

Lanarkshire NHS Board

14 Beckford Street  
Hamilton ML3 0TA  
Telephone 01698 281313  
Fax 01698 423134  
[www.nhslanarkshire.co.uk](http://www.nhslanarkshire.co.uk)



Meeting of Lanarkshire NHS Board, Wednesday  
24<sup>th</sup> May 2006, at 9.30am 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 T Currie, Non Executive Director  
Mr T Davison, Chief Executive  
Mrs S Goldsmith, Director of Finance  
Mr M F Hill Modernisation 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 C Sloey, Director, North Community Health Partnership  
Mr W Sutherland, Non Executive Director  
Mr H Sweeney, Employee Director  
Mr G Walker, Director of Human Resources  
Mr P Wilson, OBE, Director for Allied Health Professions,  
Nurses and Midwives

**IN ATTENDANCE** Mr N J Agnew, Corporate Affairs Manager/ Board Secretary  
Mrs P Milliken, Project Director

**APOLOGIES:** Mr D Clark, Non Executive Director  
Councillor E McAvoy, Non Executive Director  
Mr I A Ross, Director, Acute Services

61. **WELCOME**

The Chairman welcomed members and attendees to the meeting. He explained that the proceedings would be carefully minuted, and that the minutes would be publicly available. He also explained that in relation to A Picture of Health, the NHS Board would consider reports on: the main proposals set out in the consultation; the various ways in which people were consulted; the issues raised during public and staff consultation; and criteria designed to assist the Board in reaching the best decision.

He explained that at its subsequent meeting, in June, the Board would receive further reports, as follows:

- Full commentary and analysis of responses received.
- Deprivation, its links to health and any relationship with the location of emergency inpatient facilities.

- Older people, their particular health needs and issues of access to emergency inpatient facilities
- Workforce considerations arising from acute hospital reconfiguration.
- The financial impact of '*A Picture of Health*', in terms of Capital, Revenue and Affordability, in the context of the Board's Financial Plan.
- Equality and Diversity Impact Assessment

The Chairman stressed that the Board would make no formal decisions on consultation proposals, other than in relation to the presented paper on '*Sustainability of the configuration of acute services – the case for change*', and the Decision Criteria.

62. **MINUTES**

The minute of the meeting of the NHS Board held on 26<sup>th</sup> April 2006, was submitted for approval and signature.

**THE BOARD:**

1. Approved the minute for signature.

63. **A PICTURE OF HEALTH**

The NHS Board considered a paper (circulated), which presented a summarised description of : the main proposals set out in the consultation; the various ways in which people were consulted; the issues raised during public and staff consultation; a range of supplementary evidence addressing the principal issues raised: and criteria designed to assist the Board in reaching the best decision.

The Modernisation Director explained that the issues raised by respondents to the Consultation Papers regarding *A Picture of Health*, as set out in the paper and its appendices, were presented without commentary.

He reminded members that at its meeting on 21<sup>st</sup> December 2005, the NHS Board had agreed that the views of the public, patients, carers, staff and other organisations, should be sought through formal public consultation on a range of proposals contained within a Picture of Health, relating to: Health Improvement; Strengthening Primary Care; Supporting and Enhancing Local Services; Mental Health Services in the Future; and Modernising Acute Hospital Services.

He outlined the principal elements of the formal public consultation on A Picture of Health, which began on 30<sup>th</sup> January 2006 and ended on 28<sup>th</sup> April 2006, but with an extended timeframe until 15<sup>th</sup> May 2006, to enable comment to be made on 2 additional and relevant papers, published on 20<sup>th</sup> April 2006, viz: *Modelling the Impact of Hospital Reconfiguration on Cross Boundary Patient Flows for Emergency Inpatient Care between Lanarkshire, Glasgow and Forth Valley*, and Currie and Brown UK Ltd's report, *Capital and Logistical Implications of either Option 2 or 3 for the provision of Hospital Services*.

The Modernisation Director explained that the consultation process involved a range of different ways in which the Board engaged with people, to clarify the proposals and to seek comments and responses. These included:

- production of *A Picture of Health* Consultation Document in full and in Summary Forms.
- household distribution of *A Picture of Health* Summary Document.

- 14 public meetings and 17 smaller local meetings with Community Groups.
- 12 formal staff consultation meetings.
- receipt of written comments and questions through the website 'contact us' form, e-mail and letters to a freepost address.
- development of a DVD setting out the main proposals for use at all public and other meetings.
- utilisation of the *A Picture of Health* section of the NHS Lanarkshire website.
- a series of meetings with stakeholders, including Area Partnership Forum, Area Clinical Forum, Professional Advisory Committees, and the wider NHS Clinical Forum, Local Authorities, Local Councillors, MSPs and MPs.
- extensive advertising of the consultation in local newspapers, radio and streetlighters.
- stakeholder events with staff, unions, users and carers, to feedback responses and review the benefits criteria and decision process.

The Modernisation Director confirmed that the proceedings at all 14 of the main public consultation meetings were recorded and transcripts produced, which were accessible on the *A Picture of Health* website.

a) Written responses received as a result of consultation

The NHS Board considered a report on written responses received as a result of consultation (circulated).

The Board Secretary explained that, through: petitions; petition letters; and individual letters and e-mails, 126,237 people had responded to the consultation. He explained that the predominant issue during the consultation, and reflected, overwhelmingly, in the written responses received at the NHS Board, had been Modernising Acute Hospital Services, and within this, the position of Accident and Emergency Departments. Few of the written respondents to the consultation, commented on: Health Improvement; Strengthening Primary Care; Supporting and Enhancing Local Services, or Mental Health Services in the Future. Those who did, including MSPs and MPs, were generally supportive of the proposals to invest in the development of these services.

The Board Secretary outlined the principal respondents to the consultation, as follows:

- Karen Whitefield MSP, Airdrie and Shotts Constituency (supported by John Reid, MP) – petition signed by 20,500 constituents in support of the retention of Accident and Emergency Services at Monklands Hospital.
- Elaine Smith, MSP, Coatbridge and Chryston constituency (supported by Tom Clark, MP and by local elected members), petition signed by 10,400 constituents in support of the retention of Accident and Emergency Services at Monklands Hospital.
- Cathie Craigie, MSP, Cumbernauld and Kilsyth Constituency (supported by Rosemary McKenna, MP), petition signed by 11,000 constituents in support of the retention of Accident and Emergency Services at Monklands Hospital.

