Appendix 7

A PICTURE OF HEALTH

RECOMMENDATIONS FOR ACTION

Attached is an excerpt from 'A Picture of Health' main document, published in December 2005.

It covers pages 72-81 of that document and sets out the principal action points arising from the Report's recommendations. It has been reproduced here for ease of reference, and has been further summarised under section 6 of the Board paper.

MARTIN F HILL
MODERNISATION DIRECTOR
(STRATEGIC PLANNING AND PERFORMANCE MANAGEMENT)
19.06.06

A PICTURE OF HEALTH
RECOMMENDATIONS FOR ACTION

Health Improvement

<table>
<tr><th></th><th>2006</th><th>2007</th><th>2008</th><th>2009</th></tr>
<tr><td rowspan="2">Health Improvement</td><td colspan="4">Between 2006 and 2009, we would deliver a wide range of actions designed to help people improve their health, by focussing on the top priorities of
- smoking
- healthy eating
- physical activity (exercise)
- mental health and wellbeing
- alcohol abuse
- sexual health
- oral health (teeth and gums)
- drug misuse
- ultraviolet radiation (exposure to the sun or sun lamps) (see 2.7.1-2.7.9)</td></tr>
<tr><td colspan="2">During 2006/7 North Community Health Partnership would be one of five national pilots in a programme to develop anticipatory care in deprived communities, called ‘Prevention 2010’ (see 2.6)</td><td></td><td></td></tr>
<tr><td>Public Health Teams</td><td>During 2006, we would develop public health teams in each Community Health Partnership Locality, by bringing together health visitors, school nurses, public health practitioners and health promotion staff to work within communities to help people address lifestyle issues. (see 5.1.6)</td><td></td><td></td><td></td></tr>
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Strengthening Primary Care

<table>
<tr><th></th><th>2006</th><th>2007</th><th>2008</th><th>2009</th></tr>
<tr><td rowspan="4">Development of Primary Care</td><td colspan="4">Between 2006 and 2009, we would develop enhanced patient services provided in the community by primary care teams, through a phased programme of nursing, AHP and GP expansion starting in areas of poorest health and highest deprivation. This programme will include extending the skills of practitioners to take on more specialised roles in the provision of care in the community at either locality or at Community Health Partnership level. (see 5.1.4-5.1.9 and 5.1.11)</td></tr>
<tr><td colspan="4">We would continue to work with GP practices now that they have experience of the new GMS contact, so that they feel more confident in considering appointing new partners or assistants. (see 5.1.0)</td></tr>
<tr><td colspan="4">Between 2006 and 2010, we would invest £100m to improve and enhance local facilities and premises, including new and replacement clinics and health centres in Airdrie, Carluke, Bellshill, Wishaw, Kilsyth, East Kilbride and Hamilton. (see 5.1.12)</td></tr>
<tr><td colspan="2">During 2006 and 2007 we would continue to support Practices in adopting the primary care collaborative on advanced access, to enable much more rapid access to GP appointments.
(see 5.3.1)</td><td></td><td></td></tr>
<tr><td rowspan="4">Services for people with Long-term Conditions</td><td colspan="2">During 2006 and 2007, we would have established care management pilots in three CHP Localities (Coatbridge, East Kilbride and Clydesdale) to test the benefits to patients and carers. (see 5.2.27)</td><td></td><td></td></tr>
<tr><td>By 2006, each CHP will have appointed a network of Long-term Conditions Lead Managers to help design, and then implement the new system of LTC management. (see 5.2.1)</td><td></td><td></td><td></td></tr>
<tr><td colspan="4">We would be enhancing the skills of the extended primary care team (staff linked to GPs) through training and continuing professional development and would be developing the information systems to support a systematic approach to managing people living with long-term conditions. (see 5.2.7-5.2.8, 5.2.20)</td></tr>
<tr><td></td><td>By 2007, we would have designed a new model of care for people with long-term conditions, which delivers systematic care matching levels of need with 4 tiers of intervention. This would include eligibility criteria, care pathways and protocols.
(see 5.2.10-5.2.11)</td><td></td><td></td></tr>
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<table>
<tr><th></th><th>2006</th><th>2007</th><th>2008</th><th>2009</th></tr>
<tr><td></td><td>From 2006, we would develop and expand the system of supported self-care, including the development of self-care skills in people with a wide range of long-term conditions, and their immediate carers.
(see 5.2.16)</td><td></td><td></td><td></td></tr>
<tr><td rowspan="2">New Pharmacy Services</td><td colspan="2">From April 2006, we would introduce a new contract for community pharmacists to develop services relating to minor ailments and public health. From April 2007, this would be expanded to include acute medication services and chronic medication services. (see 5.2.18)</td><td></td><td></td></tr>
<tr><td colspan="2">Standards would be set for medicines use in specific disease conditions and patients and carers would be supported to have an active role in taking their medicines appropriately. This would be backed up by a “Patients Own Drug” initiative being rolled out across the general hospitals. (see 5.2.19)</td><td></td><td></td></tr>
<tr><td>Managed Clinical Network</td><td>During 2006, we would establish a managed clinical network for Chronic Obstructive Pulmonary Disease. (see 5.2.24)</td><td></td><td></td><td></td></tr>
<tr><td>Revised Carers Action Plan</td><td>During 2006 we would publish a revised carers action plan, consistent with the strategies produced in partnership with North and South Lanarkshire Councils, to strengthen the role and relationship between the professional and the unpaid carer to deliver better local care and services. (see 5.4)</td><td></td><td></td><td></td></tr>
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Supporting and Enhancing Local Services

