

Lanarkshire NHS Board

14 Beckford Street
Hamilton ML3 0TA
Telephone 01698 281313
Fax 01698 423134
www.nhslanarkshire.co.uk



**Minute of Lanarkshire NHS Board, Wednesday
21st December 2005, at 10.00am in Hamilton Football
Stadium**

CHAIRMAN: Mr P K Corsar

PRESENT:

- Mr J Anning, Non Executive Director
- Dr J D Browning, Medical Director
- Mr D Clark, Non Executive Director
- Mr T Currie, Non Executive Director
- Mr T Davison, Chief Executive
- Mrs S Goldsmith, Director of Finance
- Mr M F Hill Modernisation Director
- Councillor E McAvoy, Non Executive Director
- Councillor J McCabe, Non Executive Director
- Mrs D McCormick, Non Executive Director
- Mrs N Mahal, Non Executive Director
- Dr A W Majumdar, Non Executive Director
- Dr D C Moir, CBE Director of Public Health
- Mrs M Nelson, Non Executive Director
- Mr I A Ross, Chief Executive, Acute Operating Division
- Mr C Sloey, Chief Executive, Primary Care Operating Division
- Mr H Sweeney, Employee Director
- Mr W Sutherland, Non Executive Director
- Mr G Walker, Human Resources Director
- Mr P Wilson, OBE, Director of Nursing

**IN
ATTENDANCE**

- Mr N J Agnew, Corporate Affairs Manager/ Board Secretary
- Mrs. K. Hamilton, Communications Manager
- Mr E J H Mallinson, Consultant in Pharmaceutical Public Health
- Mr. K A Small, Organisational Development Director

APOLOGIES:

- Mr P McCrossan, Chairman, Allied Health Professions Advisory Committee
- Dr V J Sonthalia, Chairman, Area Medical Committee
- Miss M M Taylor, Consultant in Dental Public Health

133. **WELCOME**

The Chairman welcomed members and attendees to the meeting, including members of the public, staff and representatives of the media.

134.

MINUTES

There was submitted, for approval and signature, the minute of the meeting of the NHS Board held on 23rd November 2005.

THE BOARD:

1. Approved the minute for signature.

135.

FINANCE

The NHS Board considered a Finance Report for the period ended 30th November 2005 (circulated).

The Director of Finance explained that the financial position to the end of November showed a year to date underspend of £2.218m, with a year end forecast surplus of £3.254m, in line with the mid year review. She highlighted Additional Allocations Confirmed, and explained that this included adjustment for the Accumulated Deficit, with the Revenue Resource Limit adjusted accordingly. She highlighted, also, the statement on the Financial Recovery Programme, and confirmed an estimated recurring shortfall of £1.4m, against the 2005/06 target, which would require to be achieved in full in 2006/07.

In discussion, the Chief Executive of the Acute Division confirmed that 126 rheumatology patients were now receiving anti-TNF therapy, at a cost of £9,000 per patient.

The Chief Executive of the Primary Care Division reported on the establishment of a Prescribing Project Management Board across Primary Care and Secondary Care, which would include in its remit, the process for conducting forecasting, including the identification of risks around Prescribing, such that this information could be factored in to the financial planning.

The Director of Finance reported on the receipt, the previous day, of updated national tariff information. She advised on agreement with other Directors of Finance to operate with the agreed Financial Framework for the current year.

Mr. Sutherland, as Chairman of the Audit Committee, reported that at its meeting on 14th December 2005, the Audit Committee had considered the Auditor General for Scotland Overview Report on the Performance of the NHS in Scotland 2004/05. Against the emphasis within the Auditor's General Report on the need for systems to stabilise their recurring financial base, the confirmation of the Board's financial performance, to date, was to be welcomed.

THE BOARD:

1. Noted the Finance Report for the period ended 30th November 2005.
2. Asked to receive a further report.

Director
of
Finance

136.

WAITING TIMES

The NHS Board considered a Waiting Times report to December 2005 (circulated).