- Airdrie and Coatbridge Advertiser – petition signed by 4,000 readers, in support of the retention of Accident and Emergency Services at Monklands Hospital.
- East Kilbride News – petition signed by 15,000 readers, in support of the retention of Accident and Emergency Services at Hairmyres Hospital.
- Cumbernauld News – 58 proformas, in support of the retention of Accident and Emergency services at Monklands Hospital, and expressing the view that the proposed new hospital at Larbert offered the best hope for meeting the local health needs of Cumbernauld and Kilsyth.
- Petition signed by 132 residents of Cumbernauld, objecting to the closing of Monklands Hospital Accident and Emergency Department.
- Kilbryde Hospice Appeal – petition, signed by 54,415 residents of East Kilbride and surrounding areas, in support of the Kilbryde Hospice Appeal and their proposal to build a hospice at Hairmyres Hospital, without delay.
- 9 different petition letters, comprising 8,203 signatures in total, in support of, either: the retention of the status quo; the retention of Accident and Emergency Services at Monklands Hospital; the retention of Accident and Emergency Services at Hairmyres Hospital; and the Kilbryde Hospice Appeal Board ‘now not later’ campaign.
- Tom Clarke, MP.
- John Reid, MP.
- Rosemary McKenna, MP
- Frank Roy, MP
- Elaine Smith, MSP
- Karen Whitefield, MSP
- Cathie Craigie, MSP
- Carolyn Leckie, MSP
- Janis Hughes, MSP
- Margaret Mitchell, MSP
- Michael McMahon, MSP
- Greater Glasgow NHS Board
- Forth Valley NHS Board
- North Lanarkshire Council
- South Lanarkshire Council
- 14 professional staff groups and individual professional staff within NHS Lanarkshire, including: the Area Clinical Forum; the Area Medical Advisory Committee and its GP Sub Committee; the Medical Staff Associations at Monklands and Hairmyres Hospitals; the Medical Directorate at Monklands Hospital; Anaesthetists at Monklands Hospital; the Lanarkshire Anaesthetists

Group; Haematologists in Lanarkshire.

- 29 representative groups and other organisations, including: UNISON; the North Lanarkshire Trades Union Council; the Society and College of Radiographers; Skin Care Campaign Scotland; the Dermatology Council for Scotland; the North and South Lanarkshire Divisions of Strathclyde Police; Strathclyde Fire and Rescue; Lanarkshire Kidney Patients' Association; St. Andrew's Hospice and several community councils.
- 383 individual correspondents by letter and by e-mail.

The Board Secretary highlighted the principal issues raised by respondents, as follows:

- challenge to the consultation process
- challenge to the Acute Services Option Appraisal.
- deprivation, in support of the case for the retention of Accident and Emergency Services at Monklands Hospital.
- older people, in support of the case for the retention of Accident and Emergency Services at Hairmyres Hospital.
- finance, in relation to the costs of the options for hospital services.
- workforce implications.
- continuing care for older people, whether provided by the NHS or through contract with the independent care home sector.
- palliative care, and the need for specialist palliative care beds in South Lanarkshire.
- acute psychiatry, and the proposed reduction to 2 inpatient units.
- cancer, and the location of the Cancer Centre.
- internal patient flows and cross boundary patient flows, with regard to the robustness of planning assumptions.
- travel and transport, including Scottish Ambulance Service capacity, and the relationship between travel time and survival.
- the extent to which 2 Accident and Emergency Departments would be able to cope with demand when, apparently, 3 Accident and Emergency Departments could not.
- The provision of elective care at the planned care site, without intensive care unit facilities.
- Extended involvement of the private sector in the provision of health facilities and the delivery of NHS care.
- specific issues in relation to: radiology capacity at the planned care site; inpatient dermatology provision; the split of renal dialysis from renal medicine inpatient services.
- shortage of neonatal cots.

The Board Secretary highlighted the strength of feeling about the foregoing issues, in particular, the strength of feeling from different respondents in support of: the status quo; the retention of Accident and Emergency Services at Monklands Hospital; the retention of Accident and Emergency Services at Hairmyres Hospital; and the provision of specialist palliative care beds in South Lanarkshire.

The Board Secretary emphasised that all consultation responses were available for scrutiny by Board members.

In discussion, the Director of Finance confirmed that the issue raised in the consultation responses about the Treasury analysis of the whole-life costs of the options for hospital services, would be addressed in the financial and economic analysis that would be the subject of a report to the NHS Board at its meeting in June.

The Modernisation Director acknowledged the extent to which issues of transport and travel had featured in the consultation responses. He highlighted for members the paper on *Assessing the Impact on Transport and Travel*, which was to be presented to the Board later in the meeting, and emphasised the extent to which work on transport and travel would continue, through to the production of an in-depth Transport Impact Assessment, at Business Case Stage.

Councillor McCabe reinforced the North Lanarkshire Council support for the retention of Accident and Emergency Services at Monklands Hospital, articulated in the report before the Board. He welcomed the revisions to the decision criteria, set out in the paper before the Board, particularly the expansion of the Access criterion.

In response to a question from the Employee Director, the Chairman confirmed that in light of the consultation responses, the Board would, during the course of the meeting, re-visit substantially the issue of the status quo, as reflected in the papers before the Board on the *Sustainability of the Current Configuration of Acute Services –the Case for Change*.

#### **THE BOARD:**

1. Noted the report on written responses received as a result of consultation.
2. Agreed to consider a commentary on responses at its meeting in June.

#### b) Engagement Process and verbal responses recorded at the consultation meetings

The NHS Board considered a report on public, staff and stakeholder consultation meetings, along with a report from the Devlin Beattie Partnership on their independent review of the engagement and consultation process (circulated).

