Barclay,
tel: 0141 201 4429	tel: 0141 201 4314	tel: 0141 201 1257

<b>Yorkhill:</b>	<b>PCT:</b>
Ryan Taylor,	Elsbeth Campbell,
tel: 0141 201 0833	tel: 0141 211 3891

Or access the Board papers and preconsultation material through our website, [www.nhsgg.org.uk](http://www.nhsgg.org.uk)

Or you can send your views the Staff News Partnership Editorial Team to: [staffnews@nhsgg.scot.nhs.uk](mailto:staffnews@nhsgg.scot.nhs.uk)

Yours sincerely,



PROFESSOR SIR JOHN P. ARBUTHNOTT  
Chairman

A copy of a letter to staff from Professor Sir John Arbuthnott's has been circulated to staff already and is available on [www.nhsgg.org.uk](http://www.nhsgg.org.uk) (click on the maternity services button).



# Successful AGM for NHSGG

Staff, voluntary organisations, members of user groups and other interested parties flocked to the Royal Concert Hall last month (October) to NHSGG's Annual General Meeting.

For the first time, the AGM was held in an 'open space' format which allowed a number of stalls to be set up representing some of the wide variety of specialities within NHSGG. This included a stand from Yorkhill, the Primary Care Trust, older people's services, children's health, maternity services, women's health, anti-smoking, breastfeeding, mental health and others.

NHSGG Chairman, Professor Sir John Arbutnott opened the meeting and spoke

about a range of issues including progress on the Acute Services modernisation, the Beatson and health improvement successes. He also congratulated staff for their success in meeting Government targets.

Chief Executive Tom Divers then spoke about the challenges ahead for NHSGG, including the review of maternity services. Following his talk, he took questions and answers from the floor.

The AGM ended with the opportunity for delegates to wander round the stands and chat to staff.

Mr Divers said: "It was a very successful AGM and I'd like to thank staff involved for all their hard work in putting it together."

# Conferencing in Glasgow - Be a part of the success story

Busy health workers don't always have the time to spend organising conferences and events.

So, it's good to know that when the time comes to organise your event, Greater Glasgow & Clyde Valley Tourist Board's Ambassador Programme is there to help.

Laura Beaton from Greater Glasgow & Clyde Valley Tourist Board explains: "The Glasgow Ambassador Programme was first established in 1990 and has played a vital role in attracting conferences to the city ever since with members recruited mainly from academic, medical, business and professional institutions.

"Today there are more than 1,000 Glasgow Ambassadors who last year helped secure 58 conferences for the city representing £31 million in local economic benefit. This impressive figure accounted for approximately 43% of the total conference sales secured by Greater Glasgow & Clyde Valley Tourist Board in 2002/2003.

"If you are already involved in co-ordinating meetings in the city with colleagues from the UK and overseas in your own specialised field of healthcare - or are about to be - why not give the programme a try?

"Complementing the Royal College of Physicians and Surgeons' comprehensive conference support service, I would be delighted to provide additional assistance for busy NHSGG staff hosting conferences elsewhere in the city with elements such as free bid preparation, civic recognition and delegate literature.

"If we don't already know about your conference – no matter how small – GG&CVTB would love to hear from you. Please tell us about your event and help put Glasgow on the conventions map!"

Contact Laura Beaton at GG&CVTB for more



information and free assistance on tel: 0141 566 4026 or email: [laura.beaton@seeglasgow.com](mailto:laura.beaton@seeglasgow.com)

GG&CVTB is a publicly funded organisation which offers free and impartial conference support services on behalf of the city to those wishing to become involved in organising a conference locally. NHS staff can link in to the Ambassador extranet on the [www.seeglasgow.com](http://www.seeglasgow.com) website by clicking on the Ambassadors key on the front page and completing the pro forma.

## NEARLY 7,000 RESPOND TO STAFF SURVEY

The staff survey has now been collected with 6,936 of you responding.

Your views will be collated and analysed and we'll publish a flavour of what you said in the next edition of the Staff News.

Helen Ostrycharz, chair of the Staff Survey Partnership Working Group who organised getting the survey out to staff, said: "I'd like to thank members of the working group, the staff who held roadshows and the payroll staff who stapled nearly 34,000 surveys to payslips for all their hard work. Thanks too, to those members of staff who took the time to fill in the survey and send it back to us. Your contribution will help us formulate future policies."

Olivia Cornacchia, Area Partnership Forum Co-ordinator, commented: "The results of the survey will be collated and presented to the Area Partnership Forum after which each Trust will make the information available to staff in a variety of ways. We'll be discussing the survey results in a future edition of the Staff News and all Trust Partnership Forums will have the Staff Survey on their agenda."