2005	2006	2007	2008	2009
Reduction in waiting times		By the end of 2007, no one will wait longer than 4 hours to be seen, treated, discharged, admitted or transferred from an accident and emergency department. By the end of 2007, no one will wait longer than 18 weeks for inpatient and day case treatment. By the end of 2007, no patient will wait longer than 18 weeks for first outpatient appointment. By the end of 2007, no patient will wait longer than 16 weeks from GP referral through a rapid access chest pain clinic or equivalent, to cardiac intervention. By the end of 2007, no patient will wait longer than18 weeks from referral to completion of treatment for cataract surgery. By the end of 2007, no patient will wait longer than 24 hours form admission to a specialist unit for hip surgery following fracture. By the end of 2007, no patient will wait longer than 9 weeks for referral to provision of MRI, CT or other key diagnostic tests. (see 4.13)		

2005	2006	2007	2008	2009
Minor injury and illness services	Starting in 2006, we would extend the training of locality based nursing and AHP staff to support the provision of local minor illness and injury services, including the development of minor injury and illness clinics. (see 5.3.2)			
		During 2007, we would begin construction of a new Lanark Community Hospital, for the people of Clydesdale to replace outmoded facilities at Lockhart and Roadmeetings. This hospital with Kilsyth, Kello and Lady Home hospitals would present opportunities to develop the role of the community hospitals in providing a minor injury and illness treatment services. (see 5.3.7)		
Rapid access to diagnostics	Starting in 2006, protocols would be developed jointly with specialists and primary care teams to improve rapid access to diagnostic examination and tests, so that more can be done in primary care, with more direct access by GPs to specialist hospital services. (see 6.1.3)			
Older People's Care	During 2006, we would consider the merits of establishing a Managed Care Network for Older People's Services, in partnership with a range of stakeholders including patients, carers, Local Authorities and the voluntary sector, to help set standards for our redesigned services. (see 6.2.7)			

2005	2006	2007	2008	2009
		During 2007, we would review a range of services which have been developed to avoid delayed discharges and would explore consolidating these services as a single specialist Older People's Team (see 6.2.9)		
	From 2006, we would begin to enhance the health support given to social work and voluntary led day care centres for frail older people. (see 6.2.11)			
	From 2006, we would review the current support provided to care homes, and identify areas where increasing input will ensure that patients are assessed and managed in the community, avoiding attendance/ admission to hospital. (see 6.2.13)			
	In 2006, we would design new arrangements to deliver more rapid assessment, diagnosis and rehabilitation for older people who become acutely ill (see 6.2.16)			
				By 2009, we would make changes to the Old Age Medicine bed capacity in Lanarkshire, increasing the number of acute assessment beds. (see 6.2.19)

