

STAFF

NEWS

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Don't give blood to this sucker!

see pages 8 & 9

CHANGE IS ON THE AGENDA

We are all too well aware of the potential for changes to our current way of working, place of work or even job description.

In the last edition of **Staff News**, we revealed the scale of the task NHSGG faces to balance the books and modernise the workforce.

Accelerating the hospital modernisation plan will see staff moving from one hospital to another.

Laundry services are to be housed in one single unit at Hillington (see page 4).

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Hospital Car Parking just the ticket for a

STAFF car parking is not an issue for the faint-hearted. One mention of it can spark fiery debates over shift rota patterns, who should be exempt from paying, public transport subsidy levels... etc, etc.

If there's one thing that most staff can agree on though, it's that car parking at our hospitals isn't good enough. There are too few spaces, a lack of alternative public transport options and little in the way of encouragement to take a bus or train.

Then there's the quality aspect: poorly lit car parks, no CCTV monitoring and cars bumped up on grass verges - they all add to the misery.

That's why NHSGG has just embarked on a car parking consultation that will look at all aspects of car parking at our hospitals sites, including charging for parking.

At the Yorkhill site, staff already pay an annual fee and in return enjoy secure barrier car parking with floodlights, digital CCTV and dedicated car park staff.

And charging is not unique to Glasgow ... it's already applied in Lothian, Grampian and several other busy hospital sites.

However, it's recognised that people understandably don't like to have to pay for something they used to get for free.

There are many issues to consider when talking about car parking such as the level of charging, the number of spaces, identifying who should gain free access to the hospital car parks and whether the level of charges should be based on ability to pay – or not.

Then there are issues around the levying of car parking charges to fund subsidised public transport for staff, or off-setting bike loans, installing changing facilities ... all these will come into play during the consultation that is now underway.

The Draft Car Parking policy can be viewed and commented on NHS intranet and the NHSGG website www.nhsgg.org.uk



How not to do it - consultation hopes to end bad parking

Get Involved in

STAFF NEWS

www.nhsgg.org.uk

STAFF News recently celebrated its first birthday and we've covered a lot of major issues affecting all of us over the past year.

While we think we've touched on all the big issues most affecting NHSGG staff, we'd like to get your views on what you would like to see in your staff magazine. After all, Staff News is written for staff by

staff and we're always on the look out for your stories and input.

If you have a story to tell, if you would like to contribute articles or if you would like to become involved in the editorial group, contact:

staffnews@nhsgg.org.uk

Or

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Here's what we're aiming for

Charges ... lively debate!

Change is on the agenda

Cont. from page 1

If you would like to send us your comments or views please contact:

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Information fliers have been produced for staff and there's a separate one for patients and members of the public.

Local Partnership Forum and Trade Unions will ensure that comments, submissions and ideas from staff will be fed into the process as the consultation continues through into October.

All comments will be considered by a team of representatives from the Partnership Forum, the Patient and Public Involvement Group and others.

A final proposal will then be drawn up for implementation in April 2005. It is planned that each individual hospital site would then draw up its own geographical plans before they are phased in across the city.

Medical Illustration staff will form new alliances in the single system NHSGG and in a major modernisation move all of Glasgow's TSSU (theatre sterile supplies unit) will be carried out in one centre at Cowlares instead of at six separate of acute hospitals (see page 12).

There are also plans to unify finance functions from the Divisions and the Board into one single system department. That goes for Human Resources, Communications and IT too.

Everyone working in these areas will be acutely aware of the issues and challenges surrounding such radical proposals.

Understandably some people worry that they won't fit in with reconfigured structures.

HR managers and Staff Partnership Forum representatives are working closely alongside managers to ensure modernisation can be achieved without a single compulsory redundancy.

Talks are ongoing to establish re-training and re-deployment initiatives where appropriate. For some staff a voluntary redundancy package may suit.

Bill Goudie, Employee Director on the Board, said: "Times of change and reform are unsettling. All staff should know that Staff Forum representatives are very actively engaged in all aspects of the proposed changes and I can personally guarantee the workforce that no-one will suffer detrimental changes to their pay during this time of change and that no-one will face compulsory redundancy.

"We traditionally have a high number of unfilled vacancies in an organisation such as NHS Greater Glasgow and by smart re-deployment and re-training we can work through these changes."

What do you think?

We went out and about on the Southern General campus to find out what some of you think about the proposals...

Carol McNeill works at the Southern General Hospital as a Cardiology Secretary.



She said: "I think introducing parking charges has an equal mix of pros and cons. If the money meant we'd have better security facilities in the car parks then it would be a good thing. However it would be difficult for a member of staff who had no choice but to bring their car to work. If that meant paying a fee every day then they'd struggle."

James Concannon is a hospital porter and is concerned about what changing in the hospital grounds will mean for the surrounding streets.



He added: "If charges are introduced there will be problems. From an administration point of view it will be hard to handle the fees and to make sure everyone pays and to have the parking areas constantly manned. Another major problem will be parked cars cluttering up nearby roads. For example the main road next to the Southern General is a busy place so it would be a nightmare if people started parking there just to avoid the hospital car park charges, and I think that's the sort of thing that would happen."

William Gibson, Hospital Land Engineer would be happy if the money raised was used to improve parking conditions and security.



He said: "It's difficult to say. Although I don't think it would be good to charge, it would be good if the money meant we could make security better and extend the car park areas. We get vandalism a lot in the car parks, like car windows getting broken and glass smashed on the ground, so better security would definitely be a bonus."

New Laundry

A NEW laundry which will clean the linen of all Glasgow's hospitals is due for opening in autumn this year.

