

A PICTURE OF HEALTH

COMMENTARY ON THE PRINCIPAL ISSUES RAISED BY PUBLIC AND STAFF RESPONDENTS DURING THE PUBLIC CONSULTATION.

At its meeting on 24 May 2006, Lanarkshire NHS Board received a summary/analysis of written submissions during the Public Consultation on A Picture of Health, and a report on the principal issues raised during: Public Consultation Meetings; smaller local stakeholder meetings; and staff consultation meetings. This report provides a high level commentary on the principal issues raised by public and staff respondents. These were:

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. Deprivation.
6. Older People
7. Finance.
8. Workforce issues.
9. Extended involvement of the private sector in the provision of health facilities and the delivery of NHS care.
10. Palliative Care.
11. Acute Psychiatry.
12. Cancer.
13. Internal Patient Flows and Cross Boundary Patient Flows.
14. Travel and Transport, including Scottish Ambulance Service capacity and the relationship between travel time and survival.
15. Loss of Accident and Emergency will lead to complete hospital closure.
16. How will 2 Accident and Emergency Departments cope with demand when 3 Accident and Emergency Departments do not currently have the capacity to cope.

17. The provision of elective care at the Planned Care Site, without Intensive Care Unit facilities.
18. Model of Care.
19. Monklands Hospital and Emergency Planning arrangements.
20. Radiology capacity at Monklands Hospital if it is a Planned Care Site.
21. Inpatient Dermatology provision.
22. Renal Services.
23. Neonatal Cots.
24. Myalgic Encephalomyelitis.
25. Women who have suffered rape or other sexual assault
26. Primary and Community Care.

1. The Consultation process.

A number of respondents, both in writing and verbally at Consultation Meetings, challenged the consultation process, primarily because the status quo was not a consultation option, and because of a perception that a decision on the options for Emergency Care sites and the Planned Care site, had already been taken.
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- 1.1 The status quo was not included as a consultation option, as it was the Board's firm belief that, based on the substantial evidence available, including advice from the Consultant body across Lanarkshire, it was not sustainable. The issue of the status quo did, however, feature largely during the consultation, and it was for this reason that the NHS Board substantially revisited the issue at its meeting on Wednesday 24 May 2006, reaffirming its earlier decision (21 December 2005), that the status quo was not sustainable, and that Acute Services required to be reconfigured as proposed in A Picture of Health, viz: two Emergency Care sites and one Planned Care site.
- 1.2 As Members will recognise, a decision on the options for Emergency Care sites, and the Planned Care site has not been taken, and is reserved for a decision by the NHS Board at its meeting on 27 June 2006.
- 1.3 It is now a requirement, for consultations within the NHS, that the process is subjected to rigorous evaluation by the Scottish Health Council, with an evaluation report being submitted, independently, to the relevant Minister (in this case, the Deputy Minister for Health and Community Care), such that the Ministerial consideration of the Board's recommendations, will encompass not only the material issues that were the subject of consultation, but also the process. Throughout the consultation, NHS Lanarkshire has been co-operating with the Scottish Health Council, in the provision of information about the consultation process, to inform the

Council's report to the Deputy Minister for Health and Community Care. At this point in time, the Director of the Scottish Health Council has indicated his positive endorsement of the Consultation process, on the basis of the SHC audit to date.

- 1.4 As an adjunct to the Scottish Health Council evaluation, NHS Lanarkshire separately commissioned Devlin Beattie Partnership to independently review the A Picture of Health Engagement and Consultation process, against the National Standards for Community Engagement in relation to major strategic reviews. As confirmed to the NHS Board on 24 May 2006, this review concluded that NHS Lanarkshire had fulfilled the standards set out in the national guidance.

2.	Planning for the European Working Time Directive.
	During the Consultation, the challenge was put forward that NHS Lanarkshire should have known about the implications of the European Working Time Directive in sufficient time to enable plans to be put in place earlier to mitigate the impact and enable the status quo to be maintained.

- 2.1 It is true that the implications of the European Working Time Directive, including the deadline of August 2009 for compliance with the maximum 48 hour working week, have been known for some years. It is important to recognise that, since the early 1990s, NHS Lanarkshire and other NHS systems in Scotland, have been implementing the New Deal for Junior Doctors, a key component of which has seen incremental reductions in their working week to 72 hours; 58 hours currently, and to a maximum of 48 hours by August 2009. The impact of reduced Junior Doctors' Hours over the years has, to an extent, been mitigated by the recruitment of additional staff; however, the extent to which this can any longer be a solution is impacted upon by the limited pool of medical staff throughout the country. Other actions taken to mitigate the impact, have involved substantial redesign of services, including the introduction, in August 2004, of Hospital Emergency Care Teams (HECTs), with responsibility for the medical care of attendees at Accident and Emergency, new medical admissions, new admissions in general surgery and orthopaedics who are not for early surgery, and all other adult patients in the hospital between 21.00 – 09.00 every day of the week. A range of other redesign initiatives has also been introduced to maximise the skills of other clinical staff, including extended roles for nurses and the Allied Health Professions. Whilst the impact of the New Deal and the Working Time Directive is substantial, the most significant impact on the availability of Junior Medical Staff and Consultant time, is Modernising Medical Careers which, as well as substantially reducing the amount of time that Doctors will spend 'on the wards', will also increase the commitment of Consultants to supervising their training.

3.	A Model with 2 large Hospitals and an Ambulatory Care and Day Centre (ACAD).
	In its response to Consultation, the Medical Directorate at Monklands Hospital expressed the view that for Acute Medicine and the Medical Sub Specialties, a model of 2 large Hospitals and an Ambulatory Care and Day Centre, would appear to have significant sustainability advantages over the current proposal to retain a large Level 2 Hospital with 300 beds. The Medical Directorate also expressed disappointment that its pre-Consultation argument for a new build

Level 3 site was not formally included within the Option Appraisal or subsequent Consultation.

