

‘‘A PICTURE OF HEALTH’’

PUBLIC CONSULTATION

INTRODUCTION

1. This paper presents 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 principle issues raised
 - criteria designed to assist the Board in reaching the best decision

2. The issues raised by respondents to the consultation papers regarding ‘‘A Picture of Health’’, set out in this paper and its appendices, are presented without commentary. All of the responses received, in writing in their original form and as recorded at the public meetings, have been gathered together and are available for Board Members to study in detail. A full report, commenting on and analysing the responses is being prepared and will be issued with the papers for the Board’s consideration at its meeting on 28th June 2006. At that meeting the Board is expecting to confirm the way forward and make appropriate recommendations to the Deputy Minister for Health and Community Care.

MAIN PROPOSALS

3. At its meeting on 21 December 2005, the Board of NHS Lanarkshire agreed that the views of public, patients, carers, staff and other organisations, should be sought through formal public consultation on the following proposals contained within ‘‘A Picture of Health’’:

Health Improvement

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

Strengthening Primary Care

- between 2006 and 2009, to extend primary care teams through a phased programme of nursing, AHP and GP expansion starting in the areas of poorest health and highest deprivation.

- between 2006 and 2010, to invest £100m in local premises, including new and replacement health centres in Airdrie, Carlisle, Bellshill, Wishaw, Kilsyth, East Kilbride and Hamilton.
- in 2006, to establish care management pilots in Coatbridge, East Kilbride and Clydesdale to test the benefits to patients and carers.
- by 2007, to have designed and begun to implement a new model of systematic care for people with long term conditions.
- from 2006, to introduce a new contract for community pharmacists to develop medication and public health services in local communities

Supporting and Enhancing Local Services

- by the end of 2007, to deliver services that meet the new national targets for waiting times.
- from 2006 to develop the capacity of local services to provide assessment and treatment for people requiring unscheduled minor illness and injury services, including streamlined nurse-led services in the three general hospitals and including new services in Lanark and Cumbernauld.
- starting in 2006, to design rapid access to diagnostic examinations and tests so that more can be done in primary care.
- in 2006 to design new arrangements for more rapid assessment, diagnosis and rehabilitation of older people who become acutely ill.
- from 2006 to modernise services for older people requiring NHS intermediate and continuing care.
- between 2006 and 2010, to dispose of surplus hospitals at Hartwoodhill, Roadmeetings, Lockhart and Airbles Road Centre, as services are replaced in more modern settings.
- over three years from 2006 to invest an additional £150,000 to expand palliative care services in the community and will have reviewed hospice bed requirements.

Mental Health Services in the Future

- by 2007 to replace in modern facilities, the services currently at Hartwoodhill Hospital and by 2008 those services currently in Airbles Road Centre.
- between 2006 and 2010 to complete implementation of the Mental Health Strategy providing a more appropriate balance of community and hospital based care.

Modernising Acute Hospital Services

- that the status quo was not sustainable beyond 2009, and that two of the three general hospitals to be developed to concentrate on emergency inpatient care, and the third to concentrate on planned (elective) care.
- by 2009, to develop Wishaw General Hospital as one of the two emergency inpatient hospitals.
- in January 2006, to seek public views on the remaining two options:

either Hairmyres as the second emergency inpatient hospital, Monklands as the planned (elective) care hospital, recognising this as the emerging preferred option from the option appraisal process

or Monklands as the second emergency inpatient hospital, Hairmyres as planned (elective) care hospital, which is the only remaining option.

- after a period of public consultation and analysis of views received during the consultation, the Board may decide to recommend to the Minister for implementation either of these options.
- beyond 2009, each of the three general hospitals to continue to deliver the role as a local hospital, providing a full range of outpatient, day case and diagnostic services including nurse-led accident and emergency departments for minor injuries and illness.

CONSULTATION PROCESS

4. The formal public consultation on ‘‘A *Picture of Health*’’ began on 30th January and ended on 28th April 2006. Two additional and relevant papers were published in April and comments on these were invited until 15th May. These were ‘‘Modelling the Impact of Hospital Reconfiguration in 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’’

5. The 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
 - distribution of ‘‘A *Picture of Health*’’ summary document to every household in Lanarkshire
 - 14 public meetings and 17 smaller local meetings with community groups
 - 12 formal staff consultation meetings
 - receipt of written comments and questions through the web site ‘‘contact us’’ form, e-mail and letters to a free post 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, sub committees, and the wider NHS Clinical Forum, Local Authorities, Local Councillors, MSPs and MPs
 - extensive advertising of the consultation in local newspapers, radio and street lighters
 - stakeholders events with staff, unions, users and carers, to feedback responses and review the benefits criteria and decision process

6. The public meetings, which took the form of a short DVD presentation followed by a question and answer session, were independently chaired by Broadcasting Business and the panel was clinically focused. The panel members received communications training. The venues were distributed across Lanarkshire reflecting both urban and rural populations and the biggest venues were used in each of the localities. Accessibility for all the venues was ensured in relation to disabled access, hearing loops and transport and signing for the deaf was available at some of the meetings. The meetings were recorded and transcripts produced.

7. Twelve public meetings were originally planned and these were supplemented by a meeting for the Northern Corridor requested by the local MSP and MP and an overflow meeting at Airdrie as not all those individuals who attended the advertised meetings could gain entry. The attendance at the public meetings varied, as set out below.