And Staff News would like to congratulate Theresa Coyle from Eastvale Resource Centre's Elderly Team who guessed 6,900 people would respond and was nearest to the actual figure. She wins a week's holiday for two at the Hotel Panorama Marine in Es Cana, Ibiza.

# The Endoscope

## Fried Bassett

The Bulletin, the Beatson Oncology Centre's staff magazine, recently ran a story about the retirement of Dr Bob Lawson, Head of Radiotherapy Physics. However, readers were horrified to be presented with photographic evidence of the Doc's culpability in morally dubious medical experiments. The photo (above) clearly shows Dr Lawson endeavouring to clone Bertie Bassett, the famed frontman for Liquorice Allsorts. Bertie's missing features suggest that the experiment appears to have gone a bit awry. It is understood that Dr Lawson has not been daunted by his failure and his retirement project is to attempt to cross breed a penny dainty with a wildebeest.



## Tra la la, la la la...

This is a staff magazine and The Endoscope is keen to ensure that the rights of all staff to openness and fairness are respected. Except for senior managers, of course. Therefore, in this bumper edition, we want all staff to join hands in slugging off the high heid yins by participating in a competition for the fabulous prize of a box of nearly new (non-Dr Lawsonised) Liquorice Allsorts. The staff of the Primary Care Trust are in something of a quandary. The Chief Executive, Ian Reid is considered by one faction to bear more than a passing resemblance to the multi-media phenomenon that is the boy wizard, Harry Potter. Now, apart from the specs and the youthful demeanour, there is a good argument for this – Mr Reid was well known in his previous incarnation of HR Director for making staff disappear. However, those other staff remaining feel that he bears a greater resemblance to Drooper, one of that crazy quartet of child entertainers in animal skins from 1960's and 70's TV, The Banana Splits. Drooper was the one that didn't make a honking noise or speak with a wet lisp, which is also a pretty fair description of Ian Reid. So, now it's up to you to decide – Harry Potter or Drooper? – Aye or naw? Answers to The Endoscope. The best one gets the sweets (except the blue and pink knobbly ones).



Ian?



Drooper?



Harry?

## Mullet on skully – it's as cheap as chips



Oh, the horror. The Endoscope speaks not of the Evening Times' one-organ crusade to save Yorkhill from property developers, nor of its gratuitous use of Dorothy-Grace Elder, but of its disturbing and wholly unnecessary publication of NHS Board members' photos on October 14, 2003. And they didn't even do it for Halloween!

But it was the outing of NHSGG's Director of Communications, Ally McLaws, which did most harm to the psyche of innocent readers. Using a photo from the archives, the Toerag's graphics team inadvertently revealed that Mr McLaws once possessed a hairstyle which no-one, least of all him, thought would see the light of day in the 21st Century. We refer, of course, to the 'Mullet' – a style which seems oddly popular in Middle America and NHS imaging departments but is somewhat outré elsewhere.

This complicates matters for The Endoscope; we had been saving Mr McLaws for a future edition, as many colleagues had noted his current and unfortunate resemblance to 'cheap as chips' dodgy furniture expert David Dickinson and Eastenders cheeky chappy Alfie Moon. However, the Mullet shot truly confirms that Ally McLaws is an entire cornucopia of C-list celeb lookalike possibilities, for in it he is the exact double of GMTV's Eamonn Holmes, no less, that nice Irish boy who does Songs of Praise when Aled Jones isn't available. Well it's down to you again, dear readers: David Dickinson, Alfie Moon or Eamonn Holmes? – Aye or naw? The best answer gets a fish supper.

## Tash of terror

One last senior manager photo, but this time it is no lookalike as, surely, no-one else looks like this. Happy 50th birthday, Robert Calderwood, head honcho at the South Trust. In honour of this special event, we take great pleasure in publishing a photo of Bob in which his nose appears to be being assailed by something hairy and unpleasant. Yes, Ally McLaws' Mullet escaped and did its best to savage Bob – that he's lived this long is testament to his strong nerves and unbreakable resolve. Anything that perennial Southside hospital protestors can throw him is pretty tame compared to the mad Mullet.



## Recognition for Women's Health Team

The work of the NHSGG's Women's Health Team and its partners has been recognised by the World Health Organisation (WHO).

Following four years as a WHO Collaborating Centre for Women's Health, the team based at Dalian House has been officially re-designated as a WHO Collaborating Centre for Policy and Practice Development in Women's Health and Gender Mainstreaming.

The Glasgow centre is unique as it is a collaborating partnership between organisations including Glasgow Healthy City Partnership, the Sandyford Initiative and Glasgow University.