- 3.1 The majority Clinical view across Lanarkshire is in support of a model for Hospital Services involving 2 Emergency Care sites and one Planned Care site. In its response to Consultation, the Medical Staff Association at Monklands Hospital supported 2 Emergency Care Hospitals, with enhanced staffing and diagnostics, delivering safe, effective, efficient, sustainable care, which maximises productivity, and one Planned Care Hospital, in effect functioning as a high quality Ambulatory Care and Day Centre, with extended day surgery, inpatient Psychiatry and Continuing Care, viz: quality ACAD Services, with high volume and community impact.
- 3.2 Based on comparisons with other major capital schemes in the NHS in Scotland, it is estimated that a new build Emergency Care Hospital would cost at least (and probably more than) £250m. This is simply not affordable, in addition to which, it would not be possible to identify a site and build and commission such a facility, within the timescale to enable NHS Lanarkshire to respond to the principal drivers for change set out within A Picture of Health.

4. The Acute Services Option Appraisal.
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The view was expressed by some respondents that the Acute Services Option Appraisal was not a robust process, with insufficient lay people involved, and insufficient consideration of deprivation and health needs to inform the consideration.

- 4.1 This view seems to have emerged from a perception that the Scoring Event held on 22 November 2005 was the Acute Services Option Appraisal. The Scoring Event was, in fact, the culmination of an Option Appraisal process, held over some months, involving dialogue with key clinical groups from across NHS Lanarkshire and other stakeholders, in particular to give in-depth consideration to the wide ranging and complex issues associated with the provision of critical care.
- 4.2 At its meeting on 21 December 2005, the NHS Board agreed to test both options for Hospital Services, whilst acknowledging that a preferred option had emerged from an Option Appraisal Exercise. The Option Appraisal was, by definition, a limited exercise, and the Board made it clear, also, that it was not bound by the outcome, with the way forward being determined after the conclusion to the consultation process, when other factors would also be brought into consideration, including any compelling arguments from the public, staff and other interested stakeholders, along with the outcome of more detailed analysis of the capital and revenue cost consequences, and the impact of changing flows of patients between Lanarkshire, Greater Glasgow and Forth Valley Health Board areas.

5. Deprivation.

Deprivation, its links to health and interdependency with the location of Acute Services, featured prominently during the Consultation, and the clinical, social and geographic arguments were cited by a number of key respondents, including local Members of Parliament and Members of the Scottish

Parliament, North Lanarkshire Council, the Medical Staff Association and the Medical Directorate at Monklands Hospital, as material factors which should dictate the need for Monklands Hospital to retain its position as an Emergency Care site.

- 5.1 Recognising the prominence and the strength of feeling about Deprivation and its consequences, including: poor health and reduced life expectancy; reduced levels of car ownership, and thereby mobility; the NHS Board asked Dr Dorothy Moir, the Board's Director of Public Health, to research *Deprivation, its links to health and any relationship with the location of emergency inpatient facilities*. A report on this issue is presented to the NHS Board, as Appendix 3, for consideration.

6. Older People.

Respondents to the Consultation, in support of the case for Hairmyres Hospital retaining its position as an Emergency Care site, including South Lanarkshire Council, the Medical Staff Association at Hairmyres Hospital and the Clinical Director for Medicine for the Elderly, cited the conclusion within *Building a Health Service Fit for the Future*, that the principal determinant of bed usage is age, and the population projections for the 75 + age group in Hamilton and East Kilbride exceeding Airdrie, Coatbridge and Cumbernauld, as being a material factor which should dictate the retention of Hairmyres Hospital as an Emergency Care site.

- 6.1 Given the prominence and strength of the views expressed on this issue, the NHS Board asked Dr Dorothy Moir Director of Public Health, to research on *Older People, their Particular Health Needs, and Issues of access to Emergency Inpatient Facilities*. A separate report on this issue is presented to the NHS Board as Appendix 4 for consideration.

7. Finance.

The view was expressed strongly and repeatedly during the Consultation that, ultimately, cost and the Private Finance Initiative funding of Wishaw General and Hairmyres Hospitals, would dictate the decision on whether Hairmyres Hospital or Monklands Hospital should be the second Emergency Care site in Lanarkshire.

Substantial comment was received, principally from MSPs whose Constituencies include the Monklands Hospital catchment area, on the report on the Capital and Logistical Implications of either Option 2 or 3 for the Provision of Hospital Services as outlined in A Picture of Health. Respondents challenged a number of the assumptions and conclusions within the report, as well as the rationale on which the approach to the Capital and Logistical Implications was based. They strongly challenged the Capital Costs quoted for Option 2 and Option 3, and expressed concerns about the extent to which the costs of both options had risen markedly from the costs quoted at the start of the Consultation process, including that they were not based on the calculation of whole life costs, and that they were inappropriately skewed in favour of Option 3 (Wishaw General and Hairmyres Hospital as Emergency Care sites).

The claim was also made that the Board was wedded to the retention of Wishaw General Hospital and Hairmyres Hospital as Emergency Care sites, because of the PFI contractual commitment, and the associated incentive to maximise the use of those facilities.

- 7.1 The calculation of the Capital and Revenue and Logistical Implications of Option 2 and Option 3 has been a major exercise. Attached, at Appendix 6, is a paper on Finance and Logistics, prepared by Susan Goldsmith, Director of Finance, which examines the financial implications of the proposals set out in A Picture of Health, in particular, the financial impact of Capital Developments across NHS Lanarkshire, including the 3 Acute Hospital sites, Mental Health Services, and Primary and Community Care Services.
- 7.2 Fundamentally, the case for change is not dictated by finance, ie: by a need or desire to reduce costs – ultimately, the implementation of A Picture of Health, across the Primary Care, Community Care and Hospital Care settings, will cost substantially more, through the Capital investment required, and the associated revenue consequences. Of course, in the Public Sector cost is a factor in decision making, because resources are finite, but Cost is only one of 6 Decision Criteria (Quality of Care; Access; Cost; Flexibility; Workforce; Regional Fit), which the Board will use in reaching its decisions on the range of A Picture of Health proposals, principal amongst which is Quality of Care.
- 7.3 It is correct that the PFI funding of Wishaw General Hospital and Hairmyres Hospital brings with it a contractual commitment, and there is, thereby, an incentive to maximise the use of those facilities. However, even if these Hospitals were paid for by Treasury Funded Capital, there would still be a commitment, and an incentive to maximise their use, because of the Capital Charges associated with facilities funded through the more traditional Public Sector funding source.

