

Lanarkshire NHS Board

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Meeting of Lanarkshire NHS Board, Wednesday
27th June 2006, at 4.00pm in the Assembly Hall,
Bell College, Hamilton

CHAIRMAN: Mr P K Corsar, Non Executive Director

PRESENT:

- Mr J A 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 D C Moir, CBE, Director of Public Health
- Mrs M Nelson, Non Executive Director
- Mr I A Ross, Director, Acute Services
- Mr C Sloey, Director, North Community Health Partnership
- Mr W Sutherland, Non Executive Director
- Mr H Sweeney, Employee Director
- Mr P Wilson, OBE, Director for Allied Health Professions, Nurses and Midwives
- Mr G Walker, Director of Human Resources

IN ATTENDANCE Mr N J Agnew, Corporate Affairs Manager/ Board Secretary

APOLOGIES: Nil

67. **WELCOME**

67.1 The Chairman welcomed Board members and members of the public to the meeting which, he explained, was a meeting of the NHS Board in public, but was not a public meeting and therefore would not involve contributions from the audience. He explained that the principal purpose of the meeting was to enable the Board to agree a set of proposals from A Picture of Health, across: Health Improvement; Strengthening Primary Care; Supporting and Enhancing Local Services; Mental Health Services in the Future; and Modernising Acute Hospital Services, which could be recommended to the Deputy Minister for Health and Community Care.

68.

MINUTES

There was submitted, for approval and signature, the minute of the meeting of the NHS Board held on 24th May 2006.

THE BOARD:

1. Approved the minute for signature.

69.

A PICTURE OF HEALTH

- 69.1 The Chairman invited the Modernisation Director to lead the Board through the considered of the issues that were presented for decisions.
- 69.2 The Modernisation Director introduced the Board to a covering paper *A Framework for Health Service Improvement in Lanarkshire* (circulated) which, he explained, was designed to enable the Board to decide on the way forward for 'A Picture of Health' in the light of extensive public consultation and additional evidence. He stressed that the paper should be read in conjunction with the 'A Picture of Health' principal document (December 2005).
- 69.3 He explained that, once decided, appropriate recommendations would be presented to the Deputy Minister for Health and Community Care, seeking endorsement to a very significant programme of strategic change and improvement in Health Services throughout NHS Lanarkshire, designed to deliver a modern and integrated health system, comprising: Stronger and More Visible Primary Care Services; more Health Services provided locally in the Community; and Specialist Hospital Inpatient Services organised to provide more rapid access and the best clinical outcomes. He stressed that this health system would make life better for the people of Lanarkshire by doing more to help people stay healthy as well as by developing high quality, sustainable Health Services, which were integrated across the patient's whole journey and were responsive to the needs of all.
- 69.4 The Modernisation Director reminded members that when the Board received the main 'A Picture of Health' document on 21st December 2005, it had determined that the views of public, patients, staff and interested organisations, should be sought through formal public consultation on the document's proposals. He also reminded members that detailed summaries of the responses received through consultation had been presented to the Board at its meeting on 24th May 2006, with an undertaking that a commentary and further analysis of the points raised by respondents would be brought to the Board. He invited the Board Secretary to present the commentary and further analysis of the points raised by respondents, as set out in Appendix 1.

Appendix 1: Commentary and Further analysis of the points raised by respondents to consultation

- 69.5 The NHS Board considered a report providing a commentary and further analysis of the points raised by respondents to consultation.
- 69.6 The Board Secretary reminded members that, at its meeting in May, the report which the Board considered on consultation responses, had highlighted a number of key issues, including: Deprivation; Older People; Workforce; Finance and Logistics; Continuing Care for Older People; Palliative Care; Acute Psychiatry; Cancer Services; Services on the Emergency and Planned Care Hospital Sites; Options for Modernising Acute Hospital Services. He explained that these issues were the subject of substantive papers and Supplementary Advice Notes which the Board would consider, separately, during the course of the meeting. He then highlighted from the report before the Board, the principal aspects of the commentary on the key issues raised by public and staff respondents, as follows:

1. The consultation process.
2. Planning for the European Working Time Directive.
3. A Model with 2 large hospitals and an ambulatory care and Day Centre (ACAD).
4. The Acute Services Option Appraisal.
5. Extended involvement of the Private Sector in the provision of health facilities and the delivery of NHS care.
6. Internal Patient Flows and Cross Boundary Patient Flows
7. Travel and transport, including Scottish Ambulance Service capacity and the relationship between travel time and survival.
8. Loss of Accident and Emergency will lead to complete hospital closure.
9. How will 2 Accident and Emergency Departments cope with demand, when 3 Accident and Emergency Departments do not currently have the capacity to cope.
10. The provision of elective care at the planned care site, without intensive care unit facilities.
11. Model of Care.
12. Monklands Hospital and emergency planning arrangements.
13. Radiology capacity at Monklands Hospital if it is a planned care site.
14. Inpatient dermatology provision.
15. Renal Services
16. Neonatal cots
17. Myalgic Encephalomyelitis
18. Services for women who have suffered rape or other sexual assault.
19. Primary and Community Care

69.7 Councillor McCabe noted that cross boundary patient flows was not the subject of a separate paper to the NHS Board. He expressed the view that, despite the acceptance by the NHS Board of the conclusions and recommendations in the report: *Modelling the Impact of Hospital Reconfiguration on Cross Boundary Patient Flows for Emergency Inpatient Care between Lanarkshire, Glasgow and Forth Valley*, substantial proportions of the Monklands catchment population would access services in Glasgow for emergency care, with a consequential adverse impact from the excessive demand placed on Glasgow Royal Infirmary. He also explained that for a number of the smaller communities within North Lanarkshire, access to and from those communities was seriously limited during evenings and weekends, because of the lack of any meaningful public transport service during those times. Whilst acknowledging the stated commitment to engage with the transport authorities, through the newly established Transport Partnership, with the aim of ensuring that the Partnership Strategy took account of access for health purposes, he suggested that this aim was, largely, aspirational, given the extent to which the transport providers were not regulated.

- 69.8 The Chairman, whilst acknowledging Councillor McCabe's concern, reminded members of the report to the Board in May, outlining the Transport Action Plan, through which it was the intention to address as many as possible of the transport issues that currently were the subject of concern.
- 69.9 The Modernisation Director reminded members that at its meeting in May, the Board had considered a report: *Assessing the Impact on Transport and Travel within Lanarkshire* – this highlighted the outcome of an initial assessment of transport and travel which had identified a number of current shortfalls. Arising from this, it was the intention to scope out the changes considered necessary to improve services and to use the leverage of the statutory requirement on the Transport Partnership to reflect access for health purposes in its strategy, to influence change. He explained that a recent survey of travel to hospitals in Lanarkshire confirmed that the majority of individuals travelled by car. However, transport for visitors was recognised as a difficulty, and addressing this issue through improvements to the transport infrastructure, would be a feature of the dialogue with the Transport Partnership, but in the event that this was not possible within the timescale required, NHS Lanarkshire would provide limited-stop shuttle buses, plying between the 3 Acute Hospitals.
- 69.10 He explained that the detailed planning of the limited-stop shuttle bus service had already been the subject of consideration. He also highlighted the contribution which North Lanarkshire Council and South Lanarkshire Council, as the Board's key partners, could make to influencing the Transport Partnership Strategy which, he stressed, would not secure Scottish Executive Departmental approval unless, demonstrably, it took into account the changing access requirements in relation to Lanarkshire Health Services. The Chairman, in an endorsement of this position, explained that in recent months he had been privy to a presentation by the Transport Partnership, which recognised the need to consider transport and access for health purposes. He also highlighted, as a positive development in this regard, the appointment to the Transport Partnership of an officer with specific responsibility for this issue with whom officers of the Board would work diligently towards securing an appropriate level of recognition for the changing access requirements in relation to Lanarkshire Health Services.
- 69.11 The Modernisation Director explained that the dialogue which NHS Lanarkshire had had, with NHS Greater Glasgow, NHS Forth Valley and NHS Ayrshire and Arran, on cross boundary patient flows, had considered in detail the impact of individuals accessing other hospitals for emergency care. He stressed that the report: *Modelling the Impact of Hospital Reconfiguration on Cross Boundary Patient Flows for Emergency Inpatient Care between Lanarkshire, Glasgow and Forth Valley*, included a range of planning assumptions which the constituent Boards considered were reasonable for the use of hospitals, within the overall context of a regional approach to planning. He stressed that it was not intended to require individuals to travel excessive distances to access emergency care, and confirmed that the planning assumptions within the report took account of major hospital developments within Greater Glasgow and Forth Valley.
- 69.12 He reminded members that, for planning purposes, the aim was to achieve 95% of 'directable' patients (those accessing services through GPs, NHS 24 and the Scottish Ambulance Service) and 50% of self referrals/others within the affected areas admitted to the alternative hospital within the same Health Board – he acknowledged that achieving the latter element, viz: for self referrals/others, would require a substantial communications exercise, to ensure that clear and robust information for individuals was available about the means through which they should access emergency care. He stressed that the planning assumptions were based on a fundamental principle of securing balanced provision for clinical services and for patients, on a regional basis.

- 69.13 Councillor McAvoy endorsed the concerns expressed by Councillor McCabe about the extent to which it would be possible to positively influence the transport authorities, and he suggested that it would be more appropriate, therefore, to focus attention on the development of the limited-stop shuttle bus service commissioned by NHS Lanarkshire.
- 69.14 Mrs. Mahal explained that she had been reassured by the explanation within the commentary paper about the development of capacity and capability within the Scottish Ambulance Service.
- 69.15 The Modernisation Director explained that NHS Lanarkshire was engaged in detailed planning, in liaison with the Scottish Ambulance Service, to identify the consequential costs for additional crews and vehicles to meet the additional journeys required under each of the hospital options. He reported that the Ambulance Service currently awaited the outcome of a bid to the Scottish Executive, to enable the separation of the inter-hospital patient transport service and the 999 emergency service, which were currently linked, as this would enable a heightened focus on a dedicated 999 emergency response. He also explained that the Scottish Ambulance Service intended to invest heavily in the further development of services in the current year, including through the appointment of 43 additional staff, and the provision of additional vehicles, thereby enhancing the Service's capacity and capability.
- 69.16 In response to a question from Mr. Currie about the extent of comment and support for developments in Primary Care and Community Care, the Board Secretary explained that respondents who had commented on these issues had not expressed material opposition to the proposals, but had questioned the lead time for investment in Primary Care and Community Care delivering demonstrable health benefits.
- 69.17 The Director of the North Community Health Partnership, whilst acknowledging that there were elements of the investment in Primary Care, where the sustainability of some of the health improvements would only be demonstrated in the longer term, stressed that a substantial number and range of initiatives already were in place and already were delivering results. He highlighted £15m of investment in Primary Care through the new General Medical Services Contract; £3/4m investment in smoking cessation services; an additional £2m investment in community-based clinicians, beginning in the current year; substantial investment in the development of minor injury and minor illness services in the Cumbernauld and Kilsyth and Clydesdale areas; improvements to access and early diagnosis, aimed at enhanced prevention, including through increased prescribing of preventive drugs, such as statins and anti-hypertensives; all of which were delivering early and sustained health improvements.