The Chief Executive of the Acute Division reported that, at 30th November 2005, there were 164 inpatients/daycases waiting over 26 weeks who had not yet been allocated an appointment date – at 13th December 2005, that number had reduced to 15. At 30th November 2005, there were 528 outpatients waiting over 26 weeks who had not yet been allocated an appointment date - at 13th December 2005, that

number had reduced to 101. He confirmed that in the remaining three week period to 31st December 2005, the number waiting over 26 weeks would reduce to nil in compliance with the Ministerial guarantee.

The Divisional Chief Executive confirmed also that NHS Lanarkshire had achieved and sustained the delivery of the national waiting time guarantees of a maximum wait of 8 weeks and 18 weeks, respectively, for angiography and angioplasty. In addition, in pursuit of the requirement that there would be no patients with an Availability Status Code (ASC) by 31st December 2007, 431 of the 3597 patients in this category, had a To Come In (TCI) date. An Action Plan to address compliance with the national imperative had been prepared, and was reflected in the Division's capacity plan.

He highlighted NHS Lanarkshire performance against the national waiting time guarantee of a maximum wait of 62 days from GP urgent referral to treatment for cancer, by December 2005. Whilst compliance with this target would be achieved for ovarian cancer, the target would not be achieved for breast, lung and colorectal cancers. This reflected the regional position within the West of Scotland, and there was ministerial acknowledgement of this position. The Division would, however, continue to work strenuously during 2006 towards the delivery of the national guarantee. In this regard, the availability in January 2006 of 'live' data, as a consequence of the appointment of 'trackers', would contribute materially to informing the Action Plan.

The Divisional Chief Executive highlighted, also, the Division's performance in relation to the diagnostics waiting time standards, viz: upper and lower endoscopy; colonoscopy; cystoscopy; colposcopy; CT scans; MRI; ultrasound and barium studies, where milestones had been set with a view to NHS Lanarkshire delivering a maximum wait of 9 weeks by March 2007.

The Divisional Chief Executive confirmed that the Unscheduled Care Collaborative continued to move forward – a recent 'diagnostic visit' by the unscheduled care team from the Centre for Change and Innovation had, generally, been successful, but had highlighted some issues which would further inform the Unscheduled Care Action Plan, particularly in relation to the imperative of moving towards the measurement of patients seen within four hours from presentation at Accident and Emergency to treatment.

The Divisional Chief Executive, Primary Care, reported on the Division's performance in relation to the application of the national waiting time guarantee to medical paediatric outpatient services and to Consultant outpatient clinics in mental health. In both these areas, the maximum 26 week wait had been achieved, and would be sustained and improved upon during 2006.

THE BOARD:

1. Noted the Waiting Times Report to December 2005.
2. Acknowledged the contribution of staff across the Divisions to the achievement of the Ministerial guarantees, and asked that this acknowledgement be conveyed to staff.

Divisional
Chief
Executives

137.

DELAYED DISCHARGES

The NHS Board considered a report on Delayed Discharges, reflecting the position at 15th December 2005 (circulated).

The Acute Division Chief Executive reported that at 15th December 2005, there were 100 delayed discharges, representing a decrease of 1 from the previous month. He confirmed that a system wide approach, involving the Acute and Primary Care

Divisions and both Local Authorities, was being adopted, in pursuit of the requirement to deliver the Scottish Executive target of no more than 66 delayed discharges at 15th April 2006. The Chief Executive reported that whilst NHS Lanarkshire faced a challenging task in delivering the SEHD target, the system's performance, overall in addressing delayed discharges, was highest amongst NHS Boards.

He advised that dialogue continued with the Scottish Executive Health Department, both in relation to the achievement of the April 2006 target, and beyond that, in relation to the review of the approach to target setting for delayed discharges.

THE BOARD:

1. Noted the report on the delayed discharges position at 15th December 2005.
2. Asked to receive a further report.

Divisional
Chief
Executive
Acute

138.

PRIMARY CARE OUT OF HOURS SERVICES

The Primary Care Division Chief Executive reported on progress in the implementation of the detailed Out of Hours Services Plan, as part of the overall Winter Plan. Arrangements to deliver the plan were currently on track. Capacity within the system to deal with out of hours activity reflected demand over the previous festive season. This included an additional 10% contingency and an escalation plan. The NHS 24 satellite, which had been established at Hairmyres Hospital on 16th November 2005, would contribute materially to the system's capacity and capability over the festive season. All General Practitioner, nurse and call handler rotas were fully covered, and daily call monitoring arrangements were in place to inform the need for activating either the 10% contingency arrangements or the escalation plan.