Work in the pipeline for the team will include continuing to develop and carry out research with WHO's Women and Health Development Programme, while supporting research in WHO's member countries. Analysing and documenting successful lifespan and health promotion approaches will be coupled with involvement in clinical research and care.

Anyone interested in learning more about the collaborating centres can visit <http://whocc.who.int>

## Making Domestic Abuse

Like many taboo subjects, domestic abuse against women is as prevalent as ever and the Health Service is determined to improve staff awareness and build on successful support services.

Shocking research has revealed that between one in three women will experience abuse from a partner and one in five from an ex partner during the course of their lives.

The consequences of this are manifested in the physical, emotional and mental health of women and children, and include higher rates of gynaecological and chronic pain problems, as well as depression, anxiety and substance abuse.

In recognition of the pivotal role of the NHS in tackling the issue, a Scottish Executive report was released in April to clarify what is expected of health workers in identifying and responding to the needs of women experiencing domestic abuse.

The guidance is a further development of the Strategy to Address Domestic Abuse in Scotland, which was produced by the Scottish Executive in 2000. A more concise booklet was also recently released for all health staff.

One of the requirements of the Scottish guidance is for a lead director, assisted by an operational adviser, to take responsibility at a local level. In Glasgow, these representatives are Director of Public Health Dr Harry Burns and Programme Manager (Gender-Based Violence) Katie Cosgrove.

Katie explained: "We have established a Gender-Based Violence Planning and Implementation Group to co-ordinate work across NHSGG to improve the healthcare response to violence against women.

"The focus of our work includes other forms of abuse such as childhood sexual abuse, sexual assault, prostitution and domestic abuse."

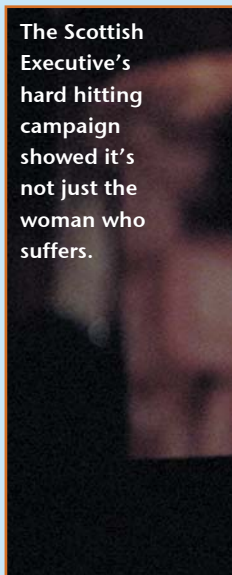
### So what is being done to address the issue across NHSGG?

Dr Harry Burns explained: "The Board has been developing a programme to address the Health Service implications of gender-based violence for a number of years, as part of its commitment to the Glasgow Women's Health Policy.

"The programme is led by the Women's Health Team in the Department of Public Health and is in conjunction with the Trusts and other public support agencies."

### The latest developments include:

- A rolling programme of training in domestic abuse and shared domestic abuse protocols in Accident and Emergency departments;
- A Link Midwife project which has a dedicated midwife in each maternity setting to support staff and develop training programmes. This aims to build on midwives' awareness raising study days that cover issues such as the link between domestic abuse and postnatal depression;
- Additional counselling provision and support, given by the Centre for Women's Health at the Sandyford Initiative, for women who have experienced gender-based violence;
- The Childhood Sexual Abuse and Homelessness Demonstration Project, which aims to end the cycle that sees these problems go hand-in-hand;
- A review of the Psychology Directorate's response to survivors of childhood sexual abuse;
- Research into the mental health needs of women in refuge, in conjunction with Lanarkshire and Argyll & Clyde NHS Boards, and Scottish Women's Aid;
- A Women's Mental Health Project established in Bridgeton LHCC to provide a direct service for women experiencing mild to moderate mental health



The Scottish Executive's hard hitting campaign showed it's not just the woman who suffers.



## an NHS Priority



## Providing a caring approach



Strathclyde Police is committed to providing a professional, sensitive and caring approach to victims of Domestic Abuse. Every Police Officer and Force Support Officer is responsible for ensuring the safety of the victim and family in all reported incidents of Domestic Abuse. This is of paramount importance and is our first priority.

This Policy seeks to ensure the provision of the best possible service to victims who are especially vulnerable, often isolated and frequently in danger. Our commitment is to:

- adopt a victim-centred approach;
- investigate thoroughly;
- actively pursue perpetrators; and,
- keep victims and their families safe.

Initial responsibility rests with the individual officer attending at the scene of a reported incident. The personal commitment of all officers extends to:

- the full investigation of every incident;
- where sufficiency of evidence exists, to arrest/detain the offender;
- full recording of every incident;
- provision of support and information and the referral of the victim to a support agency;
- continued contact with the victim as appropriate to the individual circumstances; and,
- work with other agencies to provide solutions for victims and families.

This Policy underlines the commitment of every Police Officer and Force Support Officer of Strathclyde Police to continue to make all efforts possible to support survivors of Domestic Abuse and to bring to justice those responsible.