THE BOARD:

1. Noted the commentary on the principal issues raised by public and staff respondents during the public consultation.
 2. Acknowledged the importance of travel and transport, and stressed the need for the issues highlighted in discussion to be pursued vigorously and actively through the new West of Scotland Transport Partnership, to ensure that the Partnership strategy takes into account the changing access requirements in relation to Lanarkshire Health Services.
- 69.18 The Modernisation Director explained that the Board had held true to its ambition to properly engage with wider stakeholder groups throughout the development of 'A Picture of Health', covering the pre-engagement consultation on vision and values in late 2004, through the detailed development of the proposals for change, including options, in 2005, to the very extensive public and staff consultation on the entire range of proposals relating to the whole system in 2006. He advised that, during this 2 year period, expectations of how public bodies, such as the NHS, should engage and consult with the public and other stakeholders, had risen, and standards had become

even more explicit. He stressed the extent to which these standards had reflected and guided the processes adopted by NHS Lanarkshire, helped by an ongoing and constructive dialogue with the Scottish Health Council which, once decisions had finally been taken by the Board, would report on the adequacy of NHS Lanarkshire's consultation processes overall, to the Deputy Minister for Health and Community Care.

Appendix 2: Initial Review Assessing the Equality and Diversity Impact of proposals

- 69.19 The NHS Board considered an Initial Review Assessing the Equality and Diversity Impact of proposals.
- 69.20 The Modernisation Director explained that equality for NHS Lanarkshire meant that all members of the community, irrespective of gender, age, race, disability, income, marital status, culture, religion, ethnic background, sexual orientation or responsibility for dependents, should have equal access to services, which should be sensitive to their needs. He referred members to Appendix 2: *Initial Review Assessing the Equality and Diversity Impact of Proposals*. He explained that the rapid Equality and Diversity Impact Assessment which had been conducted on the overarching *A Picture of Health* Strategy, concluded that the strategy would have an impact on the entire population of Lanarkshire, with specific implications for specific communities and parts of the population, including ethnic minority and other potentially excluded communities. He stressed that NHS Lanarkshire was committed to completion and response to a process of full Impact Assessment as 'A Picture of Health' progressed, from high level strategy to detailed implementation planning.
- 69.21 The Chairman invited comment from Mrs. Mahal, as Chairman of the Board's Equality, Diversity and Spirituality Committee, on the extent to which she was content with the initial review assessing the Equality and Diversity Impact of proposals, and on the proposed approach to the development of full Impact Assessments.
- 69.22 Mrs. Mahal confirmed that she was content with the initial review assessing the equality and diversity impact of proposals, and with the proposed approach to the development of the full Impact Assessments. She stressed, however, that the initial review had highlighted a need for further work in a number of areas as the 'A Picture of Health' Strategy moved through to implementation, and she highlighted the role for the Equality, Diversity and Spirituality Committee in this regard, including through the consideration of any deficits identified, contributing to the development of actions to address them, and the consideration of the outcomes from the implementation of those actions. Mrs. Mahal also noted and welcomed the separate, substantive consideration that would be given to the issue of Deprivation, which also bore on equality and diversity.

THE BOARD:

1. Noted the Initial Review Assessing the Equality and Diversity Impact of Proposals.
2. Noted the commitment to completion and response to a process of full Impact Assessment as 'A Picture of Health' progressed from high level strategy to detailed implementation planning.

Risk Assessment

- 69.23 The Modernisation Director reminded members that 'A Picture of Health' set out a programme of wide ranging change, service redesign and substantial capital investment to improve the health of the people of Lanarkshire, and explained that, inevitably, a programme of that size and scope would give rise to some risk and uncertainty. He stressed the extent to which there was recognition of the need to put

in place a structured process of risk assessment, risk evaluation, risk monitoring and risk management, to support the implementation of the changes, and advised that external support had been commissioned to undertake an initial high level assessment of the risks related to the 'A Picture of Health' proposals, with the output from this assessment informing the development of the risk management strategy. He advised that the initial assessment by the external advisors would be submitted to the Board's Audit Committee in due course, and that on this basis, the Adviser had assured the Board that a structured approach to risk management for 'A Picture of Health' was being implemented.

THE BOARD:

1. Noted the recognition of the need to put in place a structured process of risk assessment, risk evaluation, risk monitoring and risk management to support the implementation of the 'A Picture of Health' changes.
2. Approved the approach to risk management set out, and the intended role of the Audit Committee in this regard.

69.24 The Modernisation Director explained that over the course of recent months, a considerable amount of evidence had been set before the Board to assist objective decision making, in addition to the main document itself. He reminded members that a series of reports were received by the Board at its meeting on 24th May 2006, as follows:

- detailed report on the written responses received as a result of consultation
- detailed report on the verbal responses recorded at the consultation meeting
- independent audit of the consultation process against current guidance
- sustainability of the current configuration of acute services – the case for change
- impact assessment on transport and travel within Lanarkshire
- report on modelling the impact of hospital reconfiguration on cross boundary patient flows for emergency inpatient care between Lanarkshire, Glasgow and Forth Valley.
- report on the capital and logistical implications of either option 2 or 3 for the provision of hospital services.

69.25 He stressed that these reports, along with the further evidence presented today, for consideration, were compiled in response, either to requests by the Board itself, or to the weight of issues reflected in responses during public and staff consultation. He advised that the further reports before the Board, on: Deprivation; Older People; Workforce; and Finance and Logistics, reflected further study into key issues raised during consultation, principally in relation to the choice of the second emergency hospital. He explained that these reports would be presented, in turn, by their main authors.

Appendix 3: Deprivation

69.26 The NHS Board considered a report on deprivation.

69.27 The Director of Public Health explained that there was no single agreed definition of Deprivation, which was a multi-dimensional concept, not synonymous with poverty. She explained that people could suffer: material deprivation, through lack of access to material goods and resources; social deprivation, through roles and relationships and lack of social contacts in Society; and multiple deprivation through low income, poor

housing and unemployment. She suggested that a key question was whether there was a link between deprivation and health. She advised that many factors influenced health, viz: physical or socio-economic environment – air pollution, climate, local amenities and services; individual – genetic, biological, ethnic, early life experience and lifestyle factors; and health service – provision and quality of health services, access and utilisation – these influencing factors were not equal across all, and produced the differences or inequalities that were seen in health, in access to services, and in the outcomes of health care.

- 69.28 The Director of Public Health explained that there were different arguments about the links between deprivation and health, viz: whether it was an artefact, due to errors of measurement and misclassification; whether it was due to social selection; whether it was behavioural; or due to material and social life circumstances. She advised that there was little evidence to support the social selection argument, and that although behavioural factors, such as smoking, diet and lack of exercise led to inequalities, the risk of death from many causes not related to lifestyle remained higher in deprived groups. She also confirmed the wide acceptance that material and social life circumstances affected health. The Director of Public Health explained that, given the close association between health and deprivation, deprivation indices were used as a proxy for general health status – the Scottish Index of Multiple Deprivation for small areas between 500 to 1000 people ranked on factors such as; income, employment, health, education, housing and access, was a widely accepted methodology. Within this, the 1222 Local Authority electoral wards were divided into 5 equally sized groups – only 1 Lanarkshire ward lay within the affluent 20%, and 2/3 were within the poorest 40%, with the more deprived wards having the poorest health.
- 69.29 The Director of Public Health explained that information about health was not routinely collected, and death rates were used to measure health – in Lanarkshire, death rates were above the Scottish average for men and women under and over 65 years, and whilst the rates were improving over time, the gap between Lanarkshire and Scotland was not decreasing. Poor health was widespread, with Clydesdale and East Kilbride having death rates just below the Scottish average, and all other areas of Lanarkshire above the Scottish average. The 2001 census analysis of self-reporting of limiting long term illness, showed that over 20% of residents of localities, except in East Kilbride and Cumbernauld, had limiting long term illness. The Director of Public Health stressed that 1000 deaths per annum were attributable to smoking, with death preceded by long periods of increasingly poor health, requiring treatment from primary and secondary care. Whilst 1 in 3 adults smoked, there was a strong correlation with deprivation, and prevalence of smoking in the most deprived areas was of the order of 43%.
- 69.30 The Director of Public Health explained that within their Community Planning responsibility, Councils were charged with improving health and wellbeing. She explained that the North Lanarkshire Community Plan included, as priorities in this regard: tobacco; physical activity; alcohol; diet; capacity; and workplace health, whilst the priorities within the South Lanarkshire Community Plan, were: smoking; physical activity; diet; alcohol; mental health and workplace health. She advised that, following Social Inclusion Partnerships, Regeneration Outcome Agreements were established for the 15% of data zones with the greatest need to tackle poverty, deprivation and health inequalities, with NHS Lanarkshire contributing senior management, planning and public health expertise to these processes. She advised that NHS Lanarkshire had a particular focus on health promotion, with 138 programmes operating during 2005/2006, mostly pan-Lanarkshire or linked with Local Authorities – 25% were dedicated to deprivation, and 28% had a major deprivation component, including: binge drinking; breastfeeding; ethnic minority screening; looked after children; breakfast clubs; promoting mental health and peer education.

- 69.31 The Director of Public Health reminded members that 90% of contacts with health services were in Primary Care. She explained that £2.133m was being invested in Primary Care, with resources being allocated, in particular, to deprived areas, with Coatbridge receiving an Arbutnott weighted share of 9.2% compared to its population share of 8.2%. She explained that a key tenet of Community Health Partnerships, introduced in April 2006, was to improve health and wellbeing through Joint Health Improvement Plans and Integrated Service Plans with the Local Authorities. She stressed the extent to which tackling life circumstances and lifestyles, through organisations, at various levels, was critical to reducing the all too clear mortality and morbidity in Lanarkshire.
- 69.32 The Director of Public Health reminded members of the need to be mindful that less than 10% of contacts with health services took place in hospital, with all outpatient appointments accessed through routine referral. She highlighted the extent to which, during the consultation, comments had been made that NHS Lanarkshire had paid insufficient attention to the impact of deprivation on health, and specifically, that the configuration of hospitals could mean that deprived populations were disproportionately disadvantaged, had a greater need for acute care, and that time to access that care could make a critical difference to outcome of illness or injury. She explained that the Information Services Division of National Services Scotland (formerly the Common Services Agency), had reported on various analyses in 1998 on deprivation and ill health which frequently required emergency care –this showed that the incidence and mortality for coronary heart disease under 65 years was higher in deprived areas, but had no correlation over 65 years. It showed increased risk of mortality from stroke in under 65 years with increasing deprivation. Lung and cervical cancer increased with increasing deprivation and colorectal cancer rates were similar across all deprivation categories, whilst breast cancer was associated with affluence. For the common cancers, there was decreasing survival with increasing deprivation. There was an increasing risk of suicide with deprivation, and schizophrenia rates were higher in deprived areas.
- 69.33 In relation to coronary heart disease, other analyses confirmed the link with socio economic deprivation and studies across all Primary Care Trusts in London for long term conditions, including heart failure, identified higher rates in deprived areas, irrespective of standards of Primary Care. There also was evidence that people in deprived areas with cancer were more likely to be admitted as an emergency, but were less likely to be admitted for day case procedures and less likely to receive surgical treatment.
- 69.34 The Director of Public Health highlighted the Acheson Report on Inequalities in Health, published by the Department of Health, which reported that ‘Evidence on variations and access to secondary care is often difficult to interpret, since many studies do not adjust for case mix or distinguish between emergency and elective care. Monitoring equity of access to secondary care from routine data sources is also difficult, since the collection of data about ethnicity, socio-economic status and utilisation of the private sector is incomplete. There is a positive relationship between levels of deprivation in an area and hospital admission rates, although there are also great variations in hospital admission rates between GP practices. Thus, deprivation is not the only factor influencing hospital admission, and higher admission rates could also, in part, reflect poorer access to primary and community care services, as, for example, in the case of diabetes and asthma. For outpatients, attendances are either higher in disadvantaged groups or similar to the better off, after adjusting for need. For some ethnic minority groups, outpatient attendance rates are lower than for the ethnic minority. There is some evidence to suggest that this may be related to GP referral beliefs and practices. Inequity in access to investigation and specialist cardiac services treatment, has been observed in relation to socio-economic factors, ethnic group, gender, age and geography. The Director of Public Health explained that access was not just about physically being able to reach services, or about taking time off work to attend them, but also was about intellectual access and understanding.