THE BOARD:

1. Noted the report on the arrangements for the festive period for Primary Care Out of Hours Services.
2. Commended the Primary Care Division Chief Executive, his management team and Divisional staff, for their contribution to the robust planning arrangements for the festive period.
3. Asked to receive a further report.

Divisional
Chief
Executive

139.

ANNUAL REPORT 2004/2005

The NHS Board considered the Annual Report and Accounts 2004/05 (circulated).

The Chief Executive highlighted from the Annual Report, the encouraging Ministerial response to the Annual Review held in August 2005. He highlighted, also, the summary of financial performance, which confirmed a small year end surplus, with the consequent reduction in the Accumulated Deficit. He advised that the report would be made widely available publicly.

The Chairman highlighted the acknowledgement at the Annual Review, and reflected within the Annual Report, of the robust Partnership arrangements in place across NHS Lanarkshire, and the improvement in the health of the population generally.

THE BOARD:

1. Noted the Annual Report and Accounts 2004/05.

A PICTURE OF HEALTH

The Chief Executive explained that the papers presented to the NHS Board represented the culmination of more than 1 year of engagement with a wide range of stakeholders. He stressed that A Picture of Health related to the totality of health improvement and health services. It recognised the widening gap in health status between affluent and less affluent communities. This had influenced the development of the strategy to improve health, through focussing on intensive work with a range of stakeholders in the areas of: Health Improvement; Community Planning; Community Regeneration; and Lifestyles and Life Circumstances. The strategy included an ambitious programme of developments across primary care and community care, already confirmed within the approved Capital Investment Plan, involving investment of £100m over the next five years. Fundamentally, A Picture of Health was predicated on the key aspiration to maintain as much acute care as possible, locally provided, and to expand capacity in Cumbernauld and Kilsyth and in rural Clydesdale. A Picture of Health set out a wide range of options which the Board would be asked to agree should be the basis for wide public consultation.

At this juncture, members of the Scottish Socialist Party interjected to express their opposition to the proposals, as they related to the Accident and Emergency Department at Monklands Hospital, which they saw as a retrograde step for the health of the local community. Following a brief adjournment, the protestors left the meeting.

The Modernisation Director gave a detailed presentation to the Board on A Picture of Health. He stressed this envisaged a modern and integrated health system, delivering: stronger and more visible Primary Care Services; more health services locally in the Community; and specialist hospital inpatient services with faster access and the best clinical outcomes. He outlined the principal elements of the emerging Health Improvement Strategy, in relation to: smoking cessation; healthy eating; physical activity; mental health; alcohol misuse; sexual health; oral health; drug misuse; and ultraviolet radiation. He outlined a number of principal reasons why health services needed to change. In essence, whilst there was evidence that health in Lanarkshire was improving, it was not improving rapidly enough, relative to the rest of Scotland. Lanarkshire had an ageing population, with an increasing incidence and complexity of long term conditions. The service was characterised by long waiting times and an unabated rise in emergency admissions to hospitals, with the consequence that existing services were sorely stretched. In addition, NHS Lanarkshire would, over the next few years, require to meet the requirements of the European Working Time Directive, and Modernising Medical Careers, both of which significantly reduce the levels of medical staff time available to the Service. There was also a requirement for the Service to maximise the benefits of a range of new technologies and better medicines and to maximise regional and national networking.

The Modernisation Director reminded members of the previously approved five year Capital Investment Plan, which committed NHS Lanarkshire to £100m of investment over 5 years, in a range of developments in Primary Care (Airdrie; Bellshill; Carluke; Coatbridge; Cumbernauld; East Kilbride; Hamilton; Kilsyth; Wishaw) and in hospitals (Caird House; Coathill; Hairmyres; Kilsyth; Lanark; Monklands; Strathclyde; Wishaw). Having replaced services, a number of hospitals would become surplus to requirements, including: Airbles Road; Hartwoodhill; Kirklands; Lockhart; and Roadmeetings.