The Project Director reminded the Board that the proposals in A Picture of Health were developed through Project Boards with stakeholder (public representatives, clinicians, local authority representatives), involvement, and were further developed through stakeholder workshops. A list of 900 stakeholders was developed (including public, partner agencies, and community groups), who were updated throughout the process. The proposals were constructed around looking at pathways for care, and were influenced by a value set derived from public and staff focus groups.

The Project Director reminded members that Health Boards were required to meet statutory standards for community engagement in relation to major strategic reviews. She advised that the Scottish Health Council was the body responsible for confirming to the Deputy Minister for Health and Community Care that these standards had been met by NHS Lanarkshire in its consultation, before the outcome of the consultation could be considered by the Deputy Minister.

She advised that NHS Lanarkshire had separately commissioned an independent review by Devlin Beattie Partnership, to consider the A Picture of Health Engagement

and Consultation Process against the National Standards, to inform the Health Boards consideration of the outcome of the consultation. The outcome of this independent review, as reflected in the report before the NHS Board, was that NHS Lanarkshire had met the standards set out in the national guidance.

The Project Director also explained that the audit trail information about the consultation process, along with the report from the Devlin Beattie Partnership, had been shared with the Scottish Health Council, in addition to which meetings had been held with Scottish Health Council representatives on an ongoing basis during the consultation. Whilst the Scottish Health Council report on the consultation process would be submitted independently to the Deputy Minister for Health and Community Care, the initial view from Council of the consultation process was positive.

The Project Director then outlined the themes which had emerged from public, staff and stakeholder consultation, and stressed the significant overlap of themes across these groups, as follows:

- the status quo and concerns about changes to the Accident and Emergency Services.
- the case for retaining Monklands Hospital as an emergency hospital.
- the case for retaining Hairmyres Hospital as an emergency hospital.
- emphasis that the public's concerns were deeply held.
- travel
- the decision about general hospitals will be about cost and the private finance initiative
- the loss of Accident and Emergency would lead to the hospital closing completely.
- comments about the consultation process
- medical staffing
- concerns about the acute services option appraisal
- primary and community care
- cross boundary flow
- concerns about providing elective care at the planned care hospital without intensive care services
- the ability of the ambulance service to provide the service required
- palliative care
- mental health
- promises that paediatrics would return to Monklands Hospital were broken
- changes to moving to 2 Accident and Emergency Departments and what this would mean.
- Nursing Homes and Care of the elderly

- minor injuries and how the services would operate
- workforce planning
- recruitment, retention and training
- staff morale and communications
- the detail of acute planned and emergency services and where they would be provided.

The Project Director reported that 2 stakeholder conferences, with users, carers and community groups; and with the staff side and senior clinical staff; had been held in April, to consider the further work emerging on capital and logistics and cross boundary flow. The criteria used in the option appraisal were considered by participants at these events, whose conclusion was that the most critical factor which the NHS Board should take account of in its decision making about acute services, was quality of care.

In discussion, members acknowledged that the smaller local meetings had been demonstrably more effective in allowing for meaningful engagement with individuals about the range of A Picture of Health proposals, and it was considered that this was a model of engagement worthy of replicating in any future public consultations.

The Project Director explained that the standards in the national guidance on engagement, applied not only to the consultation processes, but also to the implementation of proposals, and she advised that the intention was to establish a Project Board structure to oversee the implementation – this process would also be the subject of ongoing evaluation.

**THE BOARD:**

1. Noted the report on public, staff and stakeholder consultation meetings and the report from the Devlin Beattie Partnership on their independent review of the engagement and consultation process.
2. Noted the ongoing dialogue with the Scottish Health Council in support of their role in providing to the Deputy Minister for Health and Community Care a report on the extent to which NHS Lanarkshire had, during the consultation, met the statutory standards for community engagement.

c) **Sustainability of the Current Configuration of Acute Services**

The NHS Board considered a range of evidence on the sustainability of the current configuration of acute services – the case for change (circulated).

The Medical Director reminded members that at its meeting on 21<sup>st</sup> December 2005, The Board had accepted that the status quo was not sustainable and that services would require to change. He emphasised that the proposals sent out in A Picture of Health, including the proposals for Modernising General Hospital Services, would deliver improved quality of care. However, it had not proved possible to convince the public of this during the consultation.

He highlighted the difficulty which Lanarkshire faced in recruiting Consultant staff in particular specialties due, primarily, to the way in which services were organised on the basis of small teams operating across 3 sites, thereby limiting the opportunities for sub-specialisation, and creating an onerous on call commitment. Medical staff changes as a consequence of the European Working Time Directive and Modernising Medical Careers, which changed fundamentally the postgraduate training arrangements for Doctors, would further exacerbate the problem, as there would be

significantly less medical staff time available in future years, than there was currently, and an increased workload to be delivered by an already stretched Consultant workforce.

The Medical Director explained that the current model, involving the provision of specialist services on 3 sites in Lanarkshire had produced quality of care and reduced flow of patients into Glasgow. However, for the reasons he had outlined, that model was no longer sustainable into the future. He advised that the approach of concentrating the inpatient service on a single site, already adopted successfully in relation to maternity and paediatrics, and more recently in relation to urology and gynaecology, represented the only means of delivering quality of care and sustainable, clinically safe services. He highlighted for members, the case study on the concentration of paediatric inpatient services, included in the papers before the NHS Board, which had produced significant immediate benefits, as well as short term, medium term and long term benefits for patients and for staff. In particular, the concentration of paediatric inpatient services on a single site at Wishaw General Hospital had greatly enhanced consultant recruitment, both initially, and subsequently to an expanded service.

He also highlighted, from the papers before the NHS Board, the quality of care evidence base in relation to volume of work and tolerance of risk. This showed that, across a range of procedures, there was variation in relationships between increasing volume and improved outcome. For a condition that was not common, and relatively complex, the improvement intended to be greater and occurred over a relatively larger range, whereas for a more common, less complex condition, the improvement in outcome was relatively greater initially, but tended to level off.