- 69.35 She referred to the Scottish Trauma Audit Group (STAG), which studied access to treatment for injuries – this showed a deprivation related gradient for injuries of all types, particularly in children and road traffic accidents, and demonstrated that an increased number of Consultants in Accident and Emergency Medicine, anaesthetics and surgery, had led to reduction in mortality. She also highlighted a study of child deaths in South East Scotland over 11 years, which showed that 98 of 138 deaths (72%), occurred within an hour of injury or child was dead when found, and 75% of 331 adults were dead when found, or died instantly. A West of Scotland examination of the outcome for 4500 patients, showed that none died during primary transfer from scene to hospital. Therefore, the evidence suggested that the greatest potential for reducing deaths from injuries lay with prevention. There also was no evidence that time made an actual difference to outcome, and a recent NHS Lanarkshire paper reached a similar conclusion about journey times to hospital for patients with Myocardial Infarction.
- 69.36 The Director of Public Health explained that head injury was more common in deprived areas, and that a similar proportion of head injured patients in deprived and affluent areas was transferred to a neuro-surgical centre. For these cases, the time to surgery was similar, with no significant difference in mortality, and people from deprived areas not being disadvantaged in terms of process or outcome of care.
- 69.37 The Director of Public Health explained that there was a clear link between deprivation and ill health, and advised that the strategic direction of ‘A Picture of Health’, with increasing investment in primary care and input to community planning along with health promotion, health protection and planned care, was designed to address the major health issues of the people of Lanarkshire, including those of deprived communities. She stressed that consideration of issues of access for emergency care for deprived communities had shown that journey times, in themselves, did not appear to affect the outcome of emergency hospital care, and that health outcomes were not materially affected by the location of the emergency hospitals.
- 69.38 Councillor McCabe explained that the analysis of data zones, within the North Lanarkshire Partnership, showed that residents in the Monklands area experienced the lowest life expectancy and the poorest health in Lanarkshire. He disagreed, strongly, with the conclusion to the report on deprivation, viz: that journey times in themselves did not appear to affect the outcome of emergency hospital care and that health outcomes were not materially affected by the location of the emergency hospitals. He acknowledged that ‘A Picture of Health’ contained a number of very positive proposals, particularly for developments in Primary Care and Community Care, but he suggested that the lead time for these developments to have an impact in areas of deprivation, suggested that there was a need to maintain the earliest possible access to an emergency hospital for the Monklands area.
- 69.39 The Director of the North Community Health Partnership stressed that there was an evidence base to show that anticipatory care and prevention, matched with sustained investment in primary care, including rapid access to services, would bring major developments in health improvement.
- 69.40 Mrs. Mahal supported the case for significant investment in primary care, given that it accounted for approximately 90% of health service contacts, and she highlighted the fact that ‘A Picture of Health’ set out an ambitious range of development proposals for primary care and community care, as well as for hospitals.
- 69.41 The Director of Public Health stressed that the conclusion to her research, viz: that she could find no evidence of a demonstrable link between journey time and outcome in emergency cases, had been informed through detailed investigation, and had included consultation with public health colleagues in Lanarkshire and in other NHS Board areas in Scotland.

- 69.42 The Chief Executive highlighted the importance of recognising that the majority of secondary care was provided at an outpatient and daycase level, and stressed that outpatient and daycare services would be significantly enhanced through the implementation of 'A Picture of Health'. Although acknowledging the important relationship between deprivation and health and the extent to which this should influence the 'A Picture of Health' proposals, he suggested that in a situation with approximately 93% of Lanarkshire residents being within 30 minutes travel time of an Acute hospital, the physical location of Acute Services in proximity to areas of deprivation, was not a material factor.
- 69.43 In an endorsement of this position, the Medical Director highlighted the crucial importance of the demonstrable linkage between accessing Consultant care and outcomes, and he stressed the extent to which the proposals for Modernising General Hospital Services were driven, amongst other issues, by the desire to ensure that NHS Lanarkshire could achieve and maintain its full complement of Consultant medical staff.
- 69.44 Mr Clark stressed the requirement to achieve reductions in inequalities in health in Lanarkshire, and he suggested that the principal means of achieving this was through significant additional investment in health education and preventive measures. In relation to hospital services, he acknowledged that quality of care, rather than access, was the most important consideration.
- 69.45 Mr. Anning reminded members of the outcome of previous engagement in the 'A Picture of Health' process, when a number of respondents had indicated that they would be willing to travel further for improved treatment, but were nevertheless concerned about access and travel for relatives. Allied to this, he sought clarification on the extent to which journey times for relatives, visitors, carers had any adverse impact on their health.
- 69.46 The Director of Public Health explained that emergency care invariably involved short length of stay, which was not of sufficient duration to influence the health of relatives and carers. She also stressed the extent to which life circumstances and behaviours were key to influencing health and health status.
- 69.47 The Chief Executive highlighted a significant issue where, demonstrably, individuals from deprived communities generally presented late, and the correlation between late presentation and outcome, which often was poor. He stressed that the range of initiatives within 'A Picture of Health', related to early onset and access to diagnostic services, were specifically designed to address this issue.
- 69.48 In an endorsement of this position, the Director of the North Community Health Partnership explained that 'A Picture of Health' was predicated on pursuing a whole system approach to identifying early, individuals at risk of developing long term illnesses. He highlighted the investment of £1.4m to begin this process for individuals within the 45-64 years 'at risk' age group, in deprived communities in Lanarkshire, given the demonstrable difference in health for this age group between deprived and non-deprived communities. The focus of this approach would involve the development of care plans for individuals identified as being at risk, with the aim of delivering early benefits for individuals.
- 69.49 Mr. Sutherland highlighted the importance of the sustainability, improvement and relevance of services across the Primary Care, Community Care and hospital sectors. He acknowledged the evidence presented to the Board at its meeting in May, in support of the position for acute care, where, demonstrably, the establishment of larger emergency teams, with specialist skills, impacted directly on the quality of care and outcome, and stressed the extent to which this consideration had underpinned the Board's decision that the status quo was not sustainable.

THE BOARD:

1. Noted the report from the Director of Public Health on Deprivation.
2. Noted Councillor McCabe's rejection of the research conclusion, and his firmly held view that the presence of an acute hospital within the Monklands area, as the most deprived in Scotland, was imperative.

Appendix 4: Older People

- 69.50 The NHS Board considered a report on Older People.
- 69.51 The Director of Public Health explained that the paper was intended to present the Board with evidence in relation to older people and particular issues in relation to their health.
- 69.52 She explained that Lanarkshire's population was ageing, with the largest number of over 75 year olds living in Hamilton, East Kilbride and Motherwell, and the fastest rates of increase between 1991 to 2001 being in East Kilbride and Cumbernauld – statistical estimation of the 75 plus population in 2013 assuming past trends continued, suggested that the number of older people would increase in all parts of the country.
- 69.53 The Director of Public Health explained that life expectancy in Lanarkshire at birth was similar to Scotland, but that healthy life expectancy at birth was around 3 to 4 years less, suggesting that Lanarkshire residents spent a longer time with less good health than in other parts of Scotland. Life expectancy at birth in North Lanarkshire was a few years less than for South Lanarkshire, but was similar at age 65 –this suggested that among people over 65 years, the burden of illness would be similar in North and South Lanarkshire; however, in people under 65 years of age, the burden of illness would be greater in North Lanarkshire.
- 69.54 The Director of Public Health noted the long-standing upward trend in emergency episodes both under and over 65 years, with a particular increase in elective admissions in the over 75 years age group since 1999, and elective admission rates falling in the under 65 years age group.
- 69.55 She explained that, in 2004/05, the Monklands area had the second highest number of inpatient episodes in people aged over 65 years, in spite of the fact that it had the lowest resident population in this age group, by locality – this was partly explained by locality areas not entirely reflecting hospital catchments, particularly Bellshill /Viewpark, which was defined as part of the Wishaw catchment, although many patients attended Monklands Hospital, with the result that Monklands had a net gain in episodes above its resident population.
- 69.56 The Director of Public Health explained that the main causes of hospital admissions in older people, were: coronary heart disease; cancer; respiratory diseases; disease of the digestive system; and non-specific signs and symptoms, with a significant number of these admissions having arthritis and visual and auditory problems – older people were also more likely to have: multiple concurrent illnesses; more susceptibility to developing complications; and were more likely to require intensive rehabilitation.
- 69.57 She advised that Lanarkshire had above the Scottish average rate of admissions of older people, but that the average length of stay on each admission was below the Scottish average, with frequent short duration admissions, mostly accounted for by older people with chest pain (cardiac and non cardiac), acute exacerbations of Chronic Obstructive Pulmonary Disease; and some due to frail older people with multiple illnesses, at high risk of falling in their homes.

- 69.58 The Director of Public Health referred to the Scottish Executive Report of the Expert Group on Healthcare of Older People, *Adding Life to Years*, published in 2001, which highlighted this as the principal task of the NHS in the 21st century – whilst there were many increases in hospital admissions over 65 years, and increasingly over 75 years, the report noted that 95% of over 65 year olds stayed at home and preferred to do so.
- 69.59 She advised that promoting healthy lifestyles for this group was important, given the increasing proportion of older people in the population, with more focussed action required to promote healthy lifestyles in older people. This included encouraging physical activity, either individually or in groups, as this could help to maintain or even regain muscle strength. Maintaining social and mental activity also were important for health and wellbeing amongst older people, and a nourishing diet became increasingly important with increasing age, where under-nutrition, rather than obesity, was an increasing problem. Dentition also was important in older people, in order that they could eat and enjoy a variety of foods.
- 69.60 The Director of Public Health explained that smoking was a lesser problem in older people, although many may be ex-smokers. Excess alcohol consumption also was a lesser problem, affecting 6% of males and 1.5% of females, although such drinking tended to occur on a daily basis and may be concealed.
- 69.61 She highlighted the extent to which protecting health and preventing disease also was key to maintaining health in older people. Annual immunisation against influenza, and 10 year immunisation against pneumococcal pneumonia, played an important part in reducing mortality in otherwise fit older people, and regular administration of aspirin to prevent recurrence of stroke and myocardial infarction, and warferin in atrial fibrillation to prevent stroke, were vital, along with calcium and vitamin D to reduce the likelihood of fractures. Depression, which was a particular issue in older people, usually responded well to medication, and there was a need, therefore for Practitioners to be trained to ensure its early diagnosis and treatment. Compliance with medication was of particular importance in older people, and training for professionals and patients alike was important to ensure that the potential benefits of compliance were not lost.
- 69.62 The Director of Public Health explained that planned admission to hospital for surgical treatment of cataract and joint replacement, also played an important role in improving the quality of life of older people. She explained that the Acheson Report had highlighted research, which showed that severe visual problems were less likely to be recognised and treated in older people from disadvantaged communities.
- 69.63 She advised that surveys had shown that older people preferred to stay at home, whenever possible, and that collaboration between health and social care services to make this possible had improved considerably over recent years – acute illness could be treated at home with access to appropriate investigation, but if brief hospital stays were necessary, supported early discharge must be planned, with multidisciplinary input, so that the numbers of patients whose discharge was delayed, the majority of whom were elderly, would be reduced to a minimum.
- 69.64 The Director of Public Health explained that chest pain and heart failure were two of the common causes of unscheduled care, with the availability in Lanarkshire of rapid access chest pain clinics having reduced the need for emergency admission – waiting time in all three hospitals was under two weeks, and heart failure increasingly was managed by community – based heart failure nurses.
- 69.65 The Director of Public Health stressed that care for older people was likely to become increasingly important as younger generations became older, and were more likely to be more demanding and have higher expectations of benefit from new technology, such as minimal access surgery. She advised that NHS Lanarkshire recognised the needs of the increasing number of older people, many of whom were living with long term conditions – these issues were recognised in *Delivering for Health* and could not

be gainsayed. She highlighted the development of a rapid assessment and treatment service, the proposed Respiratory Managed Clinical Network to manage acute exacerbations of Chronic Obstructive Pulmonary Disease in the community, care management pilots and case management for vulnerable people, all of which were under active consideration, and should begin to address these issues.