**In an emergency phone 999 and ask for the Police.**  
In a non-emergency situation, you can contact your local Police Office or Women's Aid – their telephone numbers are in the telephone book. Alternatively, you can find out more by accessing the following web-sites:

**[www.strathclyde.police.uk](http://www.strathclyde.police.uk) or**  
**[www.womensaid.org.uk](http://www.womensaid.org.uk)**

difficulties, including those caused by violence;

- A research project with the Starting Well initiative to explore the role of Health Visitors in responding to domestic abuse against women;
- A strategic and operational homelessness project on gender-based violence, to ensure the issue is integrated with the work of the Homelessness Partnership;
- A project working with women abused in prostitution, funded by NHSGG and managed by Glasgow Rape Crisis.

NHSGG is being represented on multi agency partnerships in gender-based violence within five local authority areas. The Health Service is also represented in the Routes Out of Prostitution Social Inclusion Partnership.

Staff who wish to find out more about the issue and the part they can play, can contact Katie Cosgrove on 0141 201 4971.

### Where can staff go if they are being abused?

Domestic abuse cuts across all boundaries and there is recognition from NHS Greater Glasgow that staff seeking advice on this painful issue need to be able to do so in the knowledge that their problems will be dealt with in the strictest confidence and with sensitivity.

With this in mind, Yorkhill Trust have taken their programme one step further and introduced a Domestic Abuse Policy and process for staff. The Occupational Health and Safety Sub-Group of the Area Partnership Forum is looking at this as a model with a view to making advice on this matter available throughout Greater Glasgow.

In the meantime, if you are experiencing domestic abuse, you can contact your local HR office or the Employee Counselling Service on 0800 435 768. Alternatively phone the national helpline number on 0800 027 1234.

# Ambitious Project Helps Unemployed Into Work

NHS Greater Glasgow is about to embark on an ambitious new pilot initiative that aims to help unemployed people gain the skills they need for working in the Health Service.

The Working for Health in Greater Glasgow project offers unemployed people a six-week training programme to help them get on the first rung of the NHS employment ladder.

Trainees will be given the opportunity to gain practical experience working as support workers within acute hospital sites across the city. This will be in a range of different areas including: portering, nursing assistants, hotel services, medical laboratory assistants and domestic services.

By shadowing health workers, they'll not only pick up vocational skills and find out what it's like to work for the Health Service, but, project managers hope, be encouraged to apply for jobs within NHSGG.

At the end of their six weeks, the trainees will be

guaranteed an interview for support worker vacancies that arise throughout the system.

Led by a team of professionals from NHSGG, JobCentre Plus and the Local Economic Development Companies' Network, the Working for Health programme has been developed with Human Resources and Training & Development departments across NHSGG.

NHSGG's Mark McAllister, who is part of the project coordination team, said: "This new programme will give unemployed people a six week 'induction' into working for the Health Service. We hope that by providing this support we will be helping them get on the first rung of the employment ladder.

"At the end of the training period, we will hopefully have a group of trainees who are 'job ready' and able to compete on an equal footing with other candidates interviewing for jobs. Staff recruitment and retention is an issue for NHSGG and we hope that this may be a way of filling some support services vacancies."

Mark revealed they were looking to frontline support staff to help make this programme a success. "The world of work is often a challenging place for those of us in employment, but for someone who hasn't had a job for a while it can be a daunting experience.

"This programme will only be a success with the help and support of those workers who will be acting as mentors to the trainees. We're looking for your assistance to help us give unemployed people the opportunity to learn for work. You won't be asked to do anything other than act as a supervisor, giving trainees hands-on experience of the type of work you do. It's a good opportunity for those staff who are looking to gain a bit of experience themselves in supervising other employees.

"This is also a way for managers to see people 'in action' before interviewing them for positions. It will give them a good idea about how suitable the trainee is for filling vacant posts."

Although, the programme is seen as an important contribution to the recruitment of staff into support worker positions, there is also a strong health improvement aspect to the programme. The intention is to recruit participants from some of the most deprived areas in the city, and provide individuals with the appropriate support through the programme to make a positive contribution to

Domestic services is one of the vital support services within NHSGG.





Portering is an option open to trainees.

## WORKING TOWARDS THE FUTURE

Around 200 employees from West of Scotland NHS swarmed to Celtic Park on October 3, not to cheer on the team and scoff a few pies, but to attend the successful Workforce Development Convention.