Based at Hillington Industrial Estate, the £4.9million facility will wash, dry and iron the thousands of items of bed linen and other items used by NHS Greater Glasgow staff and patients every year.

The linen is currently washed at the Southern General Hospital laundry, which will close when staff move to the new laundry.

Project manager, Alex McIntyre said: "This new, modern laundry will provide a service that is much quicker and cost-effective than before. Because of the new high tech machinery we are installing, there will be less need for staff to manually handle the linen, improving safety and efficiency. Staff currently working from the existing laundry at the Southern General will be transferred to the new facility on a phased basis from autumn this year."

A New Pay

A genda for Change (AfC) is bringing big changes to the way we are all paid.

At the moment, there are a wide range of different pay scales and terms and conditions.

In the future, with AfC, all of these different grades and conditions are being replaced by two identical pay spines - no matter where you work or what you do.

One pay spine applies to staff covered by the expanded Pay Review Body (nurses and other health professions) and the other applies to non-Pay Review Body staff (other staff directly employed by the NHS such as admin and clerical etc).

Within each spine there are eight bands. Apart from the amount of pay, bands 1 to 7 are identical but band 8 is divided into four parts - 8a to 8d. Those of us who fall into band eight also have different terms and conditions, notably we won't be eligible for overtime payments.

So how do we get our new pay band? Well this will be done through a job matching process consisting of

three parts - Job Analysis, Job Evaluation and Job Matching.

The pay band a job falls into is determined by Job Evaluation. The evaluation is made on the post, not on the person doing the job. Many jobs have already been evaluated. These National Profiles have been published on the AfC website: <http://www.dh.gov.uk> and work is still ongoing to produce a larger list of profiles.

Then there's Job Matching. This is currently being carried out now in the Early Implementer sites in England to pave the way for other NHS systems to follow. In Glasgow, we are just at the stage of setting up the process in preparation for implementation here.

A key part of the job matching process is the Job Description. For all of us who work for NHSGG, an up-to-date Job Description will have to be produced.

To make the job easier, many of us will be covered by common Job Descriptions. However, we must agree our own Job Description before it is finalised.

Who's that Guy?

You'll probably have seen by now the new information billboards that have been erected at Stobhill and the Victoria.

Featuring NHSGG staff, the billboards aim to promote the new developments going on at both sites as part of the modernisation agenda.

Accompanied by information leaflets, the billboards (and leaflets) will regularly be updated. There are plans to put up billboards in other hospital sites.

Pictured beside one of the billboards is Dr Robert Simpson, SHO in Paediatrics at Yorkhill, who was one of the staff who posed for the posters.



Structure

Once agreed, the Job Description is considered by a matching panel. If your job is covered by a published National Profile then you will go on the band associated with that profile. It is hoped that the majority of staff will be matched by this process.

For jobs that fail to match a National Profile, a local evaluation will be required. This involves filling in a (37 page) Job Evaluation Questionnaire with the help of trained Job Analysts whose role it is to tease out the detail of the job so that everything is considered. The job is then sent for evaluation and matched to a new pay band.

There are grounds for appeal either on the basis that the process was not followed correctly or that the job has changed since the Job Description was agreed. A successful appeal might not gain enough points for a higher pay band and, indeed, might even mean that the new pay band should be lower!

Clearly, there is an enormous amount of work to be done to match all of the jobs in Glasgow. To get some idea of the scale of the task ahead, consider this - the Job Analysts, Evaluators and Matchers must work in partnership, meaning that there will be equal representation of staffside and management. It is estimated that 300 Job Matchers will be required who must be drawn evenly from the ranks of staff and managers.

So far, an AfC Job Evaluation Team has been formed to train job evaluators. The team consists of: Liz Daniels (Yorkhill), Caroline Fee (Society of Chiropractors and Podiatrists), Helen McDermott (AMICUS), Jan McDonald (RCN), Helen McFarlane (AMICUS), Mary Mackenzie (North Division), Linda McWilliams (Primary Care Division), Stephen Rooney (RCN), Gerry Slevin (South Glasgow Division) and Paul Watt (NHSGG AfC Project Team).

For more information, look out for the Agenda for Change newsletter on your Intranet and email systems. Anyone interested in becoming a Job Matcher should contact their union representative.

What's on Susan's new agenda?



There's a new face on the Agenda for Change (AfC) team and she's determined to keep staff informed about all the changes taking place in the system

Susan Russell is our new Staffside Co-ordinator for AfC – the new scheme that will see changes to some of our pay, terms and conditions.

Susan - who has been seconded from her job as Lead NHS Officer with GMB Scotland - told Staff News she is "delighted" to have the chance to help NHS Greater Glasgow staff understand what Agenda for Change will mean to them.

She said: "This is a major achievement for partnership working. This innovative role has been commissioned by the Area Partnership Forum and I am grateful to GMB Scotland for giving me this opportunity to enhance my personal and professional development."

Susan and the Agenda for Change Project Team can be contacted directly on 0141 951 5840 or via email to susan.russell@gjnh.scot.nhs.uk

Glasgow's labs go under the microscope

We should all be aware by now of the massive programme of modernisation ongoing in Glasgow just now.

But it's not just our major hospitals that are changing. Laboratory Services are being transformed too.

Laboratory Services have a major role to play in providing modern medicine and we need to make sure our laboratory service matches acute service requirements, now and into the future.

That's why NHSGG has kicked off a major review of Glasgow's laboratories which will enable laboratory medicine to plan, develop and implement a service appropriate for the 21st century.

The review is being led by managers, staff representatives and



planners and will be concluded by September 2004.

So what will the review mean for staff working in Glasgow's laboratories?

Is my job safe?