- 69.66 The Director of Public Health explained that the people of Lanarkshire were ageing like the rest of Scotland, with the number of older people projected to increase in all parts of the County – 95% of older people lived at home and preferred to do so. She advised that ‘A Picture of Health’ described improvements in primary care, particularly for those with long term conditions, and these improvements, along with health promotion, health protection and planned secondary care, were key to maintaining and improving the health of older people. She advised that while emergency admissions of older people were increasing, given the relatively short average length of stay, the location of emergency hospitals would not significantly affect the quality of care for older people or their care experience.
- 69.67 Councillor McCabe acknowledged that population projections were not 100% accurate. He suggested that although there was evidence that people were living longer, this was not the case in the Monklands area, because of the levels of deprivation, and the higher rates of admission to Monklands Hospital as a consequence of deprivation.
- 69.68 Councillor McAvoy explained that South Lanarkshire Council had made major investments in developing social care facilities and services and highlighted the contribution of this investment to the avoidance of hospital admission for older people.
- 69.69 The Medical Director stressed the need for the substantial development of primary care and community care services, in order to meet the needs of the increasing numbers of older people in the population, matched with high quality services provided by specialists, when their admission to hospital became a requirement.
- 69.70 The Chair of the Area Clinical Forum endorsed this view, and highlighted the need for a comprehensive training and development strategy, with the aim of ensuring that staff were appropriately trained to maintain individuals in the community, where possible.
- 69.71 The Director of the North Community Health Partnership highlighted the investment in Care Management, involving joint contributions from Health, Social Work, Housing and Leisure and Recreation, to the development of co-ordinated care plans, aimed at maintaining individuals in the over 65 years age group in the community, with rapid interventions to treat acute illness at home, and admission to hospital, where necessary.
- 69.72 In an endorsement of this position, the Chairman suggested that increased investment in developing primary care and community care, including through joint working with local authorities as the Board’s key partners, should reduce the need for hospital admissions amongst older people.

THE BOARD:

1. Noted the report on older people.
2. Noted Councillor McCabe’s position that the increased admissions of older people to hospital within the Monklands area was related to deprivation, and therefore dictated the need for an acute hospital within that community.

Appendix 5: Workforce

- 69.73 The NHS Board considered a report on workforce.
- 69.74 The Director of Human Resources explained that workforce was a significant area to consider, as one of the components in the decision making process over 'A Picture of Health'. He advised that the purpose of the paper was to examine the workforce considerations which the Board required to take into account, specifically in reaching a final decision on the Acute Reconfiguration Options.
- 69.75 He explained that predicting workforce numbers accurately was dependent upon the final clinical strategies and models which would be put in place, and which would determine the shape of the workforce. He stressed that predicting future bed configuration, especially in the timescales envisaged in 'A Picture of Health', was problematic, and advised that the final configuration would reflect efficiency improvements, redesign and cross boundary flow. He stressed that a detailed Workforce Plan would take at least 2 years to develop following approval of the Board's strategy. However, the paper assumed no change in the total number of beds, and was based on the assumption that workforce numbers were not expected to change overall, although there would be a different configuration of the workforce, in line with service changes, because the two emergency care sites would have increased bed complements, and the planned care site would have a reduced bed complement.
- 69.76 The Director of Human Resources explained that the issues considered in the paper, included: how the changes in bed numbers across three sites would impact on staffing numbers; whether it would be possible to measure the effect on the workforce of the changed service models and activities; the relationship between staff postcode and place of work; whether the increase/decrease of beds and subsequent staff changes would be impacted on by future recruitment difficulties; whether there were other HR indicators which would help the decision making process, such as sickness, Agency and Bank; the Property and Support Services staffing implications of the proposed changes; and the Human Resources challenge of developing and implementing the Workforce Plan and HR Implementation Plan.
- 69.77 The Director of Human Resources stressed that looking at workforce numbers against planned bed capacity could only be done at a very high level at this stage, when the final decisions on what activity would take place on which site had not yet been taken. He advised that in considering the number of beds, nurses were the professional group most affected, because of the model of patient care in the wards – almost half of the workforce consisted of nurses and midwives and, therefore, looking at the impact of proposed changes on this group could give a feel for some of the implications for the workforce. He advised that as a result of the detailed workforce planning undertaken within nursing and midwifery, it was possible to begin to roughly model the potential impact on the nursing workforce, and that headcount was used within the section of the paper dealing with bed number analysis, as this related to the movement of people, as opposed to whole time equivalent, which related to service provision.
- 69.78 The Director of Human Resources explained that under the option with Wishaw General and Monklands Hospital as emergency care sites and Hairmyres Hospital as a planned care site, there would be an increase of approximately 137 beds at Monklands Hospital and 50 beds at Wishaw General Hospital, with a reduction of 187 beds from Hairmyres Hospital – using the nursing model described, this would mean approximately 234 nursing staff would be relocated from Hairmyres Hospital to one of the other acute sites.
- 69.79 Under the option with Wishaw General Hospital and Hairmyres Hospital as emergency care sites and Monklands Hospital as a planned care site, there would be an increase of approximately 168 beds at Hairmyres Hospital, and 50 beds at Wishaw General Hospital, with a reduction of 218 beds at Monklands Hospital – translating this into workforce terms, would mean that approximately 273 nursing staff would be

relocated from Monklands Hospital to deliver the same services to one of the other acute hospital sites. The Director of Human Resources stressed that these staff movements should be seen as 'net' of inflows and outflows, and only related to nursing staff. He also stressed that while the paper looked at the workforce considerations around acute configuration, a considerable investment in primary care and, in particular, community nursing, would impact on these numbers from a Board wide perspective.

- 69.80 In the area workforce numbers and service activity, the Director of Human Resources explained that looking at the overall picture, a significant range of patient services, such as outpatients, diagnostics and daycase services, would continue to be delivered on all three sites and therefore, for example, a reduction in bed size of 30% on a site would not result in a reduction of staff requirement of the same percentage. Those services which continued on each site, along with the elective inpatient services, would all require access to diagnostic services, such as radiology and laboratory services, and whilst the change in configuration of the planned care site would change the shape of demand on these types of service, it was difficult to quantify the impact of this in workforce terms at this stage; however, initial impressions were that there was unlikely to be any significant alteration in these areas.
- 69.81 The Director of Human Resources explained that a postcode analysis, as reflected in the Workforce Plan showed that 88% of the workforce delivering health services in Lanarkshire also lived in Lanarkshire. He advised that an analysis of the postcodes of staff working in the acute hospitals showed that 45% of Hairmyres staff lived in the immediate East Kilbride vicinity, with 49% of Monklands staff living in the Airdrie/Coatbridge vicinity – moving that analysis a stage further, 64% of Hairmyres Hospital staff lived within the immediate area or surrounding postcode areas compared with 70% of Monklands Hospital staff – this would indicate that, potentially, more staff at Monklands Hospital would be inconvenienced with increased travel, should they relocate, than those working at Hairmyres Hospital at present, although the gap was not substantial.
- 69.82 He advised that the predicted staff movements had been indicated as 'net' of inflows and outflows – this meant that the actual movement of staff could potentially be higher when inflows and outflows were taken into account. However, on the basis of the postcode analysis and experience with previous organisational change, the likelihood was that at the time of implementing change, the number of staff actually wishing to move would be much lower.
- 69.83 The Director of Human Resources stressed that recruitment to Consultant vacancies was seen to be problematic within Lanarkshire, which had a consultant vacancy rate of 16% against the Scottish average of 8% - the factors that affected the recruitment to consultant medical and dental posts within NHS Lanarkshire, included; competing with the two larger teaching boards i.e. Edinburgh and Glasgow; Specialist Registrars being drawn to specialist units where resources were concentrated; the existence of shortage specialty areas that were recognised throughout Scotland. He advised that the changes in 'A Picture of Health' would specifically address these difficulties, whichever option the Board chose.
- 69.84 The Director of Human Resources explained, in relation to the recruitment of non medical staff, that there had been a general perception that recruitment was more difficult at Hairmyres Hospital than at Monklands Hospital. Accordingly, a comparison had been undertaken of recruitment activity for nursing staff for both Monklands Hospital and Hairmyres Hospital for the years 2004/05 and 2005/06. This showed that during 2004/05, Hairmyres Hospital had a greater number of nursing vacancies to fill than Monklands Hospital, whereas, during 2005/06, the reverse was the situation – although there had been a substantial number of vacancies to fill, there had, with a few exceptions, been success in filling vacancies in both the Monklands and Hairmyres sites – this was partly due to proactive work in: promoting NHS Lanarkshire and Bell College PR events; undertaking substantial recruitment from

Bell College; implementing the recruitment of Clinical Support Workers via Bank Aide; reporting recruitment trends on a monthly basis to the Acute Nursing and Midwifery Forum meeting and highlighting hot spot areas; and redeploying displaced staff to acute hospital sites. Notably, there were no material differences in sickness levels overall between Monklands Hospital and Hairmyres Hospital.