The Medical Director highlighted a number of specialties provided on all 3 sites, viz: Accident and Emergency; General Medicine; General Surgery; Anaesthetics and Orthopaedics, which would be impacted on substantially in the future by the workforce changes outlined to the Board. He stressed the impact of Modernising Medical Careers, and the post-graduate training programme for staff, which would significantly reduce staff numbers in the short term, and would further draw medical staff time from frontline treatment due to the increased time that Consultant staff would spend on training post-graduate staff.

He highlighted the indication within *Building a Health Service Fit for the Future*, that one of the main threats to the smooth delivery of much elective or planned care, was pressure from emergency services, primarily because where the same staff and resources were available for both planned and emergency care, emergency treatment would always take precedence. *Building a Health Service Fit for the Future*, therefore, recommended that a major solution to this issue was the streaming of planned care away from emergency care, where possible. He highlighted for members from the papers before the Board, the quality of care evidence base around separating planned from emergency care. He stressed that the concentration of elective work, unaffected by emergency care, would not only enhance the service to patients, but also would provide excellent opportunities to concentrate planned training more reliably and over shorter periods of time for all of the health care groups. He explained that in Lanarkshire, currently, emergency medical patients were placed into other specialty beds at times of peak demand, which reduced access to specialist nursing and medical input. Separating out emergency care would result in ensuring access to an appropriate multidisciplinary team and would enable prompt treatment in the most appropriate setting. This separation would also significantly reduce the incidence of cancelled operations, which currently sat at a level of approximately 300 per annum. It would, in addition, enhance the system's ability to further reduce waiting times for elective procedures.

The Medical Director emphasised the need to redesign services in order to provide a sustained quality of service in the area of critical care. He stressed the extent to which the desire for sub-specialisation applied also to anaesthetists, where there was a need

to recruit intensivists to Lanarkshire. There would be a need, therefore, to move from the current position of 3 small 5 bedded intensive care units to 2 units, each of 8 or 9 beds, in order to attract the necessary staff and provide sustained quality of critical care. There was a clear clinical link between this specialty and acute medicine, in that 40% of these patients required intensive care, and acute surgery. In addition, there was a need for emergency medicine and emergency surgery to support full Accident and Emergency Services, all of which required intensive care unit support. Hence, the proposals within A Picture of Health, to separate out the approximately 2/3 of Accident and Emergency activity that was of a minor illness and minor injury nature, allowing a concentration on the major emergencies on 2 emergency care sites, with the aim of producing demonstrably improved quality of care.

The Medical Director emphasised the recruitment difficulties which beset Lanarkshire, where it was becoming increasingly difficult to recruit to certain specialties. He highlighted the vacancy situation in Accident and Emergency where, currently, there were 3 Consultant vacancies and 5 Staff Grade vacancies, despite successive recruitment initiatives. On the other hand, the concentration of inpatient urology services had already led to success in the recruitment of 2 Consultants to long standing vacancies. He restated the recruitment success in paediatrics, where Consultant vacancies had been filled and subsequently there had been success in recruiting further Consultants to an expanded service. In addition, the commitment to a move to 2 emergency care sites and 1 planned care site, had generated significant interest in employment in Lanarkshire, including the appointment of 2 Consultant Haematologists.

He restated that in addition to the impact of changes to medical staff training on staff availability, the system had also to manage the impact of the New Deal standards for junior doctors and compliance with the European Working Time Directive for all staff. In preparation for these changes, the roles of nurses and other disciplines had been extended in recent years, and the introduction, in 2004, of Hospital Emergency Care Teams, had significantly improved working hours for junior doctors. Modernising Medical Careers would, however, carry the biggest impact for the availability of medical staff time. It would prove beneficial in leading to the training of specialists more quickly, with training being more structured and competency based. These, however, were long term benefits, and in the short term, there would be a service loss for junior staff and a loss of Consultant time in training staff. The Medical Director referred members to the series of reports, amongst the papers before the Board, which dealt specifically with the range of issues in relation to Critical Care, where the overwhelming conclusion was that moving to a 2 site option for critical care provision would present major advantages for NHS Lanarkshire and, as such, was the preferred option for the future, and that continuing with 3 site working would be sustainable only until 2008/9, subject to current staffing problems being addressed.

The Medical Director endorsed the clear conclusions from the review of critical care, and he advised the Board of his strongly held view that the implementation of the model for hospital services set out in A Picture of Health would lead to improved recruitment, enhanced opportunities for sub specialisation, and significantly improved quality of care.

He reaffirmed the substantial support from clinicians across the system for change, given the genuine anxieties which they had expressed about the extent to which the current pattern of services would not be sustainable beyond 2009. The Board Secretary confirmed that this reflected the views expressed by the clinical groups and individual clinicians who had submitted written responses to the consultation.

In discussion the Medical Director explained that the evidence presented, whilst not wholly conclusive, was overwhelmingly supportive of the case for change. He highlighted, in particular, the growing body of evidence in support of the link between volume and outcomes, and the benefits of separating emergency and elective activity. He advised that if the Board was persuaded to the case for retaining the status quo,

what would apply would be a different status quo than currently, because the significantly reduced medical staff numbers and time that would be available to provide the service, would result in material reductions in the quality of care and would compromise clinical safety. He stressed that to maintain, and indeed enhance, quality of care across the system, would require the changes proposed, in order to significantly improve the medical staffing position at Consultant level. He stressed that, currently, Departments across Lanarkshire were not sufficiently large to attract Consultant staff – hence the need to create larger Departments, with highly specialised clinical teams, thereby ensuring that there were was the necessary critical mass of activity to maintain specialist skills. In support of this view, he explained that, currently, Lanarkshire was unable to compete in the recruitment of Consultant staff, with NHS Greater Glasgow and Clyde and NHS Lothian which, in addition to being major teaching Boards, operated with larger clinical departments, and had more material success in the recruitment and retention of Consultant staff.