Hosted by guest speaker Minister for Health and Community Care Malcolm Chisholm, the event was designed to:

- Bring individuals with a leadership role or interest in Workforce Development together on a West of Scotland basis
- Formally launch the Regional Workforce Development project
- Develop partnerships across NHS, education and employment enterprise
- Update the audience on practical examples of Workforce Development across the NHS
- Promote Care Careers
- Harness the expertise and experience of delegates to creatively identify and explore recruitment, retention and development priorities and actions for the coming six months

The event kicked off with Malcolm Chisholm's keynote address to an audience of approximately 230 delegates from West of Scotland NHS organisations and educational and employment partnership agencies.

Chairman for the day, Ian Reid, Chief Executive of the PCT and West of Scotland Workforce Development Champion, was supported by fellow speakers from the PCT, the North Trust and Lothian NHS Trust.

Mr Reid said: "The event was an all-round success. We were delighted with the number of staff who attended and benefited from it.

"It gave people from several regions of the Health Service, and from partner organisations across Scotland, the chance to put names to faces and look to the future of work within the NHS."

The Care Careers initiative was formally launched by NHSGG Chairman Professor Sir John Arbuthnott in the afternoon and the rest of the event included popular workshops based on subjects such as recruitment, staff retention and work development.

Funding totalling £500,000 from the Scottish Executive will support Workforce Development in the West of Scotland over the next two years.

improving their own health and wellbeing.

Mark said: "Whether it's a parent returning to work, someone returning from a illness or an individual who needs some re-skilling, there is a likelihood that they will need some support.

"Through providing that support, the programme hopes to ensure that the potential health benefits from working are realised. These might include new social networks, improved confidence and self-esteem as well as financial gain, providing trainees with the resources to make more informed choices relating to lifestyle and being able to make a difference to their life circumstances."

The Working for Health group is hoping to appoint a training provider in early November. The training programme devised will not only provide participants with the necessary vocational skills but also seek to develop their all round employability through improving communication and trainees' confidence. The first trainees will start their programme shortly after that.

In the current financial year, a minimum of 36 unemployed people will be offered places on the training programme. Open to people who are eligible for New Deal or Training for Work, the programme will initially be a pilot programme with the intention to roll the programme out in the next financial year.

# Positively Parenting

No-one teaches you how to become a parent, but there you are, nine months down the line, with a crying babe and a look of shock on your face.

And then the little tike starts to grow up and little hands get where they shouldn't and before you know it you're in a battle of wills with your toddler as you fight for supremacy.

Don't worry though, that's not the best of it. You've still got a good few years left of fighting and behavioural issues before your beloved offspring ups and leaves to make their own way in life.

Okay, so this is painting an horrific image of family life that may sound over-the-top to some, but this is reality for some parents who simply can't control their misbehaving children.

So what can you, the parent, do about it? Well, you could sign up for one of the Positive Parenting Programme classes that are now available to NHSGG staff.

Brought to Greater Glasgow through the Starting Well initiative, the Programme, which is also known as Triple P, aims to help parents become better at dealing with disobedience and problems surrounding child rearing.

For instance, does your baby cry all the time? Triple P can give you tips on how to manage the crying and what you as parents can do to lessen the stress of having a crying baby. There's also advice on dealing with older children from disobedient toddlers to teenage tantrums.

Programme Coordinator, Claire Cassidy, said: "Being a parent is not easy. It's a full time job, but, unlike other jobs, you don't get any training for it. Triple P is about giving parents, especially working parents, the support and advice they need to manage their child's behaviour.

"Triple P is not just for parents with unruly children, it's for everyone who has any worries about bringing up their children. The course is completely research based using techniques that have been proven to work.

"The programme has already been highly successful with a number of NHSGG staff having gone through already."

The classes are open to all and completely free. To get on the waiting list, contact Programme Coordinator Claire Cassidy on 0141 201 4444 or [claire.cassidy@gghb.scot.nhs.uk](mailto:claire.cassidy@gghb.scot.nhs.uk)

The Positive Parenting Programme or Triple P was



developed by a team led by psychologist Dr Matt Sanders, Director of the Parenting and Family Support Centre at the University of Queensland in the late 70s. There are five levels to the programme and parents can choose whether they want to do the basic parenting level or go on to take part in the entire course.

Starting Well works to ensure that Glasgow families have the necessary skills and additional practical assistance to give their children the best possible start in life.

The Project is led by Glasgow Healthy Cities Partnership in partnership with NHS Greater Glasgow and works with a range of other statutory, voluntary and academic organisations and agencies in the Gorbals, Govanhill, North Torglen and the East of Glasgow.

The Starting Well team is made up of Health Visitors, Health Support Workers (who are lay workers drawn from local communities), Community Support Facilitators and Community Nursery Nurses who work together to promote children's health and to improve opportunities for young children to socialise with other children.