He emphasised that A Picture of Health was about strengthening Primary Care Services; recognising the role of unpaid carers; supporting and enhancing local services; developing mental health services fit for the future; developing services for children and young people; developing a focus on cancer services; addressing cleanliness/control of infection; modernising acute hospital services; and improving transport and travel to and between hospitals.

He explained that modernising acute hospital services would see each General Hospital fulfilling two roles. Firstly, as a local hospital, providing specialist outpatient and daycase services, together with nurse led Accident and Emergency Services for people with minor injuries and illness, and extensive diagnostic investigations – this accounted for 85% of current activity. Secondly, as a specialist inpatient centre for a population greater than the local catchment area, concentrating either on planned, elective care, or on emergency inpatient care. Overall, the total number of beds available would remain at 1650.

He stressed the requirement to organise hospital services differently: to comply with the law; to improve the quality of services for patients through specialisation; to speed up access to assessments and treatments and reduce delays and waits; to improve efficiency, value for money and the productivity of services to maximise health gains; and to ensure that services were safe and sustainable.

He outlined the options, involving: the status quo, which would become clinically unsafe and was therefore not sustainable; Wishaw and Monklands as emergency hospitals with Hairmyres as a planned care hospital; Hairmyres and Wishaw as Emergency Hospitals with Monklands as a planned care hospital; and Monklands and Hairmyres as Emergency Hospitals, with Wishaw General as the planned care hospital. These options had been subjected to Scoring, based on agreed Benefits Criteria and Weightings: quality of care (15); access (10); workforce (10); regional impact (6); flexibility (5). He also outlined the capital considerations associated with the various options, ranging from £57m to £122m.

The Modernisation Director reported on the health economists' analysis of the scoring event. The base case analysis, using median weights showed that the option with the highest Weighted Benefit Score, and the lowest Overall Cost, was that which would have Wishaw and Hairmyres as the emergency inpatient hospitals and Monklands as the planned hospital. He explained that the outcome of the scoring event had subsequently been subjected to both a geographical and a sensitivity analysis, the outcome of which scored Wishaw General Hospital unanimously as an emergency inpatient hospital. However, the outcome of applying the sensitivity analysis was less clear in relation to Hairmyres and Monklands Hospitals, with some groups scoring Hairmyres Hospital as a planned hospital and some groups scoring Monklands Hospital as a planned hospital. Accordingly, it was proposed to consult on both options. The development of Monklands Hospital as an emergency inpatient hospital would, however, present a substantial logistical challenge. Not only would such a development be extremely complex whilst the hospital remained operational, it would take a minimum of 8 years to complete construction and upgrading, involving substantial decanting, the management of site constraints, and higher costs.

The Modernisation Director explained that a detailed analysis of cross boundary flow, both current and predicted, was ongoing. However, the interim conclusion from the option appraisal and the further analysis that had been undertaken, was that the Benefits Score, the Capital Associated Revenue Costs, and the Logistics, pointed to Wishaw and Hairmyres as emergency inpatient hospitals and Monklands as the planned hospital. Accordingly, it would require a compelling set of arguments to draw away from this option as the preference. The Modernisation Director explained that, as well as inviting the NHS Board to adopt the Report as a whole, the Board was asked specifically to adopt the principal recommendations under each of the main chapters within the report, viz:

Health Improvement

- Between 2006 and 2009 NHS Lanarkshire will deliver a wide range of actions designed to help people improve their health, by focussing on nine top priorities.
- During 2006 and 2007, North Lanarkshire CHP will participate as one of five national pilots in a programme of anticipatory care called 'Prevention 2010'.

- In 2006 NHS Lanarkshire will develop public health teams in each CHP locality.