8. Workforce issues.

Respondents to the Consultation, particularly Unison and staff, raised a number of workforce and workforce related issues, including: loss of jobs to the Hospitals and the area served by the Planned Care site; Recruitment and retention difficulties in the Planned Care site; Redeployment and mobility of staff; skills retention and training and development of staff. Unison, in particular, sought reassurance that the next and subsequent stages of A Picture of Health would be taken forward in close partnership with staff, and that staff would continue to have the protection of the Organisational Change Policy, with recognition, also, of the training and development needs of staff in new roles and competencies.

- 8.1 Gordon Walker, the Board's Director of Human Resources, was asked to examine the workforce considerations which the Board requires to take into account specifically in reaching a final decision on the Acute reconfiguration options. The resultant report is presented at Appendix 5 for members' consideration.

9. Extended involvement of the private sector in the provision of health facilities and the delivery of NHS care.

Some respondents to the Consultation, notably opposition MSPs and Unison, expressed strong ideological opposition to further, extended involvement of the private sector in the provision of health facilities and the delivery of NHS care. This opposition relates, particularly, to any extension of the Private Finance Initiative, and to the proposal in A Picture of Health to re-provide inpatient services for Older People, either through direct provision by NHS Lanarkshire, or through partnership with the Independent Care Home Sector.

9.1 There is a requirement on the NHS in Scotland to comply with Scottish Executive Health Department guidance on sourcing capital for developments, including through the exploration of Private Finance, involving the application of the Public Sector Comparator. Accordingly, these regulations will apply to the major capital investments in A Picture of Health, and this issue is addressed within the report to the NHS Board at Appendix 6 on the financial impact of A Picture of Health in terms of capital, revenue and affordability.

9.2 Improving and Modernising Services for Older People is a theme which runs through A Picture of Health, specifically in relation to intermediate and continuing care inpatient provision. A separate paper on this issue, which includes recommendations to develop detailed proposals in the light of concerns raised during consultation, is included as Appendix 9.

10. Palliative Care.

A significant feature of the Consultation responses, was the level of support, reflected in substantial Petitions and Petition Letters, for the provision of Specialist Palliative Care inpatient beds in South Lanarkshire.

10.1 A supplementary advice note on Palliative Care is included as Appendix 10 for Members' consideration.

11. Acute Psychiatry.

Responses to the Consultation, included a number of expressions of support for the A Picture of Health proposals relating to Mental Health. One aspect which did not attract universal support was the proposals for Acute Psychiatry. Respondents, including Unison and individuals from the Clydesdale area, challenged the proposal to move from the current position where Acute assessment is currently undertaken in a range of ways on 5 sites, bringing Acute assessment together into 2 specialist units, on Acute Hospital sites, one to be located in South Lanarkshire at Hairmyres Hospital and one to be located in the North, either at Monklands Hospital or Wishaw General Hospital, supported by 2 treatment units at Udston and Coathill Hospitals.

The Lead Psychiatrist for the Child and Adult Mental Health Service in Lanarkshire, whilst being deeply impressed by the plans NHS Lanarkshire has

for modernising the Health Service provision, highlighted the absence of any mention of any developments in Child and Adolescent Mental Health Services, and stressed the real need for substantial investment in the development of the CAMHS to bring it up to national Scottish standard.

- 11.1 A paper on this issue, prepared by Colin Sloey, Director of the North Community Health Partnership, is attached at Appendix 11 for members' consideration.
- 11.2 The Mental Health Modernisation Programme within NHS Lanarkshire recognises the need for improved Hospital and Community based care. This means investment in both improved facilities and development in the workforce, both in terms of numbers, and skills and competencies. The service improvement programme will be prioritised to reflect the investment required to bring existing services up to the levels set out in documents, such as, the National Framework for Child and Adolescent Mental Health Services.

12. Cancer.

Whilst welcoming the proposals for investment in Cancer Services, some respondents to the Consultation, notably Consultant Haematologists in Lanarkshire, raised concerns about the proposition that the Cancer Centre should be located on the Planned Care site.

- 12.1 A paper on Cancer Services, prepared by John Browning, Medical Director, is included at Appendix 12, for members' consideration.

13. Internal Patient Flows and Cross Boundary Patient Flows.

During the Consultation, there was substantial comment about the implications of the proposals for Hospital Services, both for Internal Patient Flows and Cross Boundary Patient Flows between Lanarkshire, Forth Valley and Greater Glasgow in response to the publication on 20 April 2006 of the report: *Modelling the Impact of Hospital Reconfiguration on Cross Boundary Patient Flows for Emergency Inpatient Care between Lanarkshire, Glasgow and Forth Valley*. The majority of respondents on this issue including, in particular, Members of Parliament and Members of the Scottish Parliament whose Constituencies sit within the Monklands Hospital catchment, strongly challenged the principles and assumptions on which the report's conclusions are based. These challenges related to: a belief that the implications for Glasgow of Monklands Hospital becoming a Planned Care site, have been substantially underestimated; erroneous assumptions about managed catchments, and the extent to which directable patient flows could be directed; and a view that the methodology on which the work was based, was less than robust.