Yes - there will be no redundancies, either voluntary or compulsory, as a consequence of the review.

Will I have to move my place of work?

At this point, we do not know what the final configuration of services will be - either

organisationally or geographically. There may, however, be some requirements for a number of people to relocate their place of work. Wherever possible, we will seek to minimise such disruption. Anyone who does have to move will be given appropriate support and assistance.

Can I contribute to this review?

Yes please - we are keen to get as many views as possible and your contribution will be welcomed.

Please contact:

Karen.Ross@northglasgow.scot.nhs.uk initially and she will ensure your ideas or concerns will be passed to the appropriate member of staff.

How else can I find out more?

A dedicated newsletter giving updates on the progress of the review will be sent out to staff in the Laboratory Services. Staff News will also report on progress.

Glasgow's Centre for Population Health received royal interest recently when HRH Prince Charles met with representatives of the three organisations behind the centre.

At a private meeting in Glasgow's City Chambers, His Royal Highness heard about the work of the Centre from Health Minister Malcolm Chisholm and representatives from NHS Greater Glasgow, Glasgow City Council and the University of Glasgow.

The Centre for Population Health is a new initiative set up by NHS Greater Glasgow in partnership with Glasgow City Council and the University of Glasgow. Its specific remit is to examine in closer detail the reasons why health in Glasgow is not improving as quickly as elsewhere.

Professor Sir John Arbutnott, Chairman of NHS Greater Glasgow said: "I welcome the interest of His Royal Highness Prince Charles in this innovative research and development programme that will be taken forward by the Glasgow Centre for Population Health."

The Prince also met a number of NHSGG staff at the recent annual Garden Party at Holyrood Palace.

Ian Proctor, Maintenance Supervisor at Glasgow Royal Infirmary, hailed the day a great success: "I was delighted to be nominated to attend the garden party but the day itself was even better than I could have hoped. I feel privileged to have been invited along."

Sandra Henderson, Telephonist

A PRINCE, A CENTRE AND A GARDEN PARTY

Supervisor at the Western Infirmary, agreed: "We had a great time and I really appreciated being selected to attend."

Also there from NHSGG were: May Ballantyne (Technical Instructor in Occupational Therapy with NHSGG's Elderly Mental Health Team); Frank Cannon (Porter at Stobhill); Ruby Sloan (Healthcare Co-ordinator for the Asylum Seekers Community); Mary McNair

(Auxiliary Nurse at Drumchapel Health Centre); Dr Burnet Lunan (Consultant in Obstetrics and Gynaecology at Glasgow Royal Infirmary and the Princess Royal Maternity); Shaun McGarrigle (Volunteer at Yorkhill Sick Children's Hospital) and Elizabeth Stewart (Medical Records Officer/Children's volunteer at Yorkhill Sick Children's Hospital).



Front (left to right) Professor Sir John Arbutnott, Prince Charles, Liz Cameron (Lady Provost, Glasgow City Council); middle: Dr Carol Craig (author of The Scots Crisis of Confidence) and Councillor Jim Coleman (Deputy Leader of Glasgow City Council and NHSGG Board member); back: Michael Fox (Prince's Trust), Professor Phil Hanlon (Professor of Public Health at the University of Glasgow), Dr Harry Burns (Director of Public Health, NHS Greater Glasgow), Malcolm Chisholm (Minister for Health & Community Care), Dr Carol Tannahill (Centre for Population Health Manager), Councillor Bill Timoney (Glasgow City Council spokesman on health) and Pam White.

The Endoscope



And that's where the South Stand is going to go...

No Partickular place to go

If there was always one rock-solid certainty in the Endoscope's world, it was the knowledge that there was at least one other national institution that could be counted upon to be financially worse off than the NHS. We speak, of course, of Scottish football.

Some of the commercial decisions taken by clubs lately make even the new consultants' contract look like a masterstroke of negotiation and good financial planning. However, disturbing new evidence has been passed to the Endoscope by our anonymous mole in the South Division (well, alright then, it was Doug Ross, the Press Officer). The photograph, right, purports to show senior A & E type, Tim Parke and bones and sticking plaster man, Mike Hullin becoming very excited in Partick Thistle's trainers' dugout.

There are a number of theories as to what this can mean. The first

– that South Division head honcho, Robert Calderwood, is trying to tackle the divisional deficit by transferring staff on the open market – has already been discounted. After all, the amount to be made from the sale of that particular pair would barely cover the cost of a half-time pie and Bovril. The second theory, that Partick Thistle have taken on Parke and Hullin as a reserve medical team, is also unlikely; the club is more likely to seek people with experience of brain surgery and, depending on the condition of that half-time pie, micro-biology too.

One possibility remains: a secret pact has been signed between the South Division and Partick Thistle. Most people are unaware that Partick Thistle are looking to build a new stadium. Remarkably, the helicopter pad at the Southern General is just the right size. You heard it here first.

NOTABLE NOTES

One of the busiest sections of the NHS is not, as you would expect, a front-line service – in fact, it is the Central Legal Office. The CLO is of course used to dealing with the consequences of the odd clinical mishap.

A constant refrain is the incomprehensible nature of notes made on patient records by doctors.

Occasionally some of these notes are all too comprehensible for comfort. Proof of this problem is furnished by some of the following real notes that have appeared in the Journal of Court Reporting:

- By the time he was admitted, his rapid heart had stopped, and he was feeling better.

- The patient has been depressed ever since she began seeing me in 1983.
- The patient is tearful and crying constantly. She also appears to be depressed.
- The patient refused an autopsy.
- The patient has no past history of suicides.
- The patient expired on the floor uneventfully.
- The patient's past medical history has been remarkably insignificant with only a 40-pound weight gain in the past three days.
- The patient was in his usual state of good health until his aeroplane ran out of fuel and crashed.