- 69.85 The Director of Human Resources highlighted, as another workforce issue which may be of relevance, the use of Agency and Bank staffing – in this area, the development of the NHS Lanarkshire Nursing and Midwifery Bank had been a major success and had reduced reliance on agency to an absolute minimum, with agencies being used only in two sets of circumstances, viz: where a post required to be filled and there were no individuals on the Bank with the necessary skill set; and where the Bank simply could not cover the shifts. Hairmyres Hospital had a smaller number of beds but requests for shifts to be covered, on a short term basis, were higher than at Monklands Hospital. A lower percentage of requests were met at Hairmyres Hospital, and this would appear to be because fewer of the staff at Hairmyres Hospital wished to join the Bank, and staff on the Bank from other areas of Lanarkshire were sometimes reluctant to travel to Hairmyres Hospital. However, in actual numbers, more shifts were actually covered at Hairmyres than at Monklands.
- 69.86 The Director of Human Resources explained that the workforce challenge behind ‘A Picture of Health’ was clearly to develop the Workforce Plan and the Human Resources Implementation Plan. He reminded members that the Workforce Plan was presented to the Board in April 2006, when it was explained that the structure and processes around the implementation of ‘A Picture of Health’ would define the clinical strategy which would determine the workforce configuration. He stressed that the HR Implementation Plan would be designed in partnership with Staff Side Representatives, and would include an absolute commitment to the application of the Board’s Organisational Change Policy, which already had been agreed in partnership, and which set out the arrangements for dealing with staffing changes on a partnership basis. He advised that the Plan would also operate in conjunction with the No Detriment Policy, which ensured that staff did not suffer any diminution in pay and conditions following organisational change.
- 69.87 The Director of Human Resources highlighted the substantial experience which the Human Resources Department had in the area of organisational change, through dealing with major organisational change over a number of years. He advised that implementation of ‘A Picture of Health’ would be underpinned by a detailed Organisational Development and Learning Plan, which would sit beside the Human Resources Plan. There also would be appropriate support mechanisms in place for staff who redeployed. He stressed the considerable lead time for implementing the new arrangements, which would ensure that the effect on staff was minimised, and he stressed the commitment to developing, in partnership with staff side colleagues, a Workforce Plan which would identify the future staffing configuration, and a Human Resources Implementation Plan, which would set out the mechanisms for delivery against the Workforce Plan.
- 69.88 The Director of Human Resources advised the Board that, having examined a number of workforce considerations, it was clear that there were no compelling advantages or disadvantages, from a human resources perspective, in determining one option over the other for acute hospital reconfiguration, i.e. the impact was broadly neutral.
- 69.89 The Employee Director, as Chairman of the Staff Governance Committee, acknowledged that whilst there would be a loss of posts on the planned care site, due to the reduction in bed numbers, this would not represent a loss of posts to NHS Lanarkshire, as they would transfer to other areas of the service in Lanarkshire. He acknowledged also the commitment to implementation with the staff, through the established partnership arrangements, and stressed the need for significant investment to underpin the Organisational Development and Learning Plan, such that staffs’ training and development needs for their changed roles, could be met. He stressed

the imperative of ensuring that the Board's decisions today, particularly in relation to acute hospital reconfiguration, were communicated at the earliest opportunity to staff across Lanarkshire, and particularly to those staff within the hospital which would be designated as the planned care site.

- 69.90 The Director of Finance acknowledged the issue raised by the Employee Director, and confirmed that the significant transitional costs associated with implementation were addressed through provision within the Financial Plan for training and development.
- 69.91 Councillor McCabe, although noting that there would be no net loss of posts to NHS Lanarkshire, remained concerned at the job losses from Monklands Hospital, through staff transfers, if it was designated as the planned care site.
- 69.92 The Director for Allied Health Professions, Nurses and Midwives highlighted the record of investment in staff in NHS Lanarkshire, particularly during major organisational change, and the substantial experience of managing staff transfers that existed within the system.
- 69.93 The Director of the North Community Health Partnership acknowledged that the workforce analysis had focussed on acute reconfiguration options. However, he highlighted the extent to which A Picture of Health would require the development of capacity and capability within Primary Care and Community Care, involving approximately 100 additional staff in those settings, particularly in the most deprived areas, including the Monklands area.

THE BOARD:

1. Noted the report on workforce.
2. Noted Councillor McCabe's concerns at job losses from Monklands Hospital if it was designated as the planned care site.

Appendix 6: Finance and Logistics

- 69.94 The NHS Board considered a paper on Finance and Logistics (circulated).
- 69.95 The Director of Finance explained that the paper provided an overall assessment of the capital and logistical requirements for the Board, as a consequence of all of the proposals set out in 'A Picture of Health' and, importantly, its ability to deliver this investment within the Board's financial plan – it also provided a more detailed financial and value for money appraisal of the two options for acute services, to support the Board, along with consideration of other key evidence and criteria, in arriving at a decision on the location of the second emergency care site.
- 69.96 The Director of Finance reminded members that for acute services, the Board had received a report in April from Currie and Brown on the 2 options, which was discussed by the Board at its meeting in May – this identified costs of £173m for Monklands Hospital as an emergency care site and £133m for Hairmyres Hospital as an emergency care site. She explained that, since then, further discussions had been had with Currie and Brown, to ensure the delivery of hospitals which were fit for purpose through the changes, and also to consider the logistical implications of developing each of the 3 sites, in particular from a capital perspective, and the impact on the timing of implementation.
- 69.97 The Director of Finance advised that for Monklands Hospital as a planned care site, Currie and Brown had advised that this would involve mainly refurbishment, and therefore would result in compromise in functionality and full compliance with current standards – to address the complexities and logistics of creating Monklands Hospital as an emergency care site, Currie and Brown had recommended significant new build, thus improving functionality; however, with the retention of an existing

building requiring refurbishment, there would still be some compromise in functionality. She advised that for Wishaw and Hairmyres Hospitals, changes could be accommodated more readily, because of flexibility of design, although despite their relative 'newness', both buildings would still fall short of some current guidance.

- 69.98 The Director of Finance explained that in examining the requirements for all sites, it was recognised that the different build solutions required for the two options would have an impact on the timelines for delivery, and therefore the actual capital costs. She explained that, since May, work had been taken forward with Currie and Brown to consider the likely timelines for the options, taking account of the procurement/pre-construction work, as well as the expected construction period. Importantly, this had identified a significant difference in the time required to deliver both options. The timelines set out within the paper before the Board, showed that if Monklands was chosen as the second emergency care site, the delivery of 2 emergency care hospitals would not be completed until 8 years after commencement of the Business Case process, because of the complexities of that site – for Hairmyres as the second emergency care site, the two emergency care hospitals would be available after four years.
- 69.99 The Director of Finance explained that, the consequences for implementing the required changes to service models notwithstanding, this would also have a significant impact on the costs of both options because of the impact of inflation. With Monklands Hospital as an emergency care site, the costs would be £226.9m over the life of the project, and with Hairmyres Hospital as the second emergency care site, the costs over the life of the project would be £172.6m - both options showed a significant movement in the cost of Monklands, because of the timescale involved in re-developing this site.
- 69.100 The Director of Finance reminded members that the Board made a significant commitment to investment of more than £100m when it approved the 2005/2010 Capital Plan in 2005, including a commitment to major capital investment in Primary Care – already design teams had been appointed for the Bellshill, Carluke, Coathill and Caird House developments, and the District Valuer was currently supporting the Board in its negotiations with the developer for the Airdrie Resource Centre. She explained that the financial impact of these developments had been a key consideration when reviewing the options for acute hospitals, given the Board's commitment to developing primary care and community services. She explained that, at a high level, the capital costs of re-providing acute mental health services and a new build at either Wishaw General Hospital or Monklands Hospital and to refurbish the existing facility at Hairmyres Hospital, would involve £35m in Capital.
- 69.101 The Director of Finance explained that based on these estimates, for all investments, the paper before the Board also concentrated on the assessment of the revenue cost of the capital, and how that compared with the current financial plan, in terms of affordability. She advised that this had involved a number of assumptions, based on both experience of other projects and guidance from the Scottish Executive Health Department. Based on these assumptions, the revenue (annual) cost of the option with Monklands Hospital as the second emergency care site, was likely to be of the order of £23.4m each year for acute investment, and for the option with Hairmyres Hospital as the second emergency care site, would likely be of the order of £15.5m each year for acute investment. The inclusion of the cost of investment in primary care and mental health would bring these figures to £32.1m and £24.1m, respectively.
- 69.102 The Director of Finance explained that before examining these costs within the context of the Board's Financial Plan, it was also important to examine the value for money of each option. She advised that the test for value for money was an absolute requirement for all Business Cases, as it measured the total cost of options, both Capital and Revenue at current prices, and therefore took into account, not only the immediate capital costs of both options, but also recognised what was known as 'life cycle' costs i.e. the cost of supporting that capital over the life of the project. Despite

not being at Business Case stage, it was recognised that this test was as valid, at a strategic level, in assessing the options.

- 69.103 The Director of Finance explained that applying the economic test for acute investment showed a net present value of £351.73m for the option involving Monklands Hospital as the second emergency care site and £238.217m for the option involving Hairmyres Hospital as the second emergency care site, with the main reasons for the very significant difference in the two options being: the timelines for capital investment; the fact that PFI unitary charge commenced on entry date; the fact that PFI life cycle costs were smoothed over the life of the project; public sector Cash Flows reflecting the construction profile; and public sector life cycle costs profiled over the 60 year life of the buildings.
- 69.104 The Director of Finance highlighted the requirement to deliver the investment within the Board's Financial Plan, and stressed the criticality of sustaining financial balance within NHS Lanarkshire, given that the current financial position continued to remain out of balance, despite the significant progress that had been made to date. She reminded members that the five year Financial Plan presented to the Board in February 2006, had identified an opening deficit for 2006/07 of just over £21.5m, although improving during the course of the year to a forecast for the year end of an underlying recurring deficit of £9.4m. She stressed that significant non recurring funds were required to achieve in year balance for 2006/07 and explained that the gain the Board received from Arbutnott, was required to support financial balance, with the same scenario applying to the next year.
- 69.105 She advised that although the Financial Plan presented to the Board showed a return to financial balance by the end of 2007/08, this would not be without its challenges – new pressures continued to face the Board, with recent examples including the approval of Herceptin at an additional £1m per annum; pressures on energy costs of the order of an additional £2m per annum; and the need to deliver waiting times targets in accident and emergency and cancer, as well as those for planned surgery. It was also reasonable to assume that even without A Picture of Health, the Board would be required to deliver efficiency savings year on year for the foreseeable future.
- 69.106 Given these factors, the Director of Finance stressed that it was absolutely essential that the investment required to support A Picture of Health must be sustainable, and advised that in order to assess this position, the current financial plan, which only covered up to 2010/11, had, been extended five years to 2016 to cover the timescale for full implementation of 'A Picture of Health' – this had meant that a number of assumptions had had to be made about future years, including a reduction in the annual uplift. She stressed that, firstly, there had been no changes to the current five year financial plan which, she reminded members, included an initial £17m revenue or annual costs to support 'A Picture of Health' by 2010/11 – therefore, what required to be considered was the difference between £17m revenue and the total costs of either £24m or £32m. She advised that when the revenue costs associated with the capital investment were factored in, based on the timelines quoted for the developments, the financial modelling showed that financial balance would be maintained until 2012/2013 for both options; however, after that there was a major difference in costs – for Monklands Hospital as the second emergency care site, there would be a gap between income and expenditure of £6m for the year 2013/2014, which increased to £12.5m by 2016; and for Hairmyres Hospital as the second emergency care site, financial balance was maintained until 2015, at which point, there would then be a gap between income and expenditure of £5m.
- 69.107 Stressing the imperative of maintaining financial balance in NHS Lanarkshire, the Director of Finance explained that this gap between income and expenditure for either option must be capable of being closed through the detailed Business Case process – therefore, a number of areas of potential savings had been considered which, at a very high level, had been estimated at approximately £3m to £5m. She advised that given the expectation that there would be a need for NHS Lanarkshire to deliver efficiency

savings, irrespective of ‘A Picture of Health’, any remaining financial gap would need to be considered as one of choice. She explained that closing the remaining financial gap for either option must be considered in the context of the opportunity costs of this investment – this would mean that the Board would need to consider the additional costs, as either a choice between acute services and primary care and community services, or as one between assets i.e. buildings, or services – staff, new drugs, new technology – either way, at the time of Business Case preparation, the preferred option must be delivered in a way which maintained financial balance.