The view was also expressed that the Regional Planning Group, which included a representative of Ayrshire & Arran, appeared to have summarily dismissed the potential impact which the possible downgrade of Hairmyres Hospital could have on admissions to Crosshouse Hospital in Kilmarnock.

Recognising the increased level of Cross Boundary Flow for Emergency Inpatient Care, particularly from the Cumbernauld and Kilsyth areas to the new Larbert Hospital, questions were raised about the clinical safety of, and the arrangements for, repatriating patients to their local hospital in the post-acute phase.

- 13.1 The report on Patient Flows, published on 20 April 2006, and considered by the NHS Board at its meeting of 24 May 2006, was the product of dialogue, over many months, between NHS Lanarkshire, NHS Forth Valley and NHS Greater Glasgow, in pursuit of the Regional Planning requirement and the key criterion relating to Regional Fit. The NHS Board has accepted that the assumptions on which the report Conclusions and Recommendations are based, are sound. Furthermore, both Forth Valley NHS Board and Greater Glasgow NHS Board, have confirmed that the consequences of Lanarkshire NHS Board's decision on either Option 2 or Option 3 for Modernising General Hospital Services are manageable for them, within their strategic plans for the development of Hospital Services within their Board areas – this includes recognition of the need to size the hospital developments, planned for Forth Valley and Greater Glasgow, accordingly. The concept of managed catchments also has the support of the Scottish Ambulance Service.
- 13.2 The Regional Planning Sub Group which considered the Cross Boundary Flow issues, included representation from NHS Ayrshire & Arran. The conclusion from this work was that there is no significant impact from the NHS Lanarkshire proposals on patient flows between Lanarkshire and Ayrshire.
- 13.3 Beyond the launch of the report on 20 April 2006, discussions between NHS Lanarkshire, NHS Forth Valley and NHS Greater Glasgow, have continued, to further test the assumptions on which the report and its conclusions are based. These ongoing discussions also recognise the requirement to ensure that, as far as it is possible to do so, the timescales for the major capital developments required within all 3 NHS Board areas, are aligned, with the aim of minimising the level of disruption for patients and the public.
- 13.4 Inter-hospital transfer of patients, including across Health Board boundaries, happens currently on a regular basis. A key component of the implementation of the proposals will involve dialogue with a number of parties, including General Medical Practitioners and Secondary Care Clinicians, about the detail of the models of care that will apply – this will include clearly defined protocols for patient transfers and repatriation. It will also be the intention to revise the Discharge Planning arrangements, in order to ensure that there are robust, well worked out arrangements, which reflect the new models of care, and include Health and Social Care packages.

14. Travel and Transport, including Scottish Ambulance Service capacity and the relationship between travel time and survival.

Many respondents to the Consultation, particularly MPs and MSPs and residents within the Monklands Hospital catchment area, but also residents within the Hairmyres Hospital catchment area, expressed concerns that the consequences of either Monklands or Hairmyres Hospital becoming a Planned

Care site, would make travel and transport more difficult, especially in the situation of emergencies, and for residents in the Monklands Hospital catchment area where, demonstrably, there are lower levels of private car ownership, than amongst residents within the Hairmyres Hospital catchment area. In addition to concerns about travel and transport in emergency situations, concerns were also expressed about travel to hospital for relatives and other visitors, both in Emergency Care and Planned Care situations.

14.1 At its meeting on 24 May 2006, the NHS Board considered a paper, *Assessing the Impact on Transport and Travel*. This included an Action Plan, the key elements of which were:

- The use of available information as evidence of the need for improvements to be made to public transport arrangements in Lanarkshire, to address issues of equity, with particular reference to 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.
- Lanarkshire NHS Board playing an active part in 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.
- Lanarkshire NHS Board working with its partners to manage the effects of change in such a way as to minimise adverse impact on patients, carers and families, and to maximise opportunities for improved health and well-being.
- The provision of limited stop shuttle buses, plying between the 3 Acute Hospitals in Lanarkshire, with the wider limitations of existing bus routes, infrequency and limited operating hours, being actively and vigorously pursued by the Transport Partnership.
- The modelling and costing of options for a shuttle bus service between the hospitals – these are under discussions in the first instance with the new Transport Partnership. Users would only require to get to their local Acute Hospital, to have universal access to the other hospitals within a journey time of about 45 minutes.
- The development of personal transport plans that will be issued to every household indicating routes, timings etc to each of the Acute Hospitals.
- Detailed planning in liaison with the Scottish Ambulance Service, to identify the consequential costs for additional crews and vehicles to meet the additional ambulance journeys required under each hospital option.
- A commitment to a more detailed and technical Transport Impact Assessment, involving the likely impact of hospital developments on roads, junctions and car parking, as part of the Business Case, once the Board has decided on the option to pursue for hospital services. The Transport Impact Assessment will be shared widely, including with those organisations and individuals who, in their Consultation responses, expressed an interest in this document.