Healthy travel: Don't let your Summer break

When you are enjoying your well-earned break in a foreign land, thoughts of ill health are often the last thing on your mind.

But, as Travel Health Nurse Lorna Boyne can tell you, your health should be your number one priority before you leave the country and while you are abroad.

Lorna has been part of a dedicated Travel Health Team since 1993 and divides her time between SCIEH (Scottish Centre for Infection and Environmental Health) and the Travel Health Clinic, part of the Brownlee Centre (which cares for people with communicable diseases) at Gartnavel Hospital.

She told Staff News how she became involved in travel medicine: "I was doing a research post during my Nursing Studies at Glasgow University when I met Fiona Genasi, who was already a Travel Health Nurse with SCIEH and Ruchill Hospital. Travel medicine was a relatively new field then and her team was looking to expand. I applied for the job and was delighted when I got it."

Lorna hasn't looked back since, she is now a qualified Travel Health & Immunisation Nurse Specialist organising and developing courses for nurses and doctors, training them in giving out travel advice and in recognising communicable diseases.

A bonus of her job is travelling. She and other members of the Travel Health Team regularly have the opportunity to go abroad to share information with other health professionals. So far, she's been to India three times and on a research trip to Peru. Attending the International Society for Travel Medicine's annual conferences has also meant visits to New York, Acapulco and Paris.

India was probably the biggest challenge for Lorna as she had to adapt to new surroundings and conduct her training courses in a very unfamiliar environment. One of her



most unusual experiences was to visit a ward for patients with leprosy.

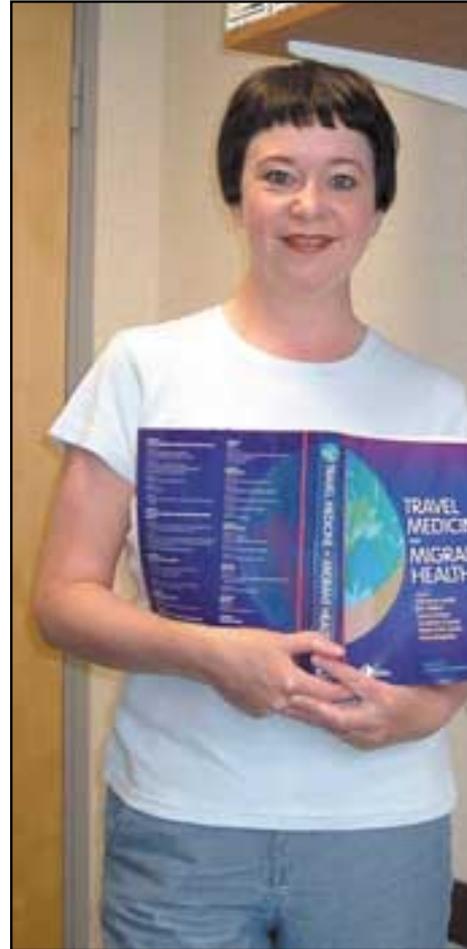
"The patients were non-infectious and had had the illness for many years. The social stigma had made it difficult to return to their local community. Nowadays, leprosy can be treated quickly and simply, thus preventing the resulting physical deformities."

Lorna also had the opportunity to see snake anti-venom being produced. "The snake is "milked" for its venom and this is injected into an animal, so that the anti-venom can be extracted," she revealed.

While it seems like all the travelling she does is a nice idea and provides interesting experiences, it does have a very serious side. For instance, the trips to India helped Lorna and the rest of the team better understand the problems of infection prevention and control. The collaboration between UK and Indian medical practitioners is vital for the Travel Health Team to deal with the illnesses affecting UK travellers.

As Lorna explained: "We need to know more about the illnesses that can affect UK travellers while they are abroad, rather than when they return home. By working with colleagues abroad, we learned much more about the various illnesses travellers can contract and the best way of treating them."

Only 5% of travel-related illnesses can be prevented using



immunisation, so for the rest, it is imperative for travellers to be well informed about potential health risks and how they can be prevented.

While there is generally a good attitude amongst travellers towards immunisation, Lorna warned: "Once travellers get their inoculations, they think they are invincible. In fact, they are still vulnerable to illnesses caused by poor hygiene and accidents involving vehicles, sports and swimming."

So, with all her knowledge of communicable diseases, what would Lorna say was the most dangerous illness to contract?

Break turn into an outbreak!



“It is mostly the inexperienced travellers who become ill.”

medical standards as the UK. In some countries, donated blood is not tested for blood borne viruses such as HIV so a blood transfusion can have serious long term effects.

The most common travel-related illness, diarrhoea, can result from poor hygiene standards in some foreign countries. In the UK, we take food and waste hygiene for granted and often find it difficult to adapt to countries without these standards.

“Often travellers do not take the same care as they would in the UK because of the good levels of hygiene in Western countries and due to the adventure aspect of being on holiday. It is mostly the inexperienced travellers who become ill. More attention is paid to major illnesses such as malaria and typhoid, so travellers get ill through more minor illnesses.”

So, what improvements to travel health does Lorna hope to gain through her work?

She said: “Many health professionals recognise that they are not adequately trained to deal with travel health, so we run tailored courses specifically for people like practice nurses and GPs who have to give out advice. It takes a real skill to assess an individual traveller’s health needs and tailor the advice accordingly. The ultimate aim of our team is to train more health professionals to give out good advice to travellers and, hopefully, lessen the likelihood of travellers contracting an illness abroad.”