Strengthening Primary Care

- Between 2006 and 2009 NHS Lanarkshire will extend primary care teams through a phased programme of nursing, AHP and GP expansion starting in the areas of poorest health and highest deprivation.
- Between 2006 and 2010, NHS Lanarkshire will invest £100m in local premises, including new and replacement health centres in Airdrie, Carluke, Bellshill, Wishaw, Kilsyth, East Kilbride and Hamilton.
- In 2006, NHS Lanarkshire will establish care management pilots in Coatbridge, East Kilbride and Clydesdale to test the benefits to patients and carers.
- By 2007, NHS Lanarkshire will have designed and begun to implement a new model of systematic care for people with long term conditions.
- From 2006, NHS Lanarkshire will introduce a new contract for community pharmacists to develop medication and public health services in local communities.

Strengthening and Enhancing Local Services

- By the end of 2007, NHS Lanarkshire will be delivering services that meet the new national targets for waiting times.
- From 2006 NHS Lanarkshire will develop the capacity of local services to provide assessment and treatment for people requiring unscheduled minor illness and injury services, including streamlined nurse-led services in the three general hospitals and including new services in Lanark and Cumbernauld.
- Starting in 2006, NHS Lanarkshire will design rapid access to diagnostic examinations and tests so that more can be done in primary care.
- In 2006 NHS Lanarkshire will design new arrangements for more rapid assessment, diagnosis and rehabilitation of older people who become acutely ill.
- From 2006 NHS Lanarkshire will modernise services for older people requiring NHS intermediate and continuing care.
- Between 2006 and 2010, NHS Lanarkshire will dispose of surplus hospitals at Hartwoodhill, Roadmeetings, Lockhart and Airbles Road Centre, as services are replaced in more modern settings.
- Over three years from 2006 NHS Lanarkshire will invest an additional £150,000 to expand palliative care services in the community and will have reviewed hospice bed requirements.

Mental Health Services in the Future

- By 2007 NHS Lanarkshire will have replaced in modern facilities, the services currently at Hartwoodhill Hospital and by 2008 those services currently in Airbles Road Centre.
- Between 2006 and 2010 NHS Lanarkshire will complete implementation of the Mental Health Strategy providing a more appropriate balance of community and hospital based care.

Modernising Acute Hospital Services

- By 2009, two of the three general hospitals will have been developed to concentrate on emergency inpatient care, and the third to concentrate on planned (elective) care.
- By 2009, Wishaw General Hospital will have been developed as one of the two emergency inpatient hospitals.
- In early 2006, views will be sought through a formal process of public consultation on the remaining two options, viz

either Hairmyres as the second emergency inpatient hospital, Monklands as planned (elective), recognising this as the emerging preferred option from the option appraisal process

or Monklands as the second emergency inpatient hospital, Hairmyres as planned (elective), which is the only remaining option.
- After a period of public consultation and analysis of the views received during the consultation, the Board may decide to recommend to the Deputy Minister for implementation either of the options above without further consultation.
- Beyond 2009, each of the three general hospitals will continue to deliver the role as a local hospital, providing a full range of outpatient, day case and diagnostic services including nurse-led accident and emergency departments for minor injuries and illness.

The Modernisation Director further explained the recommendation that A Picture of Health be published widely and that a summary version be distributed to households across Lanarkshire as part of a process of public consultation, commencing at the end of January 2006 and lasting for three months, and including a wide range of public meetings to ensure proper engagement with the Community. Thereafter, the outcome of the consultation would be brought back to the Board for final decisions in May 2006, and a subsequent recommendation to the Deputy Minister for Health.

The Chairman reminded members of the Board's vision for modern and integrated health services for Lanarkshire. He stressed that an extensive programme of detailed service redesign was necessary to translate that vision into action, with the new Community Health Partnerships and the Acute Division being key in developing practical implementation plans.

The Leader of North Lanarkshire Council acknowledged that there was much within the A Picture of Health proposals to be commended. However, he expressed strong concerns at the proposed move to 2 emergency hospitals and one planned hospital for Lanarkshire, with the emerging preference creating the potential for Monklands Hospital to become the planned hospital. He highlighted the levels of Deprivation and the Health Status within the Monklands area, and suggested that the proposal to reduce Monklands Hospital to the level of a planned care hospital was perverse in the circumstances. He suggested that this would materially disadvantage residents of the area and would see increased patient flow to Glasgow. He suggested, also, that the reconfiguration would compromise the system's ability to deliver improved waiting times. He highlighted the position of Wishaw General Hospital and Hairmyres Hospital as PFI facilities and suggested that the cost of redeveloping Monklands Hospital should be balanced against these costs. He expressed a concern at the transfer of functions and workforce from Monklands Hospital to another location. He also stressed the need for an appropriate transfer of resources in order that the social care system could sustain psychiatric services and suggested that the continuation of Monklands Hospital providing emergency services was fundamental to improving

health in the area.