- 14.2 The Scottish Ambulance Service has a bid at the Scottish Executive to enable the separation of the inter-hospital patient transfer service and the 999 Emergency Service, which are currently linked. The ring-fencing of the inter-hospital patient transfer service will enable a heightened focus on a dedicated 999 emergency response, with the aim of markedly increasing the Scottish Ambulance Service Category A response, viz: arrival at the scene within 8 minutes of receipt of a 999 call at Ambulance Control. Even if the bid at the Scottish Executive is not successful, the Scottish Ambulance Service intends to invest heavily in the further development of services, including through the appointment of 43 additional staff in the Lanarkshire area, thereby enhancing their capacity and capability.
- 14.3 Allied to the travel and transport issues raised during the Consultation, concerns were expressed by many respondents that people would die as a result of the increased journey time in Emergency cases. The particular example cited was Myocardial Infarction (Heart Attack), especially by respondents from the Monklands catchment area, and in particular Coatbridge and Airdrie, given the higher preponderance of Coronary Heart Disease within those localities.
- 14.4 In relation to myocardial infarct, there is evidence that the outcome for the patient is determined, to some extent, by the time interval between onset of symptoms and administration of treatment with a Thrombolytic (clot-busting) drug. Thrombolytic drugs help to stabilise the patient, and can reduce the extent of damage to the heart muscle following myocardial infarct. The majority of patients benefit if they receive Thrombolytic drugs within 3 hours after onset of symptoms, although these drugs are clinically indicated for up to 12 hours after symptoms develop.
- 14.5 Ambulance journey time to hospital makes up only one (relatively small) part of the overall time interval from onset of symptoms of myocardial infarct to administration of treatment. Other factors include the delay between onset of symptoms and calling for help, time before arrival of ambulance at the scene, time spent assessing and stabilising the patient at the scene and transfer to the ambulance and time to transfer the patient through the hospital to the Coronary Care Unit.
- 14.6 Service improvements have been underway for some time in Lanarkshire, in order to prevent delays with administration of thrombolytic drugs to patients following myocardial infarct. In rural Clydesdale, ambulance paramedics at the scene give thrombolytic drugs, where possible, in order to speed up the process of treatment before transferring the patient to hospital. The successful pilot of this service in Clydesdale, since 2004, led to pre-hospital thrombolysis by ambulance paramedics being rolled out across Lanarkshire in May 2006.

15. Loss of Accident and Emergency will lead to complete hospital closure.

The view was expressed by a number of respondents to the Consultation, from the Monklands catchment area, that the designation of Monklands Hospital as a Planned Care site will lead, ultimately, to the closure of the hospital. There is, clearly, a suspicion amongst residents of the Monklands Hospital catchment area that the NHS Board is planning to close the hospital. Indeed, at the Airdrie Public Consultation Meeting, the claim was made by a member of the public present that a Property Developer had claimed that the hospital site had been offered to him for sale at a price approaching £60m.

The view was also expressed that Monklands Hospital, as a Planned Care site, would be reduced to little more than a Cottage Hospital.

- 15.1 The A Picture of Health Consultation Document explicitly states that the Board's proposals for Hospital Services are predicated on retaining Wishaw General, Hairmyres and Monklands Hospitals. It is simply not true that there is a hidden agenda to close Monklands Hospital, and that dialogue has been had with any individual or property firm about the potential sale of the site. Whilst it is true that some services have moved from the site, because of the concentration of the inpatient component of the service on other sites, other services have been enhanced on the Monklands site, most recently through the concentration there of the inpatient Urology Service for all of Lanarkshire.
- 15.2 The Implementation of either option for Modernising General Hospital Services will involve multi-million pound investment in the development of Monklands Hospital.
- 15.3 The Planned Care Hospital will be a substantial facility, providing a range of outpatient and day care services, and inpatient services, as set out in Appendix 13 *Supplementary Advice Note on Services on the Emergency and Planned Hospital Sites*, which together account for 80% – 85% of hospital activity currently.

16. How will 2 Accident and Emergency Departments cope with demand when 3 Accident and Emergency Departments do not currently have the capacity to cope.

A number of respondents to the Consultation questioned the rationale for reducing from 3 Accident and Emergency Departments to 2 Accident and Emergency Departments, when currently, 3 Accident and Emergency Departments apparently do not have the capacity to cope, with regular closures at Wishaw General and Hairmyres Hospital, but not at Monklands Hospital. Allied to this, respondents expressed concerns about potentially having to wait longer to be seen at Accident and Emergency.

Respondents also cited the findings of a survey of waiting times in Scotland, published during the Consultation, which quoted maximum waiting times of the order of 19 hours in Accident and Emergency Departments in Lanarkshire.

The point was also made that the answer to closing an Accident and Emergency Department was not to develop more Health Centres, because they closed their doors early in the evening, leaving individuals to rely on local access to Accident and Emergency.

- 16.1 On average, about two thirds of patients attending hospital Accident and Emergency Departments, do so for minor injuries or illnesses. Most of these patients do not need Consultant-led Accident and Emergency facilities, and could be seen more quickly and just as effectively, in Minor Injury and Illness Centres that have appropriately trained staff and access to x-ray facilities. It is considered that the current situation, whereby emergency care and planned care are combined on 3 sites across

Lanarkshire, does not permit the most efficient use of resources, and that by separating the emergency and elective workloads, it will be possible to focus resources, to a larger extent, thereby creating the capacity to manage the emergency workload. There is also a high level of confidence that operating with 2 full Accident and Emergency Departments in Lanarkshire will greatly enhance the attractiveness of the departments, enabling recruitment to current vacancies for Consultants in Accident and Emergency Medicine. This, in turn, will greatly enhance the system's ability to manage the A&E workload.

- 16.2 The survey results of Accident and Emergency Waiting Times published during the Consultation, reflected the position at the time of the survey one year prior to their publication, with the longest waiting times quoted being for cases triaged as non-life threatening and cases requiring specialist Accident and Emergency treatment being seen more quickly. Since the time of the survey, there has been a particular management focus on further reducing Accident and Emergency Waiting Times, and it is considered that the separation of the Minor Injuries and Illness Service from the Specialist Emergency Service, will further enhance the system's ability to treat patients more quickly.
- 16.3 NHS Lanarkshire proposes a number of measures as part of the development of Accident and Emergency Services, as follows:
- The provision of a new network of Emergency Services throughout Lanarkshire.
 - The provision of bigger, better resourced Consultant-led A&E Units in each of the 2 Emergency Hospitals for major accidents and emergencies that require admission to hospital or use of intensive care.
 - The introduction of Accident and Emergency "see, treat and discharge" Minor Injury and Illness Services at 5 locations viz: at the 2 Emergency Hospitals; the Planned Care Hospital; and at expanded community units in Cumbernauld and Lanark – each with x-ray facilities and telemedicine links to specialists in the 2 emergency hospitals.
 - The continuation of Primary Care Out-of-Hours Services at the 5 locations.
 - Strengthening the existing Minor Injuries and Illness Services in Douglas and Biggar.
 - The provision of more Emergency Care by Paramedics in people's own homes.
 - Ensuring that, by 2007, no one waits more than 4 hours to be seen, treated, discharged or admitted, in any of the Lanarkshire Accident and Emergency Departments. Currently, 8 out of 10 people are seen, treated, discharged or admitted within 4 hours.
- 16.4 Much was said, during the Consultation, about the extent to which Wishaw General and Hairmyres Hospitals "closed", when Monklands Hospital never closed. Accident and Emergency Departments in Lanarkshire never actually close. All patients that self-refer, or arrive by emergency ambulance at Lanarkshire A&E Departments are seen and treated.