Finally, what advice would Lorna give to potential travellers?

“Don’t leave it too late to get travel advice! Ideally, go to your GP

“Malaria is the most lethal, due to the short time it takes for someone to become seriously ill and then die if not treated early enough. Malaria is spread by the female anopheline mosquito, so it is easily contracted through a bite.

“To prevent malaria, travellers must use precautions such as using a mosquito net, insecticide and keeping the skin well covered, especially in the evening and some may need to take anti-malarial tablets.”

It is also important, Lorna revealed, to exercise caution in countries that do not have the same

- Visits from the UK to other countries have tripled since 1981 to about 58 million in 2001;**
- Five million of these visits were to Africa, Asia, South and Central America, but this represents a fraction of travel from developed to developing countries;**
- From cases of travel-related illnesses reported in the UK upon return, the predominant illnesses are salmonella and HIV. Other illnesses include malaria, dengue virus and Hepatitis B. Helminthic cases (worms) represent a small proportion of travel-related illnesses, but some may be unreported in the UK and/or the country of origin.**

or practice nurse at least six to eight weeks before your departure date. Some inoculations require a course of three injections and you need to make sure that you have enough time for appointments. Also, you may need to be referred to a specialist clinic for unusual vaccines and advice.”

Always remember that different inoculations last for a different period to time. If you are embarking on multiple journeys, make sure your inoculations are kept up-to-date.

Check out our website at www.fitfortravel.nhs.co.uk for updates on travel health

Quick access to care

Sickness absence costs the NHS millions every year and a good part of that money is spent on hiring in additional staff to cover posts vacated by sick staff.

This leaves less money for the NHS to spend on patient care and more pressure on staff left to cover for colleagues.

It seems sensible then, for the NHS to try and help its staff get back to work as quickly as possible and that's where a system called fast tracking comes in.

Fast tracking basically means that we, as NHS staff, receive NHS treatment more quickly than we would normally so that we can get better sooner and come back to work when we are able.

There's nothing new about this and fast tracking is already operating successfully in most of the Divisions.

As with most things, though, this isn't as straightforward as it sounds.

The main causes for people losing time at work are back problems, coronary heart disease and strokes, mental health problems and alcohol related diseases. For many of us there is a more specific list to add to this: needlestick injuries, manual handling injuries, slips, trips and falls and physical assaults.

Some of these can be dealt with through preventative measures so that fewer accidents happen in the first place and some are clear-cut cases that can be treated quickly. Others, however, are more complicated.

In an already stretched system, some departments are struggling to meet waiting time targets and haven't the capacity to allow for much flexibility.

When it comes to certain medical conditions, expensive diagnostic tests might have to be used. This means a good clinical case has to be made for fast tracking staff.

Even so, apart from the obvious benefits to us if we go off sick and to our employer who gets us back at work quicker, there is another case for speeding up rehabilitation.

The longer people are away from



Fast tracking staff means patients get seen sooner for treatment

work the less likely it is that they will come back. Only 50% of workers who are absent for more than six months, return. Only 25% of those absent for over one year return and, if someone is away for more than two years, there is virtually no chance of a return to work.

Partnership for Care, Scotland's Health White Paper, states the intention to "develop a fast track rehabilitation service for health workers". One of the keys to doing this is proposed to be through Occupational Health practitioners who can use their expertise to manage cases and facilitate their progress through the system.

Dr Ian Symington, Director of Occupational Health at the North

Division is one of the leading lights in fast tracking staff within NHSGG.

He said: "I want to reinvent the rehabilitation process for staff and revitalise it as a concept."

The Local and Area Partnership Forums are using the Staff Governance Action Plans to work through a lot of the factors at work which might lead to sickness absence. They are looking at violence and aggression, stress and bullying and harassment as well as access to relevant training. Inevitably, though, people get sick or accidents happen. When this occurs it's equally important to offer staff as much assistance as possible to recover and come back to the workplace.



NATIONAL AWARD

Congratulations to Glasgow Practice Nurse Julie Rennie who recently scooped a major new award for her work in improving the care and treatment of patients with Chronic Obstructive Pulmonary Disease (COPD).

Julie, who works for the Crownpoint Practice in Bridgeton Health Centre, won joint second place in the Scottish COPD (Chronic Obstructive Pulmonary Disease) Care Awards which were organised by the British Lung Foundation (Scotland) and GlaxoSmithKline.

Julie Rennie

Promoting Race Equality:

New website for NHS Staff

The Primary Care Division's Multicultural Health Development Programme (MHDP) team has developed a new website to help staff understand our responsibility under the Race Relations (Amendment) Act 2000 (RRAA) and Fair for All.

Containing useful information such as publications and reports, cultural and religious information such as patient factsheets and festivals, it also has a directory of minority ethnic organisations across Glasgow. Please visit www.ethnicminoritydirectory.co.uk for further information.

So what is the Race Relations (Amendment) Act 2000?

The Race Relations Act (1976) is the primary piece of legislation around Race Relations. The Act makes it unlawful to discriminate against anyone on the grounds of race, colour, national or ethnic origin. It is also unlawful for public bodies to discriminate while carrying out any of their services. The Race Relations Act (1976) was amended in 2000, adding to the original 1976 piece of legislation. A large number of public authorities are now affected by this new Act, including the NHS. Under the amended Act, we as a Health Service are required to work to:

1. Eliminate racial discrimination;
2. Promote equality of opportunity; and
3. Promote good race relations between different racial groups.

So how can we all work to implement the RRAA? Here are some examples of what we should all be doing...

Working to eliminate racial discrimination...