69.108 The Director of Finance explained that as with all financial planning, there were risks which could not be quantified at the time, and where these resulted in additional costs, choices would require to be made about other investment or options to reduce these costs would require to be considered – importantly though, sensitivity analysis around these risks showed that even where the potential costs were less for Monklands as an emergency care site than Hairmyres, this did not materially affect the cost differential between the options.

69.109 The Director of Finance highlighted for members the summary of the key appraisal issues following the financial analysis.

	Monklands as Level 3	Hairmyres as Level 3
Capital costs (Acute only)	£227m	£173m
Timelines Completion Level 3	8 years	4/5 years
Recurring Revenue (Acute only)	£23.4m	£15.5m
Value for Money (Acute only)	£352 NPV	£238 NPV
Additional savings to be Identified	£12.5m	£5m

69.110 The Director of Finance explained that it was evident that the financial and logistical analysis before the Board strongly supported Hairmyres Hospital, rather than Monklands Hospital, as the second emergency care hospital, along with Wishaw General Hospital – this option also delivered better value for money, and avoided putting at serious risk the Board’s ability to deliver the health care service improvements which were so essential to achieving the benefits in ‘A Picture of Health’, and to managing ongoing service and cost pressures. She stressed the need for the Board to consider the conclusion of this analysis in parallel with all of the evidence, including the other criteria.

69.111 At the invitation of the Chairman, Mr. Sutherland, as Chairman of the Board’s Audit Committee, welcomed the commitment to undertaking a robust assessment of risk in relation to the implementation of A Picture of Health. He acknowledged that Cost was one of six Decision Criteria agreed by the Board at its meeting in May (quality of care; access; costs; flexibility; workforce; regional fit). He stressed that although NHS Lanarkshire had not returned a year end deficit since 2004, its Accumulated Deficit position, of circa £8m, meant that the Board’s financial position remained challenging. He acknowledged, as overwhelming, the evidence presented by the Director of Finance, that one option for acute services reconfiguration was more affordable. He also acknowledged that a decision by the Board to adopt the more costly option for acute services reconfiguration, would carry implications for the Board’s overall strategy for improving health, a key element of which was predicated on major investment in developing primary care and community care. He advised

members that, from his perspective as Chairman of the Audit Committee, the financial analysis presented by the Director of Finance appeared to be both fulsome and even handed.

- 69.112 The Director for Allied Health Professions, Nurses and Midwives, highlighted the timelines for the implementation of the options for acute services reconfiguration, and expressed a concern that the adoption of the option with Monklands Hospital as the second emergency care site, which would not be available for 8 years, would carry material implications for the system's ability to address Consultant recruitment and, allied to that, improvements in the quality of care.
- 69.113 Councillor McCabe suggested that the £54m differential between the capital costs of the options for acute services reconfiguration was not significant within the overall context of the totality of the capital investment and the Board's revenue allocation. He also suggested that the need for investment in Monklands Hospital of the order reported, highlighted a historical low level of investment in the Monklands site which, had it been the subject of appropriate levels of investment over the years, would not have required the substantially greater level of investment that it now did. He expressed the view that the cost differential between the two options was significantly lower than the annual costs which NHS Lanarkshire paid for the 2 PFI hospitals at Wishaw General and Hairmyres. He also suggested that Capital Receipts from future land sales, including Hartwood and Hartwoodhill Hospitals, could contribute substantially to bridging the cost differential. He expressed the view that in arriving at its decisions, the Board should not put financial considerations before those of patient care. He also reminded members that the decisions taken by the Board today would dictate the health and health services for future generations.
- 69.114 The Chief Executive advised members that the focus in relation to the use of resources should, more appropriately, be on maximising quality of care and services from available funding. He suggested that whilst a choice for 1 option would allow the substantial development of services, the choice of the other option would involve substantial levels of additional capital investment and revenue in building fabric. Therefore, cost, as one of the six agreed Decision Criteria, was directly related to the volume and the quality of patient services that it would be possible to provide in the future.
- 69.115 In an endorsement of this position, Mr. Clark suggested that in reaching its decisions, the NHS Board was operating at the margins of affordability, and choosing the more expensive option for acute services reconfiguration, bringing with it not only significant additional Capital Investment, but also ongoing additional revenue consequences, could bring about a need for major efficiency measures to be introduced across the system, or could materially compromise the much needed primary care investment programme.
- 69.116 The Director, Acute Services, acknowledged the contribution of staff, particularly during the last two years, to the improved NHS Lanarkshire financial position through the introduction of efficiencies; however, he expressed a concern about the potential implications for the sustainability of services, where a decision by the NHS Board in favour of the higher cost option for acute services reconfiguration would bring with it a need to generate further, substantial efficiencies across the system, in order to bridge the ongoing revenue gap associated with the additional Capital Investment.
- 69.117 In an endorsement of this position, the Modernisation Director emphasised the extent to which the range of proposals within A Picture of Health, across Primary Care, Community Care and hospital services, should be viewed within a whole system context aimed at achieving enhanced levels of integration, and he expressed a concern about the extent to which higher levels of investment in hospitals would compromise that aspiration, through limiting the extent of much needed investment in Primary Care, Community Care and, importantly, Mental Health Services.

- 69.118 The Chairman restated that the paper on Finance presented a clear conclusion, but urged members to recognise that this had to be viewed within the context that Cost was but one of the six Decision Criteria agreed by the NHS Board at its meeting in May.

THE BOARD:

1. Noted the report on finance.

Appendix 7: Recommendations for Action

- 69.119 The NHS Board received, and noted, an excerpt from the 'A Picture of Health' main document published in December 2005, which covered pages 72 to 81 of that document, and set out the principal action points arising from the Report's recommendations.

Appendix 8: Delivering for Health

- 69.120 The NHS Board received and noted a schedule, containing a self assessment of progress towards implementation of the objectives in *Delivering for Health*.
- 69.121 The Modernisation Director explained that the original 'A Picture of Health' document mapped the key actions to *Delivering for Health*, and explained that the self assessment, as requested by the Scottish Executive Health Department, confirmed the importance of 'A Picture of Health' to NHS Lanarkshire's ability to deliver national policy requirements. He stressed that the format of the report was agreed regionally, and advised that progress in respect of NHS Lanarkshire's activities was noted against the Regional and Local objectives.

Recommendations for Approval

- 69.122 The Modernisation Director explained that it was recommended that the Board approved 'A Picture of Health', as described in Appendix 7, and in the following propositions:

Health Improvement

- between 2006 and 2009 to deliver a range of evidence based actions designed to help people improve their health, by focussing on nine top priorities.
- during 2006 and 2007, North Lanarkshire Community Health Partnership to participate as one of five national pilots in a programme of anticipatory care called 'Prevention 2010'.
- in 2006, to develop public health teams in each Community Health Partnership locality.

THE BOARD:

1. Unanimously approved the propositions for Health Improvement.

Strengthening Primary Care

- between 2006 and 2009, to extend primary care teams through a phased programme of Nursing, Allied Health Professions and General Practitioner expansion, starting in the areas of poorest health and highest deprivation.
- between 2006 and 2010, to invest £100m in local premises, including new and replacement Health Centres in Airdrie, Carluke, Bellshill, Wishaw, Kilsyth, East Kilbride and Hamilton.

- in 2006, to establish care management pilots in Coatbridge, East Kilbride and Clydesdale, to test the benefits to patients and carers.
- by 2007, to have designed and begun to implement a new model of systematic care for people with long term conditions.
- from 2006, to introduce a new contract for Community Pharmacists to develop medication and public health services in local communities.

THE BOARD:

1. Unanimously approved the propositions for Strengthening Primary Care.

Supporting and Enhancing Local Services

- by the end of 2007, to deliver services that meet the new national targets for waiting times.
- from 2006, to 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, to design rapid access to diagnostic examinations and tests, so that more can be done in primary care.
- in 2006, to design new arrangements for more rapid access, diagnosis and rehabilitation of older people who become acutely ill.
- in 2006, to modernise services for older people requiring NHS intermediate and continuing care.

The NHS Board considered a Supplementary Advice Note on **Continuing Care for Older People**.

- 69.123 The Modernisation Director explained that the need to improve and modernise services for older people was a theme which ran through ‘A Picture of Health’. He advised that concerns had been raised during consultation about the proposal to re-provide inpatient services for older people, either through direct provision by NHS Lanarkshire, or through partnership with the independent care home sector. He explained that this proposal was originally developed in recognition of: the need for significant capital investment to modernise hospital premises to provide a better environment for older people requiring intermediate or continuing care; a mix of inpatient provision, which was currently largely NHS directly provided, with some NHS provision commissioned through independent care homes; and a wide range of different costs and staffing models in different units providing similar types of service.
- 69.124 He stressed that in developing detailed proposals for the modernisation of inpatient services for the intermediate and continuing care of older people, the Board would need to be able to demonstrate appropriate quality of care, both clinically and environmentally, value for money in relation to all current market options, consistent with Government policy, and an appropriate geographical distribution of services. He advised that work had already begun in a number of areas to improve services for older people, including through changes to acute assessment and rehabilitation. He explained the recommendation that in order to finalise proposals in the light of concerns raised during the ‘A Picture of Health’ consultation, work should reconvene to finalise the Board’s Strategic Plan and associated financial framework in relation to inpatient/residential accommodation for older people, in partnership with the Area

Partnership Forum and with North and South Lanarkshire Councils; and that the design and delivery of services should take account of those criteria used for other hospital services, principally quality of care, costs and access.

- between 2006 and 2010, to dispose of surplus hospitals at Hartwoodhill, Roadmeetings, Lockhart and Airbles Road Centre, as services are replaced in more modern settings.
- over 3 years from 2006, to invest an additional £150,000 to expand palliative care services in the community and to review hospice bed requirements.

The NHS Board considered a Supplementary advice note on **Palliative Care**.

69.125 The Modernisation Director explained that the proposals to enhance palliative care services in Lanarkshire had been reviewed in light of further discussions with the Kilbryde Hospice Appeal and the current main provider, St. Andrews Hospice, Airdrie. He advised that these discussions had recognised the need to strengthen and enhance the range of homecare and daycare services available to people who preferred and were able to die at home, rather than in a hospital or hospice setting, and also the need to be clearer about future intentions in relation to specialist palliative care and other associated beds. Accordingly, it was recommended that the Board:

- reaffirms its commitment to the expansion of palliative care services in the community with an investment over a three year period beginning in 2006/07;
- approves the commissioning of an additional ten to twelve beds from 2009/10 onwards, some of which may include generic/ respite beds;
- approves the establishment of an implementation network, involving NHS Lanarkshire, Kilbryde Hospice Appeal and St. Andrew's Hospice, which would determine the balance and location of the additional beds; and
- receives a further report clarifying the strategy in relation to beds, in October 2006.

69.126 In response to a question from the Chairman, the Modernisation Director explained that it was likely that additional specialist palliative care inpatient beds would be commissioned at St. Andrews Hospice, with a possibility of the provision of generic/respite beds on the Hairmyres site, in partnership with Kilbryde Hospice, provided that the clinical and financial sustainability of that arrangement could be demonstrated.

THE BOARD:

1. Unanimously approved the propositions for Supporting and Enhancing Local Services.

Mental Health Services in the Future

- by 2007, to replace in modern facilities, the services currently at Hartwood Hospital, and by 2008, those services currently in Airbles Road Centre.
- Between 2006 and 2010, to complete implementation of the mental health strategy, providing a more appropriate balance of community and hospital based care.