- 16.5 Lanarkshire's Hospitals, in common with all other areas in Scotland, operate as an emergency clinical network, so that when a hospital is experiencing an exceptionally high rate of emergency admissions, as can occur from time to time, the opportunity exists to redirect arranged GP emergency referrals between Hospitals, to ensure that patients receive the treatment they require, without delay.
- 16.6 The A Picture of Health proposals envisage only the approximately one third of activity which requires Consultant led specialist Accident and Emergency facilities being provided on 2 sites – this is not the type of activity that would ordinarily involve individuals accessing Primary Care Services in Health Centres. Minor Injury and Illness Services, which currently account, on average, for about two thirds of patients attending Hospital Accident and Emergency Departments, will continue to be available round the clock at Monklands, Wishaw General and Hairmyres Hospitals. In addition, the Primary Care Out-of-Hours Centres, presently co-located with the Accident and Emergency Departments on the 3 sites, will remain, in addition to which, there will be expanded Community Minor Injury and Illness Units in Cumbernauld and in Lanark.

17. The provision of elective care at the Planned Care Site, without intensive Care Unit facilities.

Respondents expressed concerns about the safety of delivering Planned Care, including surgical procedures, without access to on-site intensive care unit facilities and about the situation where the condition of an elective patient deteriorated to the point where there was a requirement for a level of intervention that was not available on the Planned Care site.

- 17.1 A supplementary paper on services on the Emergency and Planned Hospital sites, is attached at Appendix 13, for members' consideration.
- 17.2 The question of what might safely be provided on a Planned Care site, without an Intensive Care Unit, was the subject of discussion with clinical groups as part of the process leading to the consideration of the A Picture of Health proposals by the NHS Board on 21 December 2005. The product of these discussions was key to shaping the proposals which were the subject of consultation. NHS Lanarkshire also continues to work closely with other Regions in Scotland, with the aim of reaching a common consensus on what can safely be managed on a Level 2 (Planned Care) site. The product of all of this work, both locally and Regionally, will help to inform the final detail of the services that will be provided on a Planned Care site. Ultimately, however, the nature of elective surgery, and indeed other elective procedures provided on the Planned Care site, will be agreed on a procedure basis with the relevant clinicians. There will also be 100% pre-admission screening, and criteria for the safe management of patients on the Planned Care site will be agreed with Anaesthetists.
- 17.3 Patient transfers between hospitals in Lanarkshire, or externally, most usually to Glasgow, for specialist secondary or tertiary intervention, happens regularly at the present time, including the transfer of very ill babies and children to Yorkhill Hospital in Glasgow. The Planned Care site will have capacity and the capability to assess, diagnose, stabilise and transfer patients to appropriate specialist services, where they

will receive the highest quality of care. The Scottish Ambulance Service proposals to further enhance their capability through the development of a dedicated inter-hospital transfer service, is also relevant to this situation.

18.	Model of Care.
	<p>The Medical Staff Association at Monklands Hospital stressed the need for a systematic approach to caring for the most vulnerable people with long-term conditions, especially older people, and targeted action in deprived areas to reach out with anticipatory care, to prevent future ill health and help reduce health inequality.</p> <p>Drawing on lessons learned from Managed Care Models, the Medical Staff Association view success, where: there is a truly integrated system; a high degree of co-location of Acute and Primary Care Services; a care continuum model in place; staff following patients across settings; repatriation as a priority; and the processes of care redesigned, with efficiency being improved, by: treating Day Surgery (rather than Inpatient Surgery), as the norm; improving referral and diagnostic pathways; actively managing admissions; actively managing discharge and length of stay; and actively managing follow-up.</p>

18.1 The need for a systematic approach to caring for the most vulnerable people in communities is acknowledged, and is reflected in the Long-Term Conditions Strategy. The need to target action in deprived areas to reach out with anticipatory care to prevent future ill-health and reduce health inequality, is also acknowledged, and is a key feature of A Picture of Health, including through the Prevention 2010 initiative, involving an additional £1.4m of investment in each of the next 2 years within North Lanarkshire, to support targeted investment to meet the healthcare needs of the most deprived communities.

18.2 The implementation of the A Picture of Health proposals, for Primary Care, Community Care and for Hospital Service, will involve the detailed consideration of models of care, having regard to the lessons from managed care models, with an aspiration to achieve genuine integration across the Health system. The development of these new models of care will be taken forward in close partnership with the public and with staff, and with partner agencies, recognising the key linkages with models of Social Care, and maximising the contribution of the Community Health Partnerships in North and South Lanarkshire to the process.

19.	Monklands Hospital and Emergency Planning Arrangements.
	<p>The arguments put forward in support of the case for the retention of Monklands Hospital as an Emergency Care site, included its position as one of the 3 receiving hospitals within the Emergency Planning Network arrangements for West Central Scotland, with claims that neither Wishaw General Hospital nor Hairmyres Hospital is strategically well placed in this regard.</p>

- 19.1 The reduction from 15 to 8 Accident and Emergency Departments within the West of Scotland will bring with it a need to substantially review the contribution of those hospitals, and indeed other hospitals in the West of Scotland, to the Emergency Planning Network arrangements. This issue will be taken forward through the involvement of NHS Lanarkshire with other West of Scotland Boards, and other key agencies (Police; Fire & Rescue; Scottish Ambulance Service), through the established Emergency Planning arrangements that operate within the West of Scotland.