2005	2006	2007	2008	2009
	In 2006, we would agree and commence implementation of the preferred option for future provision of Old Age Medicine intermediate and continuing care beds. (see 6.2.22)			
Learning Disabilities	NHS Lanarkshire in partnership with North and South Lanarkshire Councils would continue to increase community services and would provide a new build 12-bed short stay inpatient assessment and treatment centre within the Strathlcyde Hospital site (6.3.4)			
Referral Management	During 2006, we would introduce the Lanarkshire Referral Management Service to improve communications between GPs and hospitals and to speed up access to specialist services. (see 6.4)			
Emergency Medical Complex				By 2009, all unscheduled care services would be organised to provide the most appropriate care and treatment, by maximising the potential for minor injury and illness clinical services based in health centres and hospitals across Lanarkshire and through the development of emergency medical complex and acute outpatient clinics. (see 6.5.8-6.5.12)

<table>
<tr><th>2005</th><th>2006</th><th>2007</th><th>2008</th><th>2009</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Palliative Care</td><td colspan="3">Over the 3 years starting in 2006, we would invest at least £150,000 to expand palliative care services in the community, and would have identified a site for the Kilbryde Hospice Appeal, initially for use as a Community Palliative Care Resource Centre. (see 6.6.9)</td><td>An assessment of hospice bed requirements would be completed by 2009 in light of other changes in A Picture of Health. (see 6.6.10)</td></tr>
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Mental Health Services in the Future

<table>
<tr><th>2005</th><th>2006</th><th>2007</th><th>2008</th><th>2009</th></tr>
<tr><td rowspan="2">Mental Health</td><td></td><td>By 2007, we would have replaced in modern facilities the services currently in outmoded accommodation at Hartwoodhill Hospital, and would dispose of the site. (see 7.3)</td><td>By 2008 we would have developed new facilities for adults with complex needs and would close the Airbles Road Centre. (see 7.5.2)</td><td></td></tr>
<tr><td colspan="4">Between 2006 and 2010 we would complete and implement in full a Mental Health Services Strategy, providing an appropriate balance between community and hospital based care. (see 7.4-7.14)</td></tr>
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Services for Children and Young People

<table>
<tr><th>2005</th><th>2006</th><th>2007</th><th>2008</th><th>2009</th></tr>
<tr><td>Child Health</td><td colspan="4">Over the next 4 years we would continue to implement the recommendations of the Child Health Services Review, undertaken in 2003. (see 8)</td></tr>
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Modernising Specialist Hospital Services

2005	2006	2007	2008	2009
Specialist Hospital Services	By 2009, two of the three general hospitals would have been developed to concentrate on emergency inpatient care, and the third to concentrate on planned care. (see 9.58)			
	By 2009, Wishaw General Hospital would have been developed as one of the two emergency inpatient hospitals. (see 9.51)			
	In early 2006, views would be sought through a formal process of public consultation on the remaining two options, viz. either Hairmyres as the second emergency inpatient hospital, Monklands as planned, recognising this as the emerging preferred option from the option appraisal process or Monklands as the second emergency inpatient hospital, Hairmyres as planned, which is the only remaining option. (see 9.55)			
	Beyond 2009, each of the three general hospitals would continue to deliver the role as a local hospital, providing a full range of outpatient, day case and diagnostic services including accident and emergency departments for minor injuries and illness. (see 9.57-9.60)			

Cancer Care

2005	2006	2007	2008	2009
Cancer Care	Review the capacity of diagnostic and treatment services for colorectal cancer and taken action to ensure fitness to adopt colorectal cancer screening. (see 10.4)			
	Continue to redesign local oncology services with a view to implementing the West of Scotland Review of Oncology. (see 10.5)			
				By 2009, to develop a Lanarkshire Cancer Centre. (see 9.60)
	Assess the impact on local pharmaceutical services of the proposed repatriation of patients from the Beatson Centre. (see 10.4)			
	In 2006-2007, consolidate and complete the centralisation of breast cancer oncology. (see 10.5)			
	Redesign oncology services for Lung and Colorectal cancer, with a view to completion by 2006 -2007. (see 10.5) Finalise a revised palliative care strategy for Lanarkshire for those suffering from cancer and non-malignant diseases. (see 10.8)			
	Commence the building of a Maggie's Cancer Care Centre for Lanarkshire on the site of Wishaw General Hospital in 2006, with the Centre operational by 2007. (see 10.7)			