The Chief Executive stressed that the thrust of A Picture of Health was fundamentally about tackling deprivation, with a focus on: Community Planning; Health Improvement; Lifestyle; Life Circumstances; Anticipatory Care; and the development of services in the Primary Care and Community Care settings. He stressed that the location of an Acute hospital, of itself, contributed little to tackling deprivation. He explained that the development of either Hairmyres or Monklands Hospital as planned care hospitals should not be viewed as downgradings, given the central part that each of the 3 hospitals would play in improving health and health status in the longer term. He highlighted the encouragement within The Kerr Report for systems to look regionally at the pattern of services. He outlined the range of issues which were the subject of ongoing dialogue between NHS Lanarkshire, NHS Forth Valley and NHS Greater Glasgow, in relation to the Cumbernauld and Kilsyth population and the potential consequences of Monklands or Hairmyres Hospital becoming planned sites. He stressed that the consideration of the potential cross boundary flow consequences would continue to be the subject of ongoing dialogue, with the outcome of those discussions being available during the public consultation on the proposals. He explained that no other mainland Health Board in Scotland was currently planning to provide more than 2 Acute receiving Accident and Emergency and trauma centres, and that 2 emergency centres were being proposed for Lanarkshire, recognising the geography of the Board's catchment area.

The Medical Director acknowledged the need to ensure that the explanation for the status quo not being sustainable was clearly articulated within the Consultation Document. He explained that he was becoming increasingly concerned about the ability within NHS Lanarkshire to sustain specialist services into the future. Whilst specialist services had built up in recent years, the continuing demand for further specialisation and sub specialisation could not be sustained with the spread of scarce resources across 3 Acute sites in Lanarkshire. This was particularly the case in the specialty of anaesthetics, where increasingly there was a need for intensivists, who would not be attracted to working within acute services in Lanarkshire as they currently were configured. Anaesthetists were strongly of the view that the population base in Lanarkshire would only sustain 2 intensive care units into the future. This view was shared by physicians, but was not universally held by surgeons, and there was a need for further discussions with general surgeons as a group in order to clarify their position. The Medical Director stressed that a failure to recognise and respond to the drivers for change, in particular the material workforce considerations, would lead to a significant diminution in the quality of care across the system, and could, ultimately, compromise clinical safety. Given the lead time to implement changes, an early decision would be required, in order that the necessary implementation plans could be taken forward.

The Medical Director explained that in addition to the strong support from anaesthetists and physicians for change, the proposals before the Board also had the support of the Hospital Medical Staff Associations, the Area Clinical Forum and the Area Medical Committee. There was recognition, however, for the need for further dialogue with clinical staff about the detail of the proposals and the implementation arrangements.

He highlighted the recommendation within the Kerr Report for the separation of emergency and elective workloads. He explained the significance of the interface between emergency and elective activity, particularly in the area of planned surgical care, which regularly was the subject of postponements, and advised that the separation of emergency and elective workloads should not only avoid this situation, but should enhance the management of the elective workload overall, with the consequent benefits to patients.

There was recognition of the potential for the public consultation to become unduly focussed on Acute Care configuration when the substantial proportion of the Picture

of Health proposals were aimed at the development and further strengthening of services in Primary Care and in the Community. It would be important, during the consultation, to establish the level of support from communities for the breadth of the Board's proposals. In setting out the proposals for acute care configuration, it would be essential to bring forward evidence in support of the claimed benefits to health and health services arising from the proposals, and to articulate clearly the impact of August 2009 by which date compliance with the European Working Time Directive maximum working week of 48 hours was mandatory. The clear and explicit rationale for the status quo not being sustainable should also explain the risks to clinical services associated with this option.