20. Radiology capacity at Monklands Hospital if it is a Planned Care Site.

In its response to the Consultation, the Society and College of Radiographers raised questions and concerns about Radiology capacity at Monklands Hospital if it becomes a Planned Care site, and specific issues in relation to Radiography staff.

- 20.1 In undertaking the detailed implementation planning for the Emergency Care sites and the Planned Care site, it is recognised that it will be essential to ensure that all sites have appropriate access to diagnostic services, including Radiology/Radiography. The precise detail of these arrangements will be carefully worked out in partnership with clinical and other staff in Radiology and Radiography, taking account of the needs of the Emergency Care sites and the Planned Care site, and any workforce implications for Radiography staff.

21. Inpatient Dermatology provision.

Responses to the Consultation from Skin Care Campaign Scotland and the Dermatology Council for Scotland raised issues and concerns about any rationalisation in the number of inpatient beds for Dermatology in Lanarkshire and Consultant Dermatologist staffing, with Lanarkshire having one whole time equivalent Consultant Dermatologist per 115,000 population, below Scottish and Regional averages, and below the Royal College of Physicians and the NHS Workforce Review Team agreed need of one whole time equivalent Consultant Dermatologist per 85,000 population. These concerns were expressed against a backdrop of no apparent reduction in demand for inpatient beds, a waiting list for admission, and an ageing population with an increasing incidence of skin cancer, amongst other issues.

- 21.1 NHS Lanarkshire is committed to having inpatient Dermatology beds. Dermatology Services, including Consultant staffing, are currently the subject of an in-depth review, which is being taken forward with staff and public involvement. The issues raised by Skin Care Campaign Scotland and by the Dermatology Council for Scotland, have been made known to the Review Team, in order that they might inform the progress of the Review.

22. Renal Services.

Respondents to the Consultation, notably, the Lanarkshire Kidney Patients' Association, and some individual patients, raised questions and concerns about

the provision of Renal Dialysis Services and the location of the Renal Ward under the A Picture of Health proposals. The Lanarkshire Kidney Patients' Association acknowledged that a Dialysis Unit could stand alone, but maintained that for many reasons it would be advantageous for the Renal Dialysis Unit and Renal Ward to be in the one unit, as it is in Monklands currently.

- 22.1 Clinically, it is not inappropriate for Renal Dialysis provision to be separate from Renal Medicine Inpatient Services. As the supplementary paper (Appendix 14), on services on the Emergency and Planned Hospital sites, explains, it is proposed to provide Renal Dialysis at the Planned Care Hospital and at the second Emergency Care Hospital, with Renal Medicine Inpatient Services being provided at the second Emergency Care Hospital. The final detail of the arrangements for Renal Dialysis and Renal Medicine Inpatient Services will be developed in partnership with staff and user and patient involvement, beyond the NHS Board's decision on the second Emergency Care site and the Planned Care site. The issues raised by respondents in relation to Renal Services, will inform these discussions.

23. Neonatal Cots.

During the Consultation period, there was adverse media coverage of cases where pressure on neonatal cots at Wishaw General Hospital resulted in Mothers having to give birth in other Health Board areas, where there was access to neonatal cots. This led to some respondents to the Consultation expressing strong concerns about this situation which, they considered, called into question the ability of Wishaw General Hospital to cope once Hospital Services were reconfigured as proposed.

- 23.1 The provision of neonatal cots is organised on a national basis. Whilst there have been cases where Lanarkshire Mothers have had to be transferred to other NHS Board areas, notably Stirling and Dundee, to give birth, because of pressure on neonatal cots in Lanarkshire, Wishaw General Hospital, reciprocally, has had to admit Mothers from other NHS Board areas because of pressure on the neonatal cots in their areas. The question arises as to whether there is a need to expand neonatal cot capacity in Scotland, and this issue is being actively pursued through the West of Scotland Regional Planning arrangements, and at a national level.
- 23.2 Wishaw General Hospital is a member of the National Cot Bureau which, on a daily basis, identifies the availability of neonatal cots throughout the United Kingdom, and arranges for transfers of babies requiring access to intensive care facilities. It is fully recognised that it is not convenient for those Mothers to have to travel outwith their local area to receive these specialist services. However, at times of peak activity, the work of the National Cot Bureau is vital to ensure that babies have access to the nearest available intensive care facility.

24. Myalgic Encephalomyelitis.

A response to the Consultation from Myalgic Encephalomyelitis East Kilbride (MEEK), highlighted the needs of ME sufferers, and the extent to which,

currently, these needs are not being fully met by the NHS.

- 24.1 NHS Lanarkshire has recently published its Long-Term Conditions Strategy. This, explicitly, recognises Myalgic Encephalomyelitis as a long-term condition. The strategy sets out a wide range of development proposals for services for individuals suffering from long-term conditions. During the Consultation, members of NHS Lanarkshire staff, involved in the development of the Long-Term Conditions Strategy, met with representatives of MEEK, in order to further develop their understanding of the particular needs of ME sufferers. This meeting has established an important dialogue with the Group, and has helped to further enhance the understanding of the particular service needs of ME sufferers. This, in turn, will be helpful in informing the implementation of the strategy, in such a way that it recognises and is sensitive to the needs of individuals with Myalgic Encephalomyelitis.

25. Women who have suffered rape or other sexual assault.

During the Consultation, the Doorway Partnership of South Lanarkshire Council, stressed the need for any future service provision to be sensitive to the needs of women who have suffered rape or other sexual assault.

