

**A PICTURE OF HEALTH**

**SUPPLEMENTARY ADVICE ON SERVICES ON THE EMERGENCY AND PLANNED HOSPITAL SITES**

1. Careful consideration has been given to comments and advice received during the consultation period on the proposed content of the emergency and planned care hospitals. The principal reasons for people suggesting changes to the table on page 60 of the 'A Picture of Health' main document, has been concerns about patient safety and the desire to retain appropriate inter relationship between particular specialties on the same site.
2. As a consequence and taking into account the other supplementary advice notes, the revised proposals would lead to the following configuration of services:-

<u>Wishaw General Hospital</u>	<u>2<sup>nd</sup> Emergency Hospital</u>	<u>Planned Care Hospital</u>
<b><u>Outpatient and Day Care Services</u></b>		
<ul style="list-style-type: none"> <li>• Full diagnostic outpatient and day care facilities</li> <li>• Major and Minor Injuries and Illness Services</li> <li>• Primary Care Out of Hours Services</li> <li>• Nurse-led chemotherapy</li> </ul>	<ul style="list-style-type: none"> <li>• Full diagnostic outpatient and day care facilities</li> <li>• Major and Minor Injuries and Illness Services</li> <li>• Primary Care Out of Hours Services</li> <li>• Nurse-led chemotherapy</li> <li>• Renal Dialysis</li> </ul>	<ul style="list-style-type: none"> <li>• Full diagnostic outpatient and day care facilities</li> <li>• Minor Injuries and Illness services, with telemedicine links to emergency hospitals</li> <li>• Primary Care Out of Hours Services</li> <li>• Nurse-led chemotherapy</li> <li>• Renal Dialysis</li> </ul>
<b><u>Inpatient Services</u></b>		
<ul style="list-style-type: none"> <li>• Emergency Medicine</li> <li>• Acute assessment and rehabilitation of older people including stroke</li> <li>• Infectious diseases</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency Medicine</li> <li>• Interventional Cardiology</li> <li>• Renal Medicine</li> <li>• Acute assessment and rehabilitation of older people including stroke</li> </ul>	<ul style="list-style-type: none"> <li>• Planned surgery not requiring intensive care, including                             <ul style="list-style-type: none"> <li>- breast surgery</li> <li>- ophthalmology</li> <li>- urology</li> <li>- orthopaedics</li> </ul> </li> </ul>

<u>Wishaw General Hospital</u>	<u>2<sup>nd</sup> Emergency Hospital</u>	<u>Planned Care Hospital</u>
<b><u>Inpatient Services (cont)</u></b>		
<ul style="list-style-type: none"> <li>• Emergency surgery and trauma</li> <li>• Consultant-led intensive care, coronary care and high dependency</li>   <li>• Major planned surgery requiring intensive care including <ul style="list-style-type: none"> <li>- orthopaedics</li> <li>- general surgery</li> <li>- ENT</li> <li>- Gynaecology</li> </ul> </li> <li>• Maternity services</li>   <li>• Paediatrics</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency surgery and trauma</li> <li>• Consultant-led intensive care, coronary care and high dependency</li>   <li>• Major planned surgery requiring intensive care including <ul style="list-style-type: none"> <li>- orthopaedics</li> <li>- general surgery</li> <li>- vascular surgery</li> </ul> </li> <li>• Acute adult psychiatry</li>   <li>• Acute old age psychiatry</li> </ul>	<ul style="list-style-type: none"> <li>• Nurse-led high dependency</li>   <li>• Rehabilitation Services for Older People including Orthopaedic Rehabilitation</li>   <li>• Continuing Care of Older People</li>   <li>• Acute adult psychiatry</li>   <li>• Acute old age psychiatry</li> </ul>

3. The siting of inpatient beds for the following small specialties are the subject of continuing discussion with clinical advisors and remain to be decided:-

- specialist oncology and haematology
- rheumatology
- dermatology
- palliative care (general/respite)

4. Although the entirety of the planned changes to deliver the ultimate service improvements will not be completed for some years, it is intended to move towards reconfiguration through a phased programme. In this way, quality improvement benefits will be realised on a specialty by specialty basis as detailed redesign is completed and opportunities are created to deliver the necessary changes as quickly as possible.

5. The Board is asked to approve the service profile set out in this paper, and to receive a further report on proposals for the siting of the remaining few specialist beds in October 2006, recognising that this will not impact adversely on the overarching decision process 'A Picture of Health'

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