He explained, also, that other NHS systems, both in Scotland and throughout the UK, were introducing major changes in the organisation of services. Many were at a more advanced stage than Lanarkshire, and without implementing the changes proposed to hospital services, the sustainability of services, and service quality in Lanarkshire, would deteriorate rapidly. He reminded members that within the West of Scotland, the number of Accident and Emergency Departments had already reduced from 15 to 13, and the implementation of proposals either approved, but not yet implemented, or the subject of consultation, as in Lanarkshire, would further reduce this number to 8 highly specialised Accident and Emergency Departments. He explained that Glasgow was implementing plans to reduce from 5 Accident and Emergency Departments to 2 Departments for a population of approximately 1 million; Lothian was moving to 1 principal Accident and Emergency Department with a smaller unit at St. John's Hospital; Ayrshire and Arran was consulting on proposals to move to 1 Accident and Emergency Department, and Forth Valley had approved a proposition to move to 1 Accident and Emergency Department.

The Director of Public Health, in a strong endorsement of the views expressed by the Medical Director, reminded members that Health in Scotland was the poorest amongst the 19 developed countries, with Health in Lanarkshire being the poorest in Scotland. She explained that although death rates from coronary heart disease, stroke and cancer, were improving, they were not improving at a pace in line with the rest of Scotland.

She stressed the importance of the issue before the Board for consideration, and emphasised the need for the NHS in Lanarkshire to be able to deliver the best possible quality of care to the people of Lanarkshire across the Primary Care, Community Care and Hospital Care settings. She highlighted the extent to which the positive relationship between volume of activity and outcomes had been examined over many years including, significantly, in the Acute Services Review led by Professor Sir David Carter, which also endorsed the case for the benefits of separating planned and unplanned care. She highlighted Cancer, as an area where the evidence in support of the positive relationship between volume of activity and outcome, was strengthening.

The Director of Public Health expressed a strong personal concern about the preponderance of serious illnesses amongst younger, middle-aged people in Lanarkshire, and explained that there was evidence that these individuals could recover well from illness, provided that the appropriate level of specialist service was available to them. She endorsed the need for a critical mass of activity, not only to sustain specialist skills, but also to put Lanarkshire in the best possible position to recruit and retain specialist staff, and to maintain accreditation for services. She expressed genuine concern at the current vacancy situation amongst Consultants, and stressed her belief that the proposals for change before the Board, would contribute substantially to addressing this unacceptable situation.

The Director for Allied Health Professions, Nurses and Midwives, reinforced the extent to which there was a consensus amongst clinicians across Lanarkshire in support of the case for change. He explained that nursing staffs accounted for approximately 85% of clinicians in the NHS in Lanarkshire, and he highlighted, in particular, the consensus view amongst the leaders of the non-medical clinical groups, particularly in Accident and Emergency and Critical Care, in support of the case for change.

The Modernisation Director reminded members that at user and carer events and throughout the development of the consultation proposals, participants had acknowledged quality of care as the single most important decision criteria, and he suggested that the evidence currently being presented to the NHS Board in support of the case for change was a clear endorsement of this view.

The Medical Director, whilst acknowledging the view expressed by the Medical Directorate at Monklands Hospital in support of an option involving an Ambulatory Care and Day Centre, explained that this was a minority view expressed during the consultation, with the substantial clinical view across Lanarkshire being in support of the separation of planned and unplanned care, given the level of confidence about the major benefits, in the areas of recruitment, sub-specialisation and quality of care, that that model would produce. He highlighted, in particular, the considerable support from orthopaedic clinicians for this model, which already was generating interest in longstanding Consultant vacancies.

The Medical Director also acknowledged the potential for situations where a deterioration in a patient's condition on the planned care site required emergency intervention. He explained that this currently was a feature of the system, with elective cases having to be transferred, both internally and externally, most usually to Glasgow. He stressed the extent to which there would be capacity on the planned care site to assess, diagnose, stabilise and transfer such patients to appropriate specialist services, where they would receive the highest quality of care. He also explained that the Scottish Ambulance Service was looking to develop its capability in this area, through the development of a dedicated patient transfer service.

The Chairman reminded members about the extent to which the advice to the Board about the unsustainability of the status quo came from the clinical community across Lanarkshire. He suggested to members that for the Board to ignore the weight of clinical opinion on this issue which, he reminded members, was matched by a substantial body of evidence in the papers before the NHS Board, would be a dereliction of its duty to ensure the provision of high-quality, sustainable, clinically safe services to its resident population.

#### **THE BOARD:**

1. Unanimously agreed that the status quo was not sustainable.

There followed a 10 minute adjournment.

Mr. Davison and Councillor McCabe left the meeting.

#### d) Assessing the Impact on Transport and Travel within Lanarkshire

The NHS Board considered a report on Assessing the Impact on Transport and Travel (circulated).

The Modernisation Director reminded members that A Picture of Health set out a vision for strengthening health services in Lanarkshire, involving changes in where some services would be provided – in the main, these would provide greater opportunities for people to receive care and treatment closer to home. He stressed

that these changes, and others, would all strengthen local health services, and reduce the need for patients and visitors to travel to hospital – they also reflected the fact that over 90% of all NHS contacts with people were in the community and primary care, not in hospital.

He stressed that for those who required more specialised care and attention, changes proposed for the hospital sector were designed to ensure that the right care was delivered in a sustainable way quickly, and to the highest quality, so that outcomes for the patient would be the best they could be – this would mean that some people would have to travel further than their immediately local hospital to receive these improved, specialised services. He reminded members that each hospital in Lanarkshire had a wide range of services, with some specialist services concentrated on 1 or 2 sites, as a result of which, inpatients and their visitors already travelled to what was not necessarily their nearest hospital. He advised that patients and visitors generally used car, taxi or bus to get to hospitals, and that at present, there were no dedicated public transport arrangements in place to assist people who were required to visit a hospital that was not local to them for a specialist service.

The Modernisation Director reported that during the pre-consultation stages of A Picture of Health, the majority of public respondents indicated that they would be prepared to travel beyond their local hospital for their procedure or operation, if that meant the best quality of care and shorter waiting times. He stressed that these were the intentions behind separating the organisation of planned from emergency inpatient care, and concentrating planned operations in ways which would deliver the best outcomes for patients. He stressed also that the proposals in the Action Plan, both to press for improvements in public transport, as well as to develop personal transport plans for patients at the time they received their hospital appointment, were specifically designed to help people in these circumstances. He acknowledged that access times to hospital by public transport were longer than by car, and that while the majority of patients, visitors and staff currently used car, taxi or ambulance to access hospital, a number of visitors and staff in particular used public transport. He advised that detailed survey work was being carried out in June 2006, to inform a more comprehensive travel profile, with further detailed work being undertaken once the Board had decided on the future acute hospital configuration to be incorporated into the Transport Impact Assessment, required at the Business Case stage of planning. He explained that much was, however, already known about the public transport arrangements throughout Lanarkshire, from work carried out by the Board jointly with the former Strathclyde Passenger Transport Executive, with North and South Lanarkshire Councils, and with voluntary organisations.