- 25.1 This is recognised as an important issue, and will be taken forward through the newly established Emergency and Medical Services Clinical Division of Acute Services, in order that it is explicitly addressed in the redesign of services under A Picture of Health.

26. Primary and Community Care.

Respondents to the Consultation, whilst acknowledging and welcoming the wide ranging and ambitious proposals for investing in Primary Care and Community Care, suggested that the lead time would be long for the beneficial impact of these investments to be realised. The point was also made that the historical under-investment in Primary Care Services (both premises and staffing levels), require to be addressed.

Specific comment came from the Kilsyth area, about the need for Kilsyth Health Centre to be expanded to meet the needs of patients and staff, and for the rebuild of Kilsyth Victoria Cottage Hospital to deliver at least the same number of beds as exists at the moment.

Comment was also made about a perceived lack of Health Services for residents of Cumbernauld North of the A80, on the basis that the only health facilities there are the Craigmarloch General Practice, and Carrickstone House, with which NHS Lanarkshire contracts for 35 Continuing Care of the Elderly Beds, and Mental Health and Frail Elderly Day Hospital provision.

- 26.1 *Delivering for Health*, the Executive's response to *Building a Health Service Fit for the Future*, published during the Consultation on A Picture of Health, provided an

additional focus to a number of key elements which NHS Boards were required to consider. These included:

- Ensuring sustainable and safe local services
- Viewing the NHS as a service delivered predominantly in local communities
- A focus on preventive, anticipatory care, rather than reactive management
- Integrating, more effectively across specialist, General Practice Team, Social Care providers patients and their carers
- Becoming a modern NHS, utilising new technology to improve the standards of care
- Developing new skills to support local services, linking clinicians who operate within both Primary and Secondary Care.
- Developing options for change, with people, not for them, by involving service users and carers in the service planning, delivery and evaluation.

26.2 These principles have been at the heart of the proposals which NHS Lanarkshire has developed for Primary Care and Community Care. It is clear that for primary care to further develop the contribution which can be made to both delivering improved healthcare services and enhancing health improvement, the investment which is made must increase capacity and capability. This means investment in improved community based facilities and developments in the workforce in terms of both numbers of staff and the skills and competencies which they have. In this way, a wider range of more appropriate community based care can be delivered safely and effectively and the dependence on the need for care as an in-patient will lessen. These investments will deliver both immediate and long-term health gains for the people of Lanarkshire.

This development process has already begun with:

- Commitment to around £140 million pounds of capital developments in Health Centre Premises, Community Hospitals, Learning Disability Assessment and Treatment Centre and Acute Mental Health accommodation, in: East Kilbride; Hamilton; Kilsyth; Airdrie; Bellshill; Coatbridge; Wishaw; Motherwell; Carluke; and Lanark.
- Over £5 million pounds of capital investment to expand existing dental premises, and to develop local training facilities for Dental Students, Nurses and therapists.
- The implementation of the Long Term Conditions Strategy with improved models of care that will provide people with the most appropriate services in the most appropriate setting. This approach will see an additional £2 million pounds invested in community based clinicians beginning in 2006/07.
- Enhancement of primary care capacity in the most deprived communities by further expanding the numbers of staff available to see patients and deliver packages of care designed to meet their specific needs. In excess of £1.4m of

funding has been made available to start this process in Wishaw, Coatbridge and Airdrie in 2006/07. North Lanarkshire Council has also committed an additional £200,000 to this development to support the health improvement benefits that will be realised from this approach.

- The new Community Pharmacy Contract, implemented in April 2006, whose major focus is to maximise the contribution of Community Pharmacists to the quality assured clinical care of patients.
- The availability of £2m, to support the implementation of the Community Nursing Review, involving additional Community Nursing posts being introduced over the next 2 years.
- Managing the unplanned minor ailment demand, through maximising the skills of clinical groups, including GPs, Practice Nurses, Pharmacists and Community Teams.
- Maximising the contribution of Early Supported Discharge Teams and Rapid Response Teams, whose key aim is to maintain the patient in their own home.
- Practices modifying the composition of their Practice Teams and investing in training for staff, to equip them better to deliver the Quality and Outcome Framework elements of the new General Medical Services Contract, in relation to developing a systematic approach to managing a number of long-term conditions.
- Developing the role of Community Hospitals in providing a minor injuries and illness service to the rural populations of Lanarkshire.
- The expansion of General Practitioners with special interests as a means of shifting services, appropriately, from Acute to Primary Care.
- Implementation of the National Dental Action Plan, with its key targets for delivery by 2010, for children and adults.
- Through Dental access initiatives, increasing the number of General Dental Practitioners operating within Lanarkshire.
- Investment of £34m in Smoking Cessation Services.

The A Picture of Health proposals for investing in Primary and Community Healthcare, include new Kilsyth Health Centre developments, involving improvements to the existing Kilsyth Health Centre and, in the longer term, proposals to create a new modern health campus in the village, encompassing the services currently provided at the Kilsyth Victoria Cottage Hospital.

Although there are no immediate plans to develop additional new-build NHS facilities North of the A80, A Picture of Health does contain substantial enhancements for Primary Care and Community Care Services, across Lanarkshire, which should produce benefits for residents of Cumbernauld, whether they live North or South of the A80. It is understood that there are further plans to build a substantial number of new houses North of the A80 and, indeed, a further substantial number to the South

end of Cumbernauld. The potential implications for Health Services from the further expansion of houses in Cumbernauld, are presently under consideration, including with local General Medical Practices, with a view to bringing forward proposals to further develop GP and other Primary Care Services in the area.

Whilst it is acknowledged that there are elements of the investment in Primary Care where the sustainability of some of the health improvements will only be demonstrated in the longer term, it will be seen from the foregoing that a substantial number and range of initiatives are already in place and are already delivering results.

NEIL J AGNEW
**CORPORATE AFFAIRS MANAGER/
BOARD SECRETARY**
14 June 2006