## Gathering Momentum

The health inequality gap between the poor and the wealthy in Glasgow is narrowing, but it remains difficult to pinpoint the 'X factor' of why Glasgow's health record remains amongst the worst in the world.

The establishment of a Centre for Population Health in Glasgow to look at what that 'X factor' may be is well underway.

Developed by NHS Greater Glasgow, Glasgow City Council and the University of Glasgow, the three organisations are continuing to work together to ensure the Centre is up-and-running by April 2004.

Malcolm Chisholm, Minister for Health and Community Care has made a commitment to fund the Centre and a Project Management Team has been appointed.

We'll bring you more news on this exciting project in future editions of the Staff News. Watch this space!!!!!!

# Celia's Care Helps Eye Patients Cope Better



Celia Traynor

A Patient Support Worker is at the forefront of providing advice and support to patients who are losing their sight.

Celia Traynor runs the Gartnavel Eye Clinic's Patient Support Programme which has helped more than 620 people since it started in November 2002.

The programme is the first of its kind for eye clinics in Scotland and Celia is the only full-time dedicated visual impairment worker providing this service.

She said: "The Patient Support Programme helps take away some of the confusion, fear and anxiety that surrounds sight loss by offering patients advice where and when it is needed including social, emotional and functional support. This allows patients to get on as best they can with everyday living.

"Many of the patients I see are upset and find coping with daily tasks increasingly difficult.

"A lot of the time they just need someone to talk to, someone who understands what it is they are experiencing

and someone who can help them make the most of their condition.

"It is the simple things that can change people's lives for the better. A woman cried when I showed her an easy to read clock, she just assumed she would never be able to read the time again."

The Patient Support Programme has produced magnificent results from almost its first day and the culture change needed to merge medical and social care for a patient has changed remarkably since the service began.

Although Celia works alone she could not do her job without the tremendous support of the consultants, ophthalmologists, optometrists and nursing staff in the department.

One of them, Staff Nurse Agbo said: "We could have done with this type of service 30 years ago. Celia and her Patient Support Programme is an added bonus to the department."

## NEW CONSULTANTS FOR BEATSON

The Beatson Oncology Centre is very pleased to announce the appointment of a new Consultant Clinical Oncologist.

Dr Azmat Sadozye, who trained at the West of Scotland Cancer Centre, will take up his new post at the beginning of December. Discussions are also underway with three other Consultant Oncologists, following a worldwide recruitment campaign.

"This is the news we have all been waiting for," says Beatson Oncology Centre Medical Director, Professor Alan Rodger. "More Consultants will at long last start to ease the pressure on the rest of the team, and ultimately improve the experience for our patients."

Welcoming Dr Sadozye's appointment Tom Divers, Chief Executive of NHS Greater Glasgow, says: "Consultant Oncologists are in worldwide demand. The response to the latest round of advertising at the Beatson proves all the hard work that has gone in to developing the West of Scotland Cancer Centre is being recognised."

Discussions continue with three other Consultants, two of whom currently work overseas. Another advertisement for a Consultant Medical Oncologist is due to appear in the professional journals at the end of October.

**In December 2001, the Beatson Oncology Centre was allocated an extra £3.2m a year by the Scottish Executive Health Department to increase staffing levels.**

**Now, the Centre is funded for 24 Clinical Oncologists (specialists in chemotherapy and radiotherapy treatments). Seventeen are currently in post, and they are being supported by a locum Consultant. Dr Sadozye's appointment means there are still six substantive vacancies in this staff group.**

**Similarly, there is funding for eight Medical Oncologists (chemotherapy specialists). Five are currently in post, supported by an additional locum Consultant.**

**The drive to recruit further Consultants for the Centre continues.**

# Disease, Outbreaks and Environmental Hazards

## It's all in a day's work for SCIEH



Most people outside the specialist world of Public Health Medicine will probably not have heard of the Scottish Centre for Infection and Environmental Health (SCIEH).

Based in offices in Clifton Place, Sauchiehall Street, Glasgow, the staff of SCIEH, which is a division of the Common Services Agency,

provide a range of specialist backup and support for NHS Boards and Local Authorities in Scotland.

SCIEH exists to improve the health of the Scottish population by providing the best possible information and expert support to practitioners, policy makers and others on infectious and environmental hazards.

SCIEH began life following an outbreak of typhoid in Aberdeen in 1964, which affected more than 500 people. It was originally known as the Communicable Diseases

Scotland Unit when it was set up in 1969 in Ruchill Hospital in Glasgow.

Tim Brett, General Manager of SCIEH, said: "During the 1980s' it was recognised that it was important to have a co-ordinated national response to environmental health issues and as a result a new unit Environmental Health Scotland was set up in 1989.