- All staff should have received training on the implications of the

Race Relations (Amendment) Act and should have access to their Bullying and Harassment Policies;

- We should be reporting and recording any incidents involving racial harassment within the NHS and ensure that we are routinely analysing this information and making changes as a result;
- The services we provide should be monitored routinely to ensure they offer fair and equal access to treatment and we should investigate the reasons behind low/high uptake of services by people from minority ethnic groups.

Promoting equality of opportunity....

- Always use interpreters when patients are unable to speak English; an NHS Interpreting Policy on the guidance and use of interpreters is available on the website;
- Ensure information about your service is translated or communicated via link workers/ interpreters/ bilingual advocates;
- Advertise vacancies/general communication in ethnic media outlets; this may also involve minority ethnic media/ press;
- Ensure visits by chaplains from minority ethnic backgrounds for patients;
- Ensure any local Public Involvement activity involves people from minority ethnic backgrounds;
- Ensure procurement functions are assessed on a contractor's ability to promote equality of opportunity.

To promote good race relations.....

- Within the community, ensure that any public events e.g. Community Health Seminars have wider participation from minority ethnic communities;



Anne Taylor, Specialist Nurse Multicultural Health, takes a patient's blood pressure.

- Within the workplace, managers should actively encourage NHS staff to discuss race equality issues. For example, you may have this as a standing item on your agenda;
- Promoting good race relations may also involve how you engage with minority ethnic communities in developing services, e.g. user forums, visitor monitoring of services.

Also you may want to challenge your own stereotypes through training opportunities.

Other steps for Promoting Race Relations in Your Workplace:

- Each department should ensure that there is a lead person who is looking at Race Equality issues and they should link to staff working in the MHDP for support and guidance;
- Ensure that recording of ethnicity is included in all data capture processes (such as referral forms, patient data);
- Assess the types of information you need to be translated in your department;
- Ensure staff in each department has received training on the Race Relations (Amendment) Act 2000;
- Advice and information on all of the above is available from www.ethnicminoritydirectory.co.uk.

You can read more about the work of the MHDP in 'Promoting Race Equality and Cultural Competency in Health'. Copies are available on the website: www.ethnicminoritydirectory.co.uk or contact Imran Shariff, Project Manager: Race Equality, telephone 0141 211 3598.

UK's most modern sterile unit to open

A new pan-Glasgow Centralised Decontamination Unit has been given the go ahead by the Scottish Executive.

Located in a refurbished building in Cowllairs, once open, the new unit will be one of the largest and most modern facilities in the UK.

The conversion of the building is expected to be complete by January 2005 with the service being fully operational by December 2006.

But why does Glasgow need a new Centralisation Decontamination Unit? New national quality and technical standards means the current six Theatre Sterile Supplies Units serving Glasgow's hospitals will not meet the new standards and none of the units are in a position to upgrade their current facilities.

Eddie Manderson, Sterile Services Manager at Gartnavel General, has been involved with the project from the outset and has been heavily involved in the design and planning of the new unit.

He said: "This is a major step forward for Glasgow. This new unit will be one of the largest and most up-to-date facilities in Britain.

"Although the design of the

Equipment is thoroughly washed



building has been finalised, plans as to how the facility will operate are still being worked out. We are in the process of setting up working groups to work with staff to look at issues including quality systems, equipment transport, IT and telecoms, policies for the unit and waste management, to name but a few. These groups will include specialists and staff representatives from across the

three acute Divisions.

"The reason for decontaminating medical equipment is to protect patients and staff from hospital acquired infection. The process of decontamination involves the medical devices undergoing a mechanical wash, or a thorough hand wash if the device is delicate. The equipment is then sterilised, inspected and packed ready for re-use."

After sterilisation equipment is packed in sterilised boxes



It is now ready to be sent out for re-use



Glasgow Doctors Make a Difference

Two innovative Glasgow community health services, the Sandyford Initiative and the Nursing Homes Care Team, have been praised in a new BMA publication – the ‘A-Z of Doctors Making a Difference’.

The document, which includes a foreword from the Prime Minister Tony Blair, highlights the improvements that can be made to services, often through simple changes.

Glasgow’s flagship emotional and sexual health service, the Sandyford Initiative, was commended for its ‘Shared Care’ scheme. This scheme improves choice and access to services for people with Chlamydia and other sexually transmitted infections (STI’s).

Sexual health advisers work closely with GP practices to provide ongoing support, advice and education around the management of STI’s and a dedicated telephone support line is also provided for GP practices to contact the sexual health team on any issue relating to their patients and the management of Chlamydia. Websites with further support to GPs - www.sxhealth.co.uk and www.sandyford.org – are also available.

The work of the Greater Glasgow Nursing Homes Care Team is making a real difference to those living in nursing homes in Glasgow. Since the service began in 2002, more than 2,000 of the 3,700 people living in nursing homes have registered with the service, which has proved popular with residents, carers, families and nursing home staff.

The service, which is staffed by a dedicated GP team, with input from other GPs and pharmacists, aims to address some of the particular difficulties faced by patients in nursing homes. It improves access to medical care (primarily for older people) but also provides care for the significant number of younger patients with chronic illnesses, specific psychiatric conditions and those with learning disabilities.



Stobhill circa 1910

HELP US TO CELEBRATE STOBHILL’S CENTENARY

This September, Stobhill celebrates its 100th birthday.

It’s not surprising then that hospital staff and patients, past and present, are keen to put on a good show during its centennial year.

Plans for a series of exciting and nostalgic events are being drawn up and the events team are asking for ideas and help from NHS Greater Glasgow’s workforce.

Ian Crawford, Hospital Manager at Stobhill, said: “One of our ideas is to develop an exhibition on the history of Stobhill. But we need help from staff as we’re looking for any memorabilia people may have relating to the hospital, during any point in time throughout its rich history.