The Modernisation Director outlined the consideration which already had been given to a range of issues, including: typical travel times by bus from principal areas or townships to current local hospitals under each option; recognition that the area currently served by Hairmyres had a more elderly population, with the population served by Monklands Hospital reporting a greater incidence of limiting long term illness and lower access to a car; journey times which, on average, would be longer for more people affected under either option; the limitations of bus services; the 'ring and ride' and 'dial a bus' services; and access to the Hospital Travel Costs Scheme, which entitled a number of patients and their escorts to have their travel expenses reimbursed under certain circumstances.

The Modernisation Director stressed that the report and the background papers before the Board would be used as evidence of the need for improvements to be made to public transport arrangements in Lanarkshire, in order to address issues of equity, with particular reference to the areas of deprivation, health need and low car ownership; and access to a changing profile of hospital services required to ensure clinical sustainability, and to improve the health of the population. In pursuit of these objectives, the NHS Board would play an active part in the new West of Scotland Transport Partnership, to ensure that the Partnership's strategy took into account the changing access requirements in relation to Lanarkshire Health Services. The

Modernisation Director explained that a solution to the challenges for public transport, created by hospital reconfiguration, involved the provision of limited stop shuttle buses, plying between the 3 Acute hospitals in Lanarkshire. However, the wider limitations of existing bus routes, infrequency and limited operating hours, was a problem now, which needed to be addressed by the Transport Partnership, through exploring solutions in ways which looked to the future, and recognised the timing of hospital changes. He stressed that options for a shuttle bus service between the hospitals had been modelled and costs identified, with the benefit for users being that they would only need to make their own way to their acute hospital, to have universal access to the others within a journey time of about 45 minutes.

The Modernisation Director reported that it was the intention to develop personal transport plans that would be issued to every household, indicating routes, timings etc to each of the Acute Hospitals. In addition, those patients receiving an appointment for a planned procedure at a hospital which was not their local one, would also receive suggested bus times and routings from their home locality to suit, along with the notice of their appointment date and time. He explained that detailed planning and liaison with the Scottish Ambulance Service was identifying the additional ambulance journeys required under each hospital option, and the consequential costs for additional crews and vehicles.

**THE BOARD:**

1. Noted the report on Assessing the Impact on Transport and Travel, and the associated Action Plan
2. Noted that a more detailed and technical Transport Impact Assessment, involving the likely impact of hospital developments on roads, junctions and car parking, would be undertaken as a required part of the Business Case, once the Board had decided on the option to pursue.

e) **Modelling the Impact of Hospital Reconfiguration on Cross Boundary Patient Flows for Emergency Inpatient Care Between Lanarkshire, Glasgow and Forth Valley**

The Board considered a supplementary report on *Modelling the Impact of Hospital Reconfiguration on Cross Boundary Flows for Emergency Inpatient Care between Lanarkshire, Glasgow and Forth Valley* (circulated).

The Modernisation Director explained that he did not intend to comment extensively on the report before the Board, as it had already been the subject of consideration at a previous meeting. He referred to the responses to consultation, which challenged as being unrealistic, the planning assumptions on which the report was based. He explained that whilst the planning assumptions were informed speculation, they were, however, soundly based on detailed analysis of internal and cross boundary flows, and on common judgements by Lanarkshire, Forth Valley and Greater Glasgow. He reminded members that the consultation responses included written confirmation from NHS Forth Valley and NHS Greater Glasgow that the consequences of either option for hospital services would, for them, be manageable within the context of their Acute Services Strategies.

In discussion, the Modernisation Director acknowledged the emphasis placed by members on the need, beyond the Board's decisions on A Picture of Health, to make material early progress in delivering the Transport and Travel Action Plan.

Members stressed the need for clear information to be available to the public, in support of the concept of managed patient flows, in order that communities and individuals would have as much clarity as possible about where, for them, emergency care and planned care would be delivered.

The Modernisation Director emphasised that the enhancements to services which the Scottish Ambulance Service was proposing, included expanded paramedic involvement, could address a number of the concerns raised by respondents to the consultation – this encompassed concerns raised by individuals about Scottish Ambulance Service capability to transport the newest, largest model of wheelchair.

The Modernisation Director also stressed that, the proposals for managed patient flows notwithstanding, any patient arriving at an Accident and Emergency Department would be seen and treated and, in appropriate cases, transferred to the most appropriate specialist service. He stressed that, locally, Wishaw General Hospital, including the Accident and Emergency Department, would be physically expanded and staffed accordingly to deal with the additional activity that would result from the implementation of either option 2 or option 3 for Hospital Services.

He explained that a sensitivity analysis had been a feature of the development of the proposals for managing patient flows, and he explained that the planning assumptions would continue to be subjected to further sensitivity analysis, both locally and on a West of Scotland basis. In addition, further work would be undertaken on the potential impact of planned referrals on other hospitals.