The NHS Board considered a supplementary advice note on **Acute Psychiatry**.

- 69.127 The Director of the North Community Health Partnership explained that the paper set out the recommended way forward for the future of acute psychiatry services following the 'A Picture of Health' consultation. He reminded members that 'A Picture of Health' proposed providing acute adult and old age mental health inpatient services at two general hospitals – one located in South Lanarkshire at Hairmyres Hospital, and one in the North at either Monklands Hospital or Wishaw General Hospital. He advised that following the A Picture of Health consultation, it was recommended that improved acute adult and old age mental health inpatient services were delivered at Hairmyres and Monklands Hospital within custom-designed, 112 bedded units that would provide a modern mental health service fit for the 21st century. The new facilities would replace current units - on three sites for adult inpatient services and four for old age – which required significant upgrading. There also would be an emphasis on developing more community based services as an alternative to institutional care.
- 69.128 The Director explained the reasons for the two site option, and the consideration of options. He advised that Monklands Hospital was the recommended site of acute psychiatry services in the North, as this would deliver the greatest overall benefit to patients in Lanarkshire. He stressed that services were being developed to provide a high level of support to areas such as Clydesdale, which traditionally had used acute psychiatry services at Wishaw General Hospital. He advised that, logistically, the range of benefits highlighted within the paper could be achieved earlier with Monklands as the site for the North, through the provision of a new purpose built unit, which could be commissioned sooner at Monklands Hospital given the availability of existing land on the site. He emphasised that a Psychiatric Liaison Team would continue to be on site at Wishaw General Hospital – patients arriving at the hospital would be assessed by an experienced mental health professional, who would ensure that the patient had the right care package in place, and would arrange escorted transfer and admission to the unit at Monklands or Hairmyres Hospital, if necessary. He stressed that the decision on whether Monklands Hospital or Hairmyres Hospital would become a planned care site or an emergency care site, had no impact on the delivery of the benefits identified in the paper. Accordingly, the Board was asked to approve the recommended option of developing community-based mental health services, and providing acute adult and old age mental health inpatient services at Hairmyres Hospital and Monklands Hospital, where inpatient care was necessary.
- 69.129 Councillor McCabe confirmed his support for the propositions, on the understanding that any additional cost consequences for North Lanarkshire Council, as a result of implementation of the proposals, were underwritten by NHS Lanarkshire.

THE BOARD:

1. Unanimously approved the propositions for Mental Health Services in the Future.

Modernising Acute Hospital Services

The NHS Board considered a supplementary advice note on **Cancer**.

- 69.130 The Medical Director reminded members that cancer was an important cause of ill health and premature death within NHS Lanarkshire, and was rising in incidence. He explained that as well as providing details of the Health Improvement Strategy and of the measures to improve early detection of cancer, 'A Picture of Health' identified that Lanarkshire would establish a Cancer Centre to further develop the quality of care which could be provided for cancer patients within Lanarkshire. He outlined the services that would be provided within the Cancer Centre. He explained that work towards identifying the best configuration of clinical haematology services in Lanarkshire was undertaken in 2005, with significant patient involvement, and concluded that the concentration of inpatient services on a single site within Lanarkshire, while retaining outpatient and daycase services on all three hospital sites,

would deliver the best quality of care, improve Consultant recruitment and would allow sub specialisation within haematology.

- 69.131 He explained that the option appraisal for specialist oncology services in the West of Scotland, carried out in 2002, recommended that services should be developed on a tumour site specific basis, and within each Health Board should be delivered from one designated site with links to the Regional Centre – regional planning of oncology services had identified the need for oncology inpatient beds within each Health Board area. The Medical Director stressed that the implementation of the Lanarkshire Cancer Centre would facilitate this development, would ensure appropriate support was available for specialist oncology inpatient beds, and would allow a wider range of cancer treatments to be delivered within Lanarkshire.
- 69.132 He explained that in the Lanarkshire Cancer Centre, definitive breast surgery for breast cancer and non-malignant breast surgery would be concentrated on the planned care hospital, but that diagnostic work-up and subsequent treatments, such as chemotherapy, would continue to be provided from all three hospitals on an outpatient and daycase basis. He explained that the Lanarkshire Maggie’s Caring Centre would provide significantly improved support for cancer patients and their relatives, and whilst initial proposals had been for the Centre to be sited at Wishaw General Hospital, experience from other systems had identified the importance of such Centres being sited on the same site as the Cancer Centre, providing specialist oncology care.
- 69.133 The Medical Director explained that during the consultation on ‘A Picture of Health’ few comments were made about the Cancer Centre by members of the public, and those who had commented were broadly supportive of the concept, with no strong views about the site. There was clinical support for the establishment of the Lanarkshire Cancer Centre, but varying views on where this should be sited. Whilst ‘A Picture of Health’ had proposed that the Cancer Centre would be in the planned care hospital, Consultant Haematologists in Lanarkshire had expressed a preference for haematology inpatient services to be focussed within one of the emergency care hospitals, and their reasons for this view were currently the subject of discussion and consideration. Cancer nursing staff had, however, expressed a preference for the Centre being on the planned hospital site. Discussions with ‘Maggie’s’ about the Lanarkshire Maggie’s Caring Centre, had identified the need for this to be on the site as the Lanarkshire Cancer Centre.
- 69.134 The Medical Director stressed the importance for the people of Lanarkshire, particularly for those suffering from cancer and their relatives, of the Lanarkshire Cancer Centre being created on the most appropriate site to achieve the best possible quality of care. In light of the contents of the paper before the Board, it was recommended that:
- the Board confirmed its intention to establish a Cancer Centre;
 - that the Cancer Centre included the development of specialist oncology beds.
 - that breast surgery for cancer care and non-malignant breast disease was concentrated on the planned care hospital site
 - that the Maggie’s Caring Centre be developed in association, and co-located, with the Lanarkshire Cancer Centre and
 - that the siting of the Lanarkshire Cancer Centre be determined through further discussions and brought back to the Board in October 2006.

THE BOARD:

1. Unanimously approved the propositions for Cancer Services.

The NHS Board considered a Supplementary Advice Note on **Services on the Emergency and Planned Care Hospital Sites**.

- 69.135 The Modernisation Director explained that careful consideration had been given to comments and advice received during the consultation period on the proposed content of the emergency and planned care hospitals. He advised that the principal reasons for people suggesting changes to the proposals set out on page 60 of the 'A Picture of Health' main document, had been concerns about patient safety, and the desire to retain appropriate inter-relationships between particular specialties on the same site. As a consequence, and taking into account the other supplementary advice notes presented to the NHS Board, the revised proposals would lead to a different configuration of services at Wishaw General Hospital; at the second emergency care hospital; and at the planned care hospital.
- 69.136 The Modernisation Director advised that the siting of inpatient beds for: specialist oncology and haematology; rheumatology; dermatology; and palliative care (general/respite), were the subject of continuing discussion with clinical advisers and remained to be decided. He explained that whilst the entirety of the planned changes to deliver the ultimate service improvements would not be completed for some years, it was intended to move towards reconfiguration through a phased programme – in this way, quality improvement benefits would be realised on a specialty by specialty basis as detailed redesign was completed, and opportunities were created to deliver the necessary changes as quickly as possible. The Board was therefore asked to approve the revised service profile, and to receive, in October 2006, a further report on proposals for the siting of the remaining few specialist beds, recognising that this would not impact adversely on the overarching decision process 'A Picture of Health'.
- 69.137 The Chairman stressed to members that the propositions set out within the paper were a strong reaffirmation of the NHS Board's commitment to the retention of Wishaw General Hospital, Hairmyres Hospital and Monklands Hospital.

THE BOARD:

1. Unanimously approved the revised service profile for Services on the Emergency and Planned Care Hospital Sites.

The NHS Board considered a supplementary advice note on the **Consideration of Options**.

- 69.138 The Modernisation Director reminded members that at its meeting on 24th May 2006, the Board had considered very carefully the additional evidence presented in relation to the sustainability of the current configuration of acute services, in view of particular concerns raised during the consultation, which called into question the Board's stated position in the matter of the status quo – the Board, having considered all points raised had reaffirmed its earlier decision that the status quo would not deliver the necessary quality of patient care, was not sustainable in the longer term, and could not therefore be considered as a basis for acute hospital services in Lanarkshire. He confirmed that at the same meeting, the Board had approved a set of criteria, which it determined should be taken into account when considering the choice between the option of Monklands Hospital or Hairmyres Hospital as the second hospital, along with Wishaw General Hospital, to developed as an emergency inpatient hospital. He stressed that these criteria were based on those used during an earlier option appraisal exercise, but were amended in the light of responses received during the public consultation, including specific stakeholder events in April, with greater prominence being given to the consideration of the issues of access for people living in areas of deprivation and access for older people.

- 69.139 The Modernisation Director emphasised that given the strength of view that quality of care should be the most important determinant, the Board was keen to ensure its choice delivered the greatest benefit to patients, and the highest quality of clinical outcomes. Whilst it was acknowledged that quality of care had been the main reason for discounting the status quo, regardless of financial consideration, there was recognition that matters of cost needed to feature as one of the criteria in choosing between the remaining options.
- 69.140 He advised that at a whole day seminar and workshop attended by all NHS Lanarkshire Board members on 7th June 2006, detailed consideration was given to each of the options in relation to the approved decision criteria, and in the light of preliminary conclusions which had since been firmed up in the additional evidence presented, in relation to: Deprivation; Older People; Workforce; and Finance and Logistics.
- 69.141 The Modernisation Director highlighted the conclusions to the consideration of the decision criteria by NHS Board members on 7th June 2006, as follows:
- **Quality of Care** – it was considered that the longer timeline to develop Monklands Hospital as an emergency care hospital – some four years longer than Hairmyres Hospital, would further increase the risk of services collapsing, given the fragility of current staffing in some areas and their increasing vulnerability as time passed. The greater logistical difficulties of developing Monklands as an emergency care hospital also pointed up the additional risks involved in this option, and the higher cost involved jeopardised the other essential developments necessary to deliver the improvements in quality of care underpinning ‘A Picture of Health’.
 - **Cost** – this analysis, for the reasons set out within the paper presented to the Board on Finance and Logistics, pointed strongly in favour of Hairmyres Hospital, rather than Monklands Hospital, as the second emergency care hospital.
 - **Access** – there was recognition that given Monklands relatively larger catchment population, more people would be required to travel further and at higher personal cost, in the event of Hairmyres Hospital being developed as the second emergency care hospital, rather than Monklands Hospital. This would partially be mitigated under either option by the provision of dedicated shuttle bus transport between the hospital sites, and by other improvements to public transport services.
 - **Workforce** – taking everything into account, there was not seen to be any significant difference between the options in terms of workforce.
 - **Flexibility** – there was believed to be a higher risk involved in developing the Monklands site, partly because of current layout and space standards being well below those at Hairmyres Hospital – a mix of upgrading existing space and building new would almost certainly be required, involving greater complexity and longer construction times. Any development of Monklands Hospital as an Emergency Care Hospital, would be unlikely to be completed before 2014, which was about four years longer than to develop Hairmyres Hospital as an Emergency Care Hospital, and would take it well beyond the period within which existing emergency services would be likely to be sustainable, without complex contingency planning and further costs.
 - **Regional Impact** – the impact of either option, involving 71 beds in the case of Forth Valley or 30 beds in the case of Greater Glasgow, was believed to be manageable within the planning timetables for emergency hospitals within the three Health Board areas.