“Plans also include a permanent memorial commemorating Stobhill’s past as we look forward to its exciting future as an Ambulatory Care Hospital. We want staff to let us know what they would like to see.”

Tim Davison, Chief Executive of

- In 1899 the local Parish Council bought the land to build Stobhill Hospital.
- Lord Balfour of Burleigh, the then Secretary of State for Scotland, laid the foundation stone for the new hospital in September 1901.
- The first patients were admitted to the hospital in 1903 and by the summer of 1904 Stobhill had 800 patients.
- Stobhill was officially opened on 15 September 1904 and had over 1,800 beds.

North Glasgow Hospitals, added: “One hundred years ago, Stobhill was one of the most modern hospitals in the country. It is fitting that as we go into this century, Stobhill will once again be at the forefront of modern medicine as home to one of the UK’s first Ambulatory Care Hospitals.”

Anyone interested in helping with celebrations should contact Ian Crawford on 0141 201 3814.



Paula's Fun in the Sun!

Lucky Paula Barton will be winging her way to Lanzarote this summer courtesy of Barrhead Travel.

Paula, who works as an Information Officer for the Board, was the winner of a competition run by Barrhead Travel for NHS Greater Glasgow staff.

A delighted Paul is pictured receiving her tickets for two from Angela Woods, Travel Consultant at Barrhead Travel and Joe Quinn, Greater Glasgow Staff Benefits.

She said: "This is a great surprise and I am over the moon. My partner, Donald and I had not made any holiday plans for this summer."

Greater Glasgow Staff Benefits works with companies to offer NHS Greater Glasgow staff discounts for a range of services throughout the city. Barrhead Travel is just one of the companies offering NHS staff a 5% discount and is happy to find anyone a holiday to suit their needs.

Angela Woods, Travel Consultant, said: "Our fabulous new shop in Oswald Street and our online service is designed to make booking a holiday easy. Our aim is to ensure our customers get exactly what they want when booking their holiday - whether it is a short break, long haul or a package holiday - we will do our best to get the best deal possible."

If you want more information on all the benefits available to NHS Greater Glasgow staff log on to www.nhsstaffbenefits.co.uk or call 0141 201 4132.

Want to know what's going on nationally?

Here's the news from the Scottish Executive...

Medical

Two Reports examining the future shape of the medical workforce in Scotland and how we train doctors were published by the Scottish Executive recently.

The Reports are: Review of Basic Medical Education in Scotland, which explores ideas for increasing access to and output from medical schools in Scotland; and Securing Future Practice, which reviews the career structures and training of hospital doctors and general practitioners.

For information, go to:
www.scotland.gov.uk/publications

The UK Health Departments are working to a new strategy – Modernising Medical Careers – for reforming the training grades of doctors. Information:
www.mmc.nhs.uk/index.asp

Hepatitis

The Skipton Fund, the body set up to manage the UK-wide ex gratia payment scheme for people infected with Hepatitis C from NHS blood or blood products, will go live from July 5, 2004.

Further information: The Skipton Fund, PO Box 50107, London SW1H 0YF (telephone: 0207 233 0057; e-mail: apply@skiptonfund.org) or www.skiptonfund.org

Homeless

New standards for all NHS Boards will ensure homeless people have the same level of health services across Scotland as the rest of the community.

The health and homelessness standards will be published later this year and will cover area access to services including primary, acute, mental health and substance etc.

Nurses, Midwives, Allied Health Professionals

In May, Health Minister Malcolm Chisholm announced a new £8 million programme to support patient focused research by nurses, midwives, and Allied Health Professionals (AHPs).

The investment will be available over four years and will be awarded to three consortia which together cover all nursing, midwifery and AHP staff in NHSScotland. In the West of Scotland, the money will be invested in the care of the elderly,

improving mobility for people with disabilities and improving decision making for patients and health professionals.

Prescribing

Even more health professionals will be able to prescribe medicines under new plans published by the Medicines and Healthcare Products Regulatory Agency and the UK Health Departments.

The proposals, published for consultation in May, recommend that physiotherapists, radiographers, chiropodists and optometrists, in partnership with a doctor, will be able to prescribe medicines to give patients quicker, more convenient access to treatment.

Infection

A new Code of Practice – the first of its kind in Britain – is one of two key guides published in May to make Scotland's healthcare facilities cleaner.

The Code of Practice outlines responsibilities and requirements for ensuring high standards of hygiene in hospitals, clinics and other facilities to tackle the problem of Healthcare Associated Infection (HAI).

The other guide, the National Cleaning Specification, sets out standards to improve performance to meet current good practice requirements.

Cancer

Cancer care in Scotland is to lead improvements in IT which have the potential to improve patient care throughout all areas of the NHS.

Acquiring a single IT system, which could be used across all NHS Boards in Scotland in both primary and secondary care, will be a key priority for future investment. Other priorities for future years will be involving patients more in their treatment and care, and improving the quality of cancer care through better audits.

If you want a full lowdown on the stories, go to the News section of the Scottish Exec's website:
www.scotland.gov.uk

For other news on the Health Service in Scotland, go to the SHOW (Scotland's Health on the Web) site:
www.show.scot.nhs.uk

The Big Issues

How Many of These Affect You?

The Health Service is undergoing greater change than ever before and we've been featuring a lot of stories about what those changes are in past issues of Staff News.

However, there's still a lot of confusion out there as to what exactly is happening, why it's happening and what it means to us as staff. And it's no wonder - there's such a lot of information to take in!

So with that in mind, here's a wee list of the main issues with a short explanation on what they are.