The Modernisation Director confirmed that the issues raised during the consultation about the extent to which the elderly population and deprivation should, respectively, influence the decision on whether the second emergency care site should be Hairmyres Hospital or Monklands Hospital, would be explicitly addressed in the information presented to the NHS Board to inform its decision making in June. He explained that the planning within Forth Valley was based on a model of care involving a shorter length of stay than in Lanarkshire, matched with community rehabilitation facilities. He acknowledged the potential for Lanarkshire residents, receiving emergency care at the new Larbert Hospital, to be repatriated to Lanarkshire hospitals for rehabilitation, and subsequent follow-up, and confirmed that the associated transport issues would be worked out in dialogue with the Scottish Ambulance Service, and with the Transport Partnership. He also confirmed that the application of the Forth Valley model of length of stay and community rehabilitation to Lanarkshire would be the subject of consideration as part of the overall consideration being given to service redesign as an important part of A Picture of Health. The Modernisation Director emphasised the important changes to the Scottish Ambulance Service, in 3 key areas. Firstly, the bid from the Scottish Ambulance Service to the Scottish Executive Health Department for a dedicated inter-hospital transport service, thereby separating the inter-hospital transport service from the emergency transport service, with the beneficial impact on 999 capacity and capability to respond to category A calls within 8 minutes. Secondly, the consideration being given locally to supporting the local configuration of services, where the Scottish Ambulance Service had priced additional capacity, which would be reflected in the full A Picture of Health costs. Thirdly, the availability of additional ambulances as part of the detailed redesign of services.

The Director of Finance confirmed that there was no differential between the Scottish Ambulance Service costs for either option 2 or option 3 for Hospital Services. She also stressed that the Currie and Brown report was based on 2 emergency care sites, each of 650 beds, but that a sensitivity analysis had been carried out around the 60: 40 split of beds and the 57:43 split of beds – neither scenario materially altered the balance of the differential.

#### **THE BOARD:**

1. Noted the supplementary report on Modelling the Impact of Hospital Reconfiguration and Cross Boundary Patient Flows for Emergency Inpatient Care Between Lanarkshire, Glasgow and Forth Valley.

f) Capital and Logistical Implications for either Option 2 or Option 3 for the provision of hospital services

The Board considered a report on *The Capital and Logistical Implications for either Option 2 or Option 3 for the provision of hospital services* (circulated).

The Director of Finance explained that it was not her intention to comment, in detail, on the report before the Board, since it had previously been the subject of consideration by the NHS Board, following its launch.

She advised that the report reflected a high level cost analysis of Option 2 and Option 3 for the provision of Hospital Services. She acknowledged that the costs set out within the report were higher than the initial estimates, primarily due to the need to include Optimism Bias; contingency and the potential risks associated with space and capacity planning. She emphasised that despite the increase in costs for both options, a key consideration was that the differential between the costs of both options remained the same, and was not impacted upon by the sensitivity analysis undertaken for patient flows.

The Director of Finance explained that the Currie and Brown report confirmed that the Monklands site was the more difficult site to develop logistically, and that this was reflected in the relative optimism bias which, for Monklands Hospital was 24%, and for Wishaw General and Hairmyres Hospitals, was 20%. She explained that there was anticipated to be a range of risks associated with the development of the Monklands site, which would only be capable of quantification as detailed plans were developed, and which, potentially, could add further to the optimism bias.

She explained that if Hairmyres Hospital was the planned care site, it would be necessary to utilise the third floor which would be vacated. She stressed that the Capital Planning Process for the options was still at a very early stage, and was based on high level costings. However, she stressed that the report from Currie and Brown should be regarded as a firm and robust assessment of the costs of the options. This information would contribute to the consideration of the overall affordability of A Picture of Health, which would include the opportunity costs of each option, and would be the subject of a further, more detailed report, to the NHS Board at its meeting in June.

The Director of Finance explained that the Financial Plan, brought to the NHS Board in March 2006, included provision for the Revenue consequences of Capital investment of £200m. The costs included in the Currie and Brown report, for option 2 and option 3, would take the total Capital beyond that level – there was, however, some scope to address the issue of affordability through implementation over a longer time period.

The Director of the North Community Health Partnership stressed the relationship between the decision on Option 2 or Option 3 for Hospital services, and the Board's ability to preserve its commitment to the substantial range of development proposals in A Picture of Health for Primary Care and Community Care, which would produce material benefits in health gain.

Members acknowledged the requirement for the Capital and Revenue cost assumptions for option 2 and option 3 for hospital services to be as robust as possible, given the criticality of this issue. The Director of Finance explained that the assessment of optimism bias, which previously was only applied at business case level was now more sophisticated, and was based on advice from advisors who had external experience of the application of optimism bias from other schemes. She explained that consideration had been given to new build for Monklands Hospital, but an assessment of the costs of new build in other areas of the NHS in Scotland suggested that new build for Monklands Hospital would be of the order of at least £250m, which was not affordable, in addition to which, there was no possibility of a site for a new

build becoming available within the required timescale.

**THE BOARD:**

1. Noted the supplementary report prepared by Currie and Brown UK Limited on the Capital and Logistical Implications of Either Option 2 or 3 for the Provision of Hospital Services.
2. Agreed to receive at its meeting in June a report on the financial impact of A Picture of Health, in terms of Capital, Revenue and Affordability, in the context of the Board's Financial Plan.

g) **Decision Criteria**

The Modernisation Director suggested that the Board might wish to take the opportunity to review the criteria against which options would be considered. He advised that the starting point for this should be the set of Benefits Criteria (quality of care; access; workforce; flexibility; regional impact), developed and agreed by the Option Appraisal Group in October 2005, involving service users, carers, staff, voluntary organisations and other relevant stakeholders. He advised that, in addition to reflecting the comments received during consultation, the criteria would also be reviewed in light of two stakeholder events in April, one with staff representatives through the medium of the Area Partnership Forum, and one focussing on the needs of users and carers, at which participants were asked what the Board should take into consideration in determining the way forward.

The Modernisation Director explained that at a headline level, there was broad agreement that quality of care and costs were important criteria, while concerns were expressed about the need to raise the importance of access to emergency hospitals for people living in areas of deprivation, or for older people. He advised that these views had been taken into account in the amended criteria (quality of care; costs; access; workforce; flexibility; regional impact), which were presented for the Board's consideration.

In discussion, members noted the expansion of the Access criteria descriptions to reflect that services could be accessed appropriately by people living in the areas of deprivation, and by older people. It was noted, also, that the Regional Impact criterion had been refined to reflect the joint recognition, between Lanarkshire, Forth Valley and Greater Glasgow, of the importance of balancing provision.

Members noted the inclusion of a Cost criterion, including the requirement for opportunity costs to be fully recognised. In this regard, there was recognition of the inter-dependency between Quality of Care and the provision of improved Primary Care Services – this was reflected in the criteria description, which for quality of care, included the provision of an appropriate range of services and models of care.