"In 1993, the two Units CSDU and EHSU amalgamated to become the Scottish Centre for Infection and Environmental Health. It moved from Ruchill Hospital to Clifton House in 1998.

"SCIEH's prime function is the monitoring and surveillance of communicable diseases and environmental hazards and the provision of operational support to deal with these.

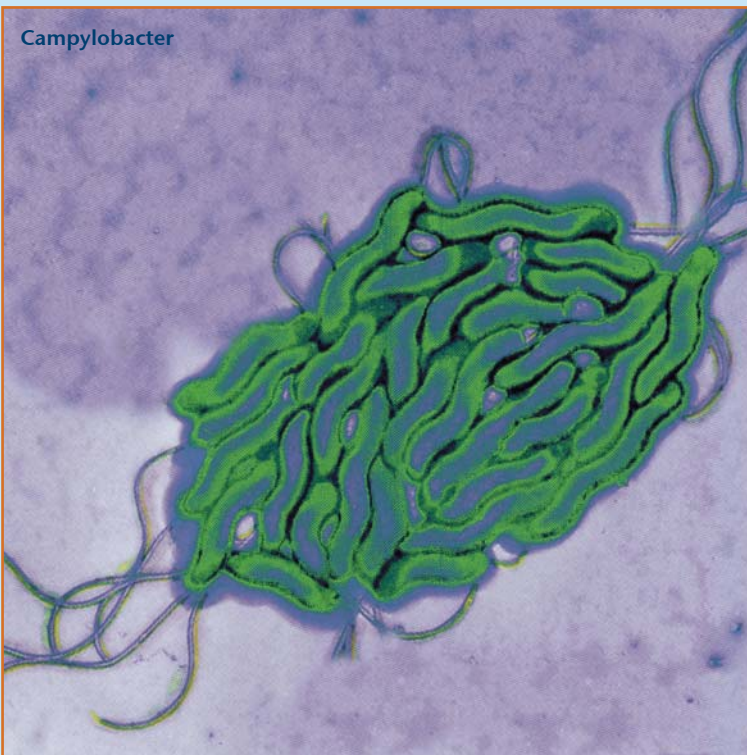
"Many people might have thought that with the advances in science and medicine that the traditional communicable diseases such as polio, measles and tuberculosis were in decline, but over the

last 20 years new diseases such as HIV/AIDS have appeared so that the threat from infectious diseases remains as high as ever and the recent worldwide outbreak of SARS has shown just how vulnerable the world community is to new forms of disease."

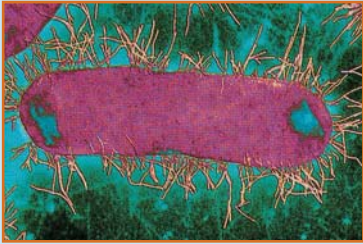
SCIEH's work is wide and varied and they've been involved in the incident teams formed to deal with issues such as Cryptosporidium, E Coli and Meningitis. They were also part of the team investigating the first human case of rabies in Scotland in 2002.

Zoonotic diseases, the transfer of disease from animals to man remains an important public health issue and SCIEH has amongst its expert staff a veterinary surgeon, as well as experts in environmental health, public health medicine, nursing and a range of scientists with different backgrounds.

One of SCIEH's other sections deals with travel medicine and as more of us are

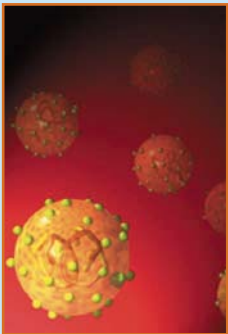


Campylobacter



This is what E-Coli looks like under the microscope

straphylococcusaureus



Hepatitis C

travelling abroad for holidays or business the risk of picking up an infection whilst away is one that people need to consider. The Travel Health section of SCIEH has developed an on-line travel information service for Primary Care Practitioners called TRAVAX and a system for public access called FIT FOR TRAVEL.

As well as surveillance and operational support, SCIEH also plays a significant role in research. Current projects involve looking at the likely number of patients who will require treatment for hepatitis as well as the incidence of HIV, environmental studies such as a lead in water study looking at the use of lead solder in new houses in Scotland.

SCIEH also has a major role to play in education and training. This is particularly important for professionals in public health and environmental health, and specialist courses are provided by the Health Care Acquired Infection Section, the Travel Medicine Section and general awareness sessions for staff who are taking part in on-call arrangements for public health emergencies in Scotland.

For the future, SCIEH is likely to become part of a new Scottish Health Protection body. It will continue to play an important role in protecting the health of the population and supporting the work of front-line professionals in health boards and local authorities.