- 69.142 The Employee Director reported that the opportunity had been taken, when conducting the Annual Staff Survey, to include questions about the engagement process. More than 70% of respondents to the survey had confirmed that they were aware of 'A Picture of Health'; 20% of staff respondents had taken the opportunity to comment on 'A Picture of Health'; and 44% of staff respondents had indicated that they felt that they had had an opportunity to influence the consultation. Also, the Staff Governance Committee had confirmed quality of care as the most important of the six Decision Criteria, and had confirmed its contentment with the level of staff engagement in the 'A Picture of Health' process.
- 69.143 The Chairman stressed that the decision on options for acute services reconfiguration, was the most difficult area for decision. He restated that the Board had received strong advice from its medical and clinical staff that the status quo in hospital services was not sustainable beyond 2009, and that change was necessary to maintain and improve the quality of care offered, with more specialist care on fewer sites – this was consistent with the views expressed in the earlier stages of the 'A Picture of Health' consultation, where many people agreed that they would be prepared to travel further, if necessary, to receive the best possible specialist care with improved outcomes. Yet, during the recent consultation, many of the public views indicated strong and genuine concern at the possibility of change, and the nature of that change, with the expressions of concern most clearly heard from the North of the Board area, that served by Monklands Hospital, where deprivation and a poor record of health in the population were seen as critical issues, especially in an emergency situation. Concern also had been heard from the South of the Board area, where a major concern was the large and ageing population in East Kilbride and Hamilton, with the attendant need for more hospital care. Also, transport in many forms, both for patients and visitors, both emergency and routine, had emerged in all areas as a major concern.
- 69.144 The Chairman confirmed that he was satisfied that the Board and its officers had given long, detailed and fair consideration to all of the issues raised during the consultation, and had indeed commissioned as a result of the consultation, detailed supplementary evidence papers on key issues such as: deprivation; older people; workforce; and finance and logistics. A transport action plan had also been prepared and shared with officers of the new West of Scotland Regional Transport Partnership – this action plan had been approved by the Board at its meeting in May, and would be refined further in the time before implementation, in an attempt to provide solutions to the transport concerns raised during the consultation.
- 69.145 The Chairman stressed that the Board's Senior Officers had also engaged in detailed analysis of cross boundary flow issues with neighbouring Board's in Glasgow, Forth Valley and Ayrshire and Arran – the most detailed analysis every undertaken in such a consultation. Whilst the assumptions in the cross boundary flow analysis had been robustly challenged, the Senior Officers of all of the Board's involved had, in response, affirmed their agreement to the assumptions and conclusions reached.
- 69.146 The Chairman explained that the conclusion that the Board must now reach, based on the previous decision on 21st December and reaffirmed at the Board meeting on 24th May 2006 that the status quo for hospital services was unsustainable beyond 2009, must be governed by all that members had heard during the consultation, and also the substantial information before the Board today.
- 69.147 The Chairman highlighted the headline issues raised by the Modernisation Director in his initial covering paper, that the proposals in, 'A Picture of Health' were designed to deliver an integrated health system comprising: stronger and more visible primary care services; more health services provided locally in the community; and specialist hospital services, whether emergency or planned, organised so as to provide more rapid access to the appropriate specialist and the best clinical outcomes. He stressed that the proposals being put forward by the Board were also wholly consistent with the Scottish Executive's published policy, entitled 'Delivering for Health'.

- 69.148 The Chairman stressed that the evidence from the supplementary papers had been carefully considered, and reflected the following conclusions:
- the **Deprivation** paper pointed firmly to the need to invest more in primary care, in preventative/anticipatory, and in health improvement measures /to secure long term improvement in the health of the Lanarkshire population. It confirmed that, less important in terms of alleviating the effects of deprivation, was the actual siting of an acute emergency inpatient hospital, when it was clear from the research studies that 93% of the Lanarkshire population would be within reasonable travelling time of an emergency hospital, whatever configuration was chosen, by ambulance, car or taxi.
 - the **Older People** paper recognised the need for more investment in primary and community care, whilst acknowledging the increased need for hospital admission for those aged 75 and over. The paper pointed to the large ageing population in East Kilbride and Hamilton and in Cumbernauld, but indicated, again, that the location of the emergency inpatient hospital did not necessarily impact on the quality of care offered to older people.
 - the **Workforce** paper indicated a neutral position for either hospital option.
 - the **Finance and Logistics** paper indicated that the Board would achieve Best Value, and improve the opportunity for necessary investment in primary care and health improvement, if Hairmyres Hospital was developed as the second emergency inpatient hospital, with Monklands Hospital being developed as the planned (elective) care hospital.
- 69.149 The Chairman stressed that as with all public services, the Health Service must obtain Best Value in its proposals for investment, and that, in the Health Service in Lanarkshire, the Board must be sure that the investment was being made in the correct areas to allow the Board to achieve its principal objective of improving the health of the population, across all categories of the population, this being the main thrust of ‘A Picture of Health’.
- 69.150 He stressed that the Board had a real opportunity to take a decision which would make it possible to deliver important health care developments that would have a positive impact on the health of the people of Lanarkshire, and to do so in such a way that the developments were fully supported by the resources available to the Board in the long term.
- 69.151 The Chairman reminded members that the application of the Decision Criteria, as had been reported to members, led the NHS Board in a similar direction to the papers on: deprivation; older people; workforce; and finance and logistics.
- 69.152 He stressed that the Board must consider carefully how to deliver the main criterion of Quality of Care, within a framework of investment that would achieve Best Value, and would deliver the Board’s objectives faster, and within the resources predicted to be available to the Board in the foreseeable future. Accordingly, the Board was faced with the decision, in determining its strategic investment plans, whether to invest even more in hospital assets (i.e. bricks and mortar), or more in local services (i.e. staff, new drugs, new technology and procedures for treatment, often in primary/anticipatory care settings), strengthening the Community Health Partnerships and the Community Planning arrangements with local authority partners. He stressed that ‘A Picture of Health’ was not just about acute hospitals, but was about the whole health system, and advised that the Board’s decision must ensure its ability to deliver improvements across the whole health service, and not disproportionately on one aspect of the service. He highlighted the need to consider what the extra investment would buy, so as to ensure overall improvement in the long term in Quality of Care and in the general health status of the population.

- 69.153 The Chairman reminded members, as regards modernising acute hospital services, that the Board had already agreed that Wishaw General Hospital should be developed as one of the two emergency inpatient hospitals. On the basis of all of the evidence considered by the NHS Board, he proposed the recommendation that: Hairmyres Hospital be developed as the second, emergency inpatient hospital, and that Monklands Hospital be developed as the planned (elective) care hospital.
- 69.154 Councillor McCabe proposed an amendment to the recommendation. Introducing the Amendment, he expressed the opinion that the report before the Board had been formulated to lend credence to the options appraisal, and were fundamentally flawed. Whilst acknowledging the factors which had dictated the need for a move to two emergency care hospitals and one planned care hospital, and recognising that other NHS Boards had had to reduce their accident and emergency provision, he argued that none of those Boards served as great a population, or one that was as geographically spread as in Lanarkshire. He suggested that the decision before the Board should be taken on the basis of conscience and not on finance, PFI commitments or political pressures. He highlighted the undeniable link between deprivation and ill health, which were substantially greater in the Monklands catchment area, than in the other two hospital catchment areas, and the fact that Monklands Hospital was the busiest of the three hospitals, as further substantiating the case for its retention as an emergency care hospital. He also cited, in support of his Amendment, the recognition that the Monklands area had the lowest levels of private car ownership in Lanarkshire, with no direct public transport links to either of the other two hospitals – in an area which, outside Glasgow, had the highest levels of deprivation, and one of the worst health records in Scotland.
- 69.155 Referring to the previous reports considered by the Board on Assessing the Impact on Travel and Transport, including the Transport Action Plan, Councillor McCabe questioned the ability of NHS Lanarkshire, or indeed the Scottish Executive, to prevail upon the operators of public transport services, to the extent that this would bring about material improvements. He also restated his view that a decision to designate Monklands Hospital as the planned care site would also have a serious economic impact in the area, through the loss of approximately 270, predominantly nursing, jobs.
- 69.156 Councillor McCabe cited the cost differential between the options of £40m reported to the NHS Board at its meeting in May, and the further report to the Board today, which indicated that the cost differential was in excess of £50m. He argued that the cost differential, in Capital terms and in Revenue terms, was affordable, especially when considering that it was significantly less than the annual charges incurred by NHS Lanarkshire in paying for the two PFI hospitals. He also cited the considerable Capital Receipts that would accrue to NHS Lanarkshire, from the sale of surplus sites at Law and Kirklands Hospital, and suggested that if the Scottish Executive was serious about addressing deprivation and health, they should be prepared to contribute to bridging the additional costs which NHS Lanarkshire would incur as a consequence of a decision to retain Monklands Hospital as the second emergency care site.
- 69.157 Councillor McCabe acknowledged that by virtue of enjoying a more affluent lifestyle, individuals would live longer, but not in the Monklands area, unless Monklands Hospital was retained and developed further as an emergency care hospital. Accordingly, he urged the Board to base its decision on the health facts, ignoring finance, the Private Finance Initiative and external political pressures, and to address where the need was greatest, by retaining Monklands Hospital as an emergency care hospital.
- 69.158 The Chairman restated his original proposed recommendation to the NHS Board viz: that Hairmyres Hospital be developed as the second, emergency inpatient hospital, and that Monklands Hospital be developed as the planned (elective) care hospital. He invited members to confirm their agreement or dissent with this proposal by a show of hands.

19 members voted for this recommendation.

- 69.159 The Chairman invited members to confirm, through a show of hands, their agreement or dissent with Councillor McCabe's amendment recommendation viz: that Monklands Hospital be developed as the second, emergency inpatient hospital, and that Hairmyres Hospital be developed as the planned (elective) care hospital.

1 member voted for the amendment recommendation.

- 69.160 The Chairman announced that by a clear majority of 19 votes to 1, the NHS Board accepted the recommendation, namely: to develop Hairmyres Hospital as the second emergency inpatient hospital, and to develop Monklands Hospital as the planned (elective) care hospital.

- 69.161 Councillor McCabe asked that his dissent with this decision be formally recorded.

70.

CONCLUSION

In summing up, the Chairman acknowledged that the Board had received considerable public and staff comment on the proposals set out in 'A Picture of Health'. It had also taken the time and the opportunity to consider and reflect on those comments in light of the evidence presented in the original report, and in the additional reports presented both on 24th May 2006 and today. As a result, and in view of the detailed discussions today, the Board had approved the proposals set out in 'A Picture of Health', amended in some instances in line with the supplementary advice presented, which related to health improvement, to strengthening primary care, to supporting and enhancing local services, to improving mental health services and to the modernisation of acute hospital services, through the development of Wishaw General Hospital and Hairmyres Hospital as emergency inpatient hospitals, and the development of Monklands Hospital as the planned (elective) hospital for Lanarkshire.

The Chairman advised that based on these decisions, a full submission would now be made by him on behalf of the NHS Board to the Deputy Minister for Health and Community Care, for his consideration. He expressed the hope that the Deputy Minister would be able, after considering all of the papers and evidence from the consultation, to reach a decision within a reasonable time.

71.

DATE OF NEXT MEETING

Wednesday 26th July 2006.

The meeting ended at 8.15pm.

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