The Chief Executive explained that whilst the proposals for acute care would result in a re-distribution of staff across the system, there should not be a material reduction in the numbers of staff, with, if anything, increased staffing across the breadth of the A Picture of Health proposals. He stressed that planned hospitals would continue to provide approximately 85% of current services, and although the staffing for planned inpatient beds was less intensive, other elements of A Picture of Health could see an expansion of staffing. The Director of Human Resources explained that a comprehensive Workforce Plan would be brought to the NHS Board for consideration in April 2006. This Plan would reflect the staffing requirements of A Picture of Health, in addition to which the process would be supported by a Human Resources Plan and an Organisational Development Plan, drawn up in Partnership with staff.

The Employee Director highlighted the need for substantial levels of reassurance for staff about the potential implications for them of the proposals, including the proposals for primary care and community care development. He stressed that the Area Partnership Forum recognised the need for change in service provision, and acknowledged the staff side involvement in the processes to date. He also acknowledged that the consultation envisaged would be open and transparent, with both of the options for acute care configuration being deliverable.

The Chairman of the Area Clinical Forum confirmed the Forum's support for the process to date, including the clear methodology that had been applied. She confirmed, also, the Area Clinical Forum's support of the need for change, and for the ambitious range of primary care and community care developments, which were key to the development of health and health services in the future.

The Chief Executive of the Primary Care Operating Division highlighted the substantial range of developments within Primary Care. He confirmed that, already, increased efficiency in the management of prescribing had generated approximately £2m for investment in enhancing the community based workforce. In addition, the availability to Lanarkshire of national funding for 2 years for the piloting of Prevention 2010, would create further staff opportunities.

The Modernisation Director acknowledged that transport was a key issue, not only for emergency situations, but also for relatives and other visitors. He reminded members that, over a number of months, dialogue had been held with: the bus companies; the Strathclyde Passenger Transport Executive; the Scottish Ambulance Service; Local Authorities and with MSPs, about the transport issues. In recognition of the changing demands on its services, the Scottish Ambulance Service was proposing to separate out the inter-hospital transfer service from the emergency transport service, thereby allowing an enhanced focus on the emergency response. In addition, through the Better Government for Older People 'Mystery Traveller' Initiative, transport 'blackspots' had been identified, along with a need for improved information about public transport and transport routes – as a consequence, the public transport companies were now being encouraged to address these issues, including through the availability of transport information with hospital appointment information. Discussions also were ongoing about extending the 'Dial a Bus' and the 'Ring and Ride' services and consideration was being given to operating a shuttle bus service to and between hospitals.

The Chief Executive stressed that, at this juncture, the Board was not being asked to decide on a preferred option for modernising Acute Hospital Services, but was being asked to approve consultation on the options outlined, recognising the outcome of the option appraisal as a factual conclusion to that process.

The Chairman reminded members that the Board was being asked to consider the full range of recommendations, in the areas of Health Improvement; Strengthening Primary Care; Supporting and Enhancing Local Services; Mental Health Services in the Future; and Modernising Acute Hospital Services, and to agree to wide public consultation on these recommendations.

THE BOARD:

1. Adopted A Picture of Health – A Framework for Health and Health Service Improvement in Lanarkshire.
2. Accepted the range of recommendations for consultation in the areas of: Health Improvement; Strengthening Primary Care; Supporting and Enhancing Local Services; Mental Health Services in the Future; and Modernising Acute Hospital Services.
3. Agreed that A Picture of Health be published widely, and that a summarised version be distributed to households across Lanarkshire as part of a formal process of public consultation from the end of January until the end of April 2006.
4. Asked to receive a consultation report in May 2006, to enable the Board to take final decisions on the A Picture of Health recommendations, which would be forwarded to the Deputy Minister for final decision and approval.

**Chief
Executive**

141.

MINUTES

The NHS Board received and noted the minute of the meeting of the Operating Management Committee held on 28th October 2005.

142.

DATE OF NEXT MEETING

Wednesday 25th January 2006 at 10.00am.

NJA/MB
13JAN2006.DOC