**THE BOARD:**

1. Accepted the revised Decision Criteria, and agreed that these criteria would be the basis against which the A Picture of Health options would be considered at its meeting in June.

Having regard to the comments received during consultation, and the additional work that was underway, the Board agreed to consider, at its meeting in June, evidence in relation to:

- full commentary and analysis of responses received during consultation
- deprivation, its links to health and any relationship with the location of emergency inpatient facilities.

- older people, their particular health needs and issues of access to emerging inpatient facilities.
- workforce considerations arising from acute hospital reconfiguration
- the financial impact of *A Picture of Health*, in terms of Capital and Revenue Affordability, in the context of the Board's Financial Plan.
- Equality and Diversity Impact Assessment

The Chairman expressed appreciation to executive members and their staff for their contribution to the preparation of the information which had been considered by the NHS Board.

64.

#### **CAPITAL BUDGET 2006/07**

The NHS Board considered a report on the Capital Budget 2006/07 (circulated).

The Director of Finance explained that the report provided the NHS Board with an overview of the Capital Expenditure Budget for 2006/07. She explained that as part of the annual financial planning process set out by the Scottish Executive Health Department, the Board was required to produce a 5 year Plan, highlighting capital income assumptions and setting out capital investment proposals for the following years. She explained that in view of the ongoing work associated with *A Picture of Health*, a 5 year capital plan could not be finalised and no assumptions could be made at this time in relation to the likely funding routes. However, to ensure that immediate service investments were progressed appropriately, it was necessary to bring forward a proposed capital budget for 2006/07, as set out in the Appendix to the paper.

The Director of Finance explained that NHS Lanarkshire had received a Formula Allocation of £23.644m for 2006/07, with a further £2.157m to meet the capital investment costs for medical equipment. In addition, the Board had underspent the capital resource limit in 2005/06 by £3.533m. She advised that a number of other capital allocations had been assumed within the capital budget for the year, in relation to specific developments in Primary Care and funding for invest to save energy efficiency schemes. In addition, a reduction to the capital allocation was expected, as the Board's contribution to the West of Scotland Medium Secure Unit. In total, the capital budget set out a net capital allocation of £31.687m.

The Director of Finance explained that the level of investment required through *A Picture of Health* and the associated service strategies would be considerable over the next 5-10 years, and advised that the capital funding available during this period would support the delivery of these plans. She highlighted total investment of £29.997m for 2006/07, in relation to the more immediate timeframes, with expenditure across a number of broad areas, viz: ongoing schemes brought forward from 2005/06; Primary Care premises; modernising geriatric hospital services; modernising psychiatric services; rationalising accommodation; and other schemes, including compliance with statutory standards, new and replacement medical equipment, IM & T and 'ring-fenced' developments in Primary Care dental premises. She explained also that funding had been allocated through the capital plan for repayment of prior years 'brokerage' – this had arisen through the allocation of advance funding by the Scottish Executive Health Department in recognition of future capital receipts.

The Director of Finance explained that within the capital expenditure plan for 2006/07 there was an assumption that capital receipts would be forthcoming on the sale of the Law Hospital site and Kirklands House. This additional income was expected to be in excess of £5.7m with a further revenue benefit of circa £15m on the Law Hospital site; however, she cautioned that the exact value of the receipt would only be known when the sale was complete.

She explained that the capital budget for the year set out a net underspend against the total anticipated capital allocation of £7.440m, and explained that in order to meet future investment plans within NHS Lanarkshire, these funds would require to be carried forward into future years, subject to approval from the Scottish Executive Health Department.

The Director of Finance acknowledged the requirement, highlighted by the Director for Allied Health Professions, Nurses and Midwives, to address the need for significant investment in a number of routine items of equipment, such as beds, trollies, etc. which clinicians, particularly nursing staffs, required to sustain the service at an operational level.

Director  
of  
Finance

**THE BOARD:**

1. Approved the capital budget for 2006/07.
2. Agreed to the repayment of prior years brokerage.
3. Noted and approved the planned underspend of £7.440m for the year.

65.

**WAITING TIMES**

The NHS Board considered a report on Waiting Times (circulated).

The Director of the North Community Health Partnership explained that the paper identified actual waiting time performance for each waiting time guarantee against the trajectory as contained in NHS Lanarkshire's Local Delivery Plan 2006/07. He stressed that to evidence progress towards delivery of waiting time guarantees a trajectory had been prepared for each guarantee, indicating anticipated improvements in waiting times or number of patients waiting on a monthly basis through to the end of March 2007. He advised that an explanation for variations and actions to address them would routinely be provided to the NHS Board. He emphasised that progress was being made on the delivery of all Ministerial waiting time guarantees, and outlined the position with regard to: inpatients, daycases and outpatients; inpatients/daycases Availability Status Codes; cancer; diagnostics; and unscheduled care. He highlighted, in particular, the significant pressure around orthopaedics, and stressed that there was work in progress with clinical staff to further refine the Capacity Plan, in addition to which, further capacity was being generated through internal waiting list initiatives, increased access to the Golden Jubilee National Hospital and a contract through to the end of the calendar year 2006 with the independent sector. He also explained that a Diagnostics Collaborative was in place with Sub Groups established for endoscopy and radiology, and advised that site mapping events currently being undertaken, involving representatives from Primary and Secondary Care and the public, would inform the development of single patient pathways for each component part of endoscopy and radiology.

The Director explained that the opportunity would be taken to further refine and improve the information made available to the NHS Board, to increase awareness of the waiting time position, the pressures on the service that may result in variation from the anticipated trajectories, and the action being taken to address those issues.

**THE BOARD:**

1. Noted the report on waiting times.
2. Asked to receive a further report.

Director,  
Acute  
Services

66.

**DATE OF NEXT MEETING**

Wednesday 28<sup>th</sup> June 2006 at 9.30am. Subsequently amended to Tuesday 27<sup>th</sup> June 2006 at 4.00pm.

NJA/MB  
BOARD24MAY2006.DOC