For more information, see their website: [www.show.scot.nhs.uk/scieh](http://www.show.scot.nhs.uk/scieh)

## Developing Community Health Partnerships

The Health White Paper Partnership for Care, which was published in February 2003, set out the future direction and priorities for the NHS in Scotland.

It proposes a number of organisational changes to improve services for patients including the development of Community Health Partnerships (CHPs). These will replace Local Health Care Cooperatives and bring about even greater partnership working between health professionals and planning partners such as Social Work Services.

The CHPs will bring together and build on the current work underway to develop primary care services, deliver health improvement and take forward the Joint Future agenda with local authorities.

CHPs will also ensure that local community based health services, including those for children, are more closely integrated with hospital services. Although CHPs are expected to evolve from our existing Local Health Care Co-operatives, they will be new and distinct organisations with wider responsibilities and greater influence.

Each NHS Health Board has been given the flexibility to develop CHPs in line with local needs and in NHS Greater Glasgow a Steering Group has recently been formed to develop proposals on the principles for establishing CHPs by December 2003.

Ian Reid, Chief Executive of the PCT and joint chair of the Steering Group, said: "Principles will be discussed and agreed with relevant local authority colleagues before being considered by the GGNHS Board in early 2004.

"Formal consultation will then take place before final decisions are taken in April 2004. Given the scale of change required, proposals are expected to be implemented over a 12-month development period with the new CHPs becoming fully operational in April 2005, although final timescales will be dependant on new legislation being passed by the Scottish Executive."

Further briefing updates and events are planned over the coming months to ensure staff, organisations and individuals with an interest in the development of CHPs are kept informed and have the opportunity to contribute at an early stage.

A copy of the NHSGG consultation paper on the implementation of Partnership for Care, which includes details of our plans to develop CHPs, and updates from the Steering Group meetings will also be available on the NHS Greater Glasgow website ([www.nhsgg.org.uk](http://www.nhsgg.org.uk)).

In the meantime, if there are any questions or issues which you would like to raise or if you wish to discuss the development of CHPs in more detail then please contact Elsbeth Campbell, Head of Communications, Greater Glasgow Primary Care NHS Trust on 0141 211 3891 or email [elsbeth.campbell@gartnavel.gla.ac.uk](mailto:elsbeth.campbell@gartnavel.gla.ac.uk)

# Drugs and Alcohol

## Are you or any of your family members affected by drugs or alcohol problems?



Help is on hand via two national information and advice lines.

If you feel you are affected by a drug problem, information and advice is available through the **Know the Score** drugs helpline. The line is open 24 hours a day, seven days a week: **0800 776 600**.

Many people experience problems with alcohol and other drugs, it's nothing to be ashamed about and the earlier you get help the better.

People who regularly use drugs such as heroin, tranquillisers, amphetamines or cocaine can develop short term and long term health and other problems in their lives.

You may wish to contact your GP or other helping agencies if:

- You feel you are regularly drinking to get drunk or using drugs regularly;
- You are beginning to think about some of the problems in your life that might be linked with your drinking or drug use;
- You are experiencing withdrawal symptoms when you stop drinking or using e.g. shakes, sweats, anxiety, paranoia, amongst others;
- You are self-medicating e.g. using alcohol or other drugs to cope with pain, to sleep or to cope with your problems.



## healthyliving

If it's alcohol that's the problem, contact the national alcohol information line on **0800 917 8282** (open 9-11pm on weekdays or 24 hours at the weekends).

Drinking alcohol is something that most of us do without any serious problems. However, we need to remember that it is a depressant drug that should be used with care.

There are guidelines for safer drinking that include:

- Sticking to safer limits, beyond which you can risk damage to your health long term. These are 3-4 units a day for men and 2-3 for women;
- Aim to give your body a break and reduce the habit of drinking by having 2-3 drink free days a week;
- Be very aware of mixing alcohol with other drugs - including prescribed medication;
- Be careful where you use alcohol and avoid drinking if you are operating machinery or driving;
- Think about whether you regularly drink to get drunk or binge.

There are many supporting agencies and organisations working in the Greater Glasgow area to help people affected by drug or alcohol issues. The helplines can put you in touch with local agencies in your area which can offer on-going support and help for drug and alcohol problems.

## Staff News

Written by staff for staff with the full support of the Partnership Forum. If you'd like to send an article, letter, photograph or comment to us....

Send them via  
our new email address:  
staffnews@nhsgg.scot.nhs.uk

or

Send them to:  
Olivia Cornacchia, Staff News,  
NHS Greater Glasgow,  
Dalian House, 350 St Vincent  
Street, Glasgow G3 8YZ.