Single System Working

From April this year, NHS Trusts were dissolved and renamed Operating Divisions and we all came under the management of Greater Glasgow NHS Board. It's all about us working more effectively to deliver services better and a huge amount of work is currently underway, with the full involvement of the Staff Partnership, to drive forward the single system evolution.

Agenda for Change

This is quite simply the biggest shake-up of pay and conditions in the Health Service since it began in 1947. The aim is to make our terms of employment and conditions more consistent. In order to do this, profiles are being created of jobs in all areas of the Health Service. See page 4 for more details or go to the Agenda for Change website: www.dh.gov.uk

Acute Services Modernisation Plan

The Acute Services Review refers to the multi-million pound modernisation plans for Glasgow's acute hospitals. It's been featured quite a lot already in the Staff News, but for the latest, see our website: www.nhsgg.org.uk

Maternity Services Consultation

Following a three-month consultation on the future of Glasgow's maternity services, the Board took the decision to implement a series of

recommendations that include the closing of the Queen Mother's Hospital and the transfer of services to the Princess Royal and the Southern General Maternity Hospitals. The recommendations are currently with the Minister for Health and Community Care, Malcolm Chisholm, for approval.

Community Health Partnerships

Local Health Care Co-operatives will be developed into larger and more diverse bodies to be known as Community Health Partnerships. The idea is that CHPs will command greater resources and be more responsive to local needs than LHCCs.

Joint Future

The Joint Future initiative was set up with the intention of improving services for older people and has now been widened to include other community services. It is joint working between NHS staff and the Local Authorities. It also aimed to make better use of resources, put in place better systems with less bureaucracy and duplication and provide better

management under single managers. Some of the issues for staff involved in Joint Future are around how their duties might develop and how we work in partnership with different employing organisations.

Staff Governance Standard

The government gave us a Staff Governance Standard which sets out how the NHS manages its staff. This means managers have to ensure that we are:

- Well informed
- Appropriately trained
- Involved in decisions which affect us
- Treated fairly and consistently
- Provided with an improved and safe working environment

If you would like to know more about any of these issues you can speak to your Trade Union or Professional Organisation Representative. Or contact: Olivia Cornacchia, Partnership Co-ordinator, Greater Glasgow Area Partnership Forum, 350 St Vincent Street, Glasgow G3 8YZ. Telephone: 0141 201 4458. E.mail: olivia.cornacchia@gghb.scot.nhs.uk

MEET YOUR LEARNING CENTRE REPS

Want to use your NHS learning centres, but don't know who to contact?

Well here are the people you need to speak to:

North

Seona Reid
Tel: 0141 211 1239
Email: seona.reid@northglasgow.scot.nhs.uk



Board

Kate Findlay
Tel: 0141 201 4475
Email: kate.findlay@gghb.scot.nhs.uk



Yorkhill

David Campbell
Tel: 0141 201 0160
Email: david.campbell@yorkhill.scot.nhs.uk



South

Robert McIlreavy
Tel: 0141 232 7549
Email: robert.mcilreavy@sgh.scot.nhs.uk



Primary Care

Derek Grant
Tel: 0141 211 3913
Email: derek.grant@glacomen.scot.nhs.uk



A Fresh First Birthday

STAFF at NHSGG's stop smoking scheme, **Starting Fresh**, celebrated its first birthday recently with the news that since its launch, **700 smokers completed the full 12 weeks support programme.**

The Starting Fresh With the Pharmacy Stop Smoking Scheme (to give it its Sunday name) offers Nicotine Replacement Therapy, support and advice to anyone who wants to give up smoking.

Involving 143 local chemists across Glasgow, around 6,500 Greater Glasgow residents have started quitting, 2,000 made it past the one-month mark and 700 have completed the full 12-week programme.

Starting Fresh frontperson, Public Health Pharmacist Liz Grant, said: "It's been a brilliant year for Starting Fresh, and the public have been so supportive and keen to take part.

"We're finding that many more people are now going straight to their local pharmacy for stop smoking. Encouragingly, these numbers are rising every month.

"We will continue to build on the pharmacy scheme which now has two thirds of Glasgow pharmacy stores taking part. Hopefully by our second birthday all pharmacies in Greater Glasgow will be involved."

To find your nearest pharmacy offering this service, freephone 0800 389 3210.

For general information on stubbing out, visit the website: www.smokingconcerns.com



Smoking – Get Your Views Heard

Are you a vociferous anti-smoker? Or do you think smokers have a right to puff wherever they like?

Either way, the Scottish Executive is keen to hear from you. It recently launched its public consultation into the proposal to ban smoking in public places.

The consultation paper contains a range of questions to gauge public opinion on the issue and are available from doctors' surgeries, libraries and other public outlets as well as on the net:

www.scotland.gov.uk/smokingconsultation/

There will be a number of public events being held throughout Scotland to allow everyone to give their views. The Glasgow event is taking place in the Royal Concert Hall, Glasgow on July 29, 2004 between 11am and 1pm and will be attended by Deputy Health Minister Tom McCabe.

RESPIRATORY CONGRESS

A major respiratory congress is coming to the UK for the first time and the venue chosen is Glasgow.

The European Respiratory Society Congress 2004 is taking place in the SECC between September 4 and 8, 2004.

Providing a rich, diverse programme on lung health and disease, the congress will address all aspects of

clinical diagnosis, treatment and research on lung disorders.

Apart from the congress itself, there will also be a number of other linked events throughout the city including events in George Square and Caledonian University's Ark Recreation Centre.

For more information on the congress, go to the European Respiratory Society's website: www.ersnet.org

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 email address: staffnews@nhsgg.org.uk



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