Public Meeting	Attended	Capacity	% turnout
Muirhead	34	140	24%
Wishaw	51	500	10%
Shotts	28	120	23%
Motherwell	75	500	15%
Biggar	47	250	19%
East Kilbride	300	280	107%
Hamilton	56	200	28%
Rutherglen	18	200	9%
Cumbernauld	250	250	100%
Airdrie 1	624	624	100%
Kilsyth	24	200	12%
Lanark	48	200	24%
Coatbridge	370	500	74%
Airdrie 2	120	624	19%
Total	2045	4588	45%

8. Smaller local meetings were offered to community groups and these were undertaken as requested, led by acute and primary care General Managers and Corporate Management Team members. These meetings provided an opportunity for more in depth discussion.
9. A number of staff consultation meetings were held across Lanarkshire, recognising the importance of staff as both providers of healthcare and users of local health services. These open consultation meetings were complemented by local department and team meetings.

ISSUES RAISED IN WRITTEN RESPONSE

10. Appendix 1 contains details of the written responses received through public consultation. This includes:-
- Summary of petitions
 - Summary of petition letters
 - Summary of other written and e-mail responses from
 - Members of the Scottish Parliament and Members of Parliament
 - Other NHS Boards
 - Local Authorities
 - Professional Advisory Groups
 - Patient and Carer Representative Groups
 - Letters and e-mails from individual members of the public

11. The responses received have been summarised and presented without commentary. A full report, commenting on the responses and analysing them will be submitted to the Board in June. In the meantime, the original source material, in the form of the letters, e-mails and petitions as received, are available immediately for detailed inspection by Board Members.

ISSUES RAISED IN MEETINGS

12. A range of comments in support of '*A Picture of Health*' were received along with many comments, observations of concern from those attending the various public and staff meetings, and these are detailed in Appendix 2, broadly grouped under the following themes:-

- status quo and accident and emergency
- retain Monklands as an emergency hospital
- retain Hairmyres as an emergency hospital
- strength of public feeling
- travel and transport
- the decision making process and PFI
- the consultation process
- the option appraisal
- medical staffing
- primary and community care
- cross boundary patient flow
- ambulance services
- palliative care
- mental health services
- staff recruitment and training
- workforce planning
- staff morale
- other acute services

13. Transcripts and recordings of the public meetings were made available to a firm of independent advisors, Devlin Beattie, to review and summarise, as a further check to ensure all of the points raised at these meetings are captured appropriately. Their report is also included in Appendix 2.

14. Devlin Beattie also reviewed the "audit trail" describing the Board's consultation and engagement process in relation to '*A Picture of Health*' over the past two years, and expressed the view that, so far, the Board's process meets the standards laid down by the Scottish Executive in mandatory guidance. This report together with the entire evidence base will be made available to the Scottish Health Council, to help facilitate their own review which will be reported directly to the Deputy Minister in due course.

ADDITIONAL EVIDENCE

15. Additional evidence has been or is in the process of being collated to enable the Board to take an informed decision in June. Attached to this paper are the following papers, all of which should be read in conjunction with the original consultation paper '*A Picture of Health*'

- Appendix 1 - detailed report on the written responses received as a result of consultation
 - Appendix 2 - detailed report on the verbal responses recorded at the consultation meetings
 - an audit of the consultation process in terms of the standards laid down by the Scottish Health Council
 - Appendix 3 - sustainability of the Current Configuration of Acute Services – the Case for Change
 - Appendix 4 - assessing the Impact on Transport and Travel within Lanarkshire
 - Appendix 5 - supplementary Report on Modelling the Impact of Hospital Reconfiguration on Cross Boundary Patient Flows for Emergency Inpatient Care between Lanarkshire, Glasgow and Forth Valley (previously published)
 - Appendix 6 - 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 (previously published)
16. In light of the comments received during consultation, additional work is underway to gather and analyse evidence to present to the Board in June in relation to:-
- 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 emerging 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

DECISION CRITERIA

17. The Board wish to take the opportunity to review the criteria against which options will be considered. The starting point for this is the set of benefits criteria developed and agreed by the option appraisal group in October 2005, involving service users, carers, staff, voluntary organisation and other relevant stakeholders.
18. In addition to reflecting on the comments received during consultation, the criteria should 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. Both of these events asked participants what issues the Board should take into consideration when determining the way forward.
19. At a headline level, there was broad agreement that quality of care and cost 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. These have been taken into account in the following amended criteria which are presented for the Board’s consideration.

Quality of Care	<ul style="list-style-type: none"> - safe, high quality treatment, best clinical outcomes - integrated, joined up patient care - shorter waiting times - patient-centred care, good communications - provides an appropriate range of services and modern models of care - reduces cancellations of operations
Cost	<ul style="list-style-type: none"> - value for money - capital investment able to be attracted - revenue and capital costs are affordable within the Board's Financial Plan - opportunity costs are fully recognised
Access	<ul style="list-style-type: none"> - services can be accessed appropriately by people living in areas of deprivation - services can be accessed appropriately by older people - accessible by public transport - good parking for patients, carers, visitors and staff - good physical access to buildings
Workforce	<ul style="list-style-type: none"> - retains existing staff - attracts new staff - complies with training requirements - complies with EWTD and MMC - minimises disruption/relocation of staff - supports good training, development and research opportunities
Flexibility	<ul style="list-style-type: none"> - buildings functional/fit for purpose - services able to adapt to new ways of working - efficient and effective use of staff, equipment and premises
Regional Impact	<ul style="list-style-type: none"> - minimise the flow of patients between Lanarkshire and neighbouring health boards - supports balanced hospital provision across West Central Scotland

CONCLUSION

20. This paper and its appendices present a wealth of information and evidence for the Board to consider. Some of it, however, has been in the public domain for some time given the transparent nature of the consultation process and the media interest which it has attracted. The Board is invited to:-

- receive these reports, noting the comments received as a result of this very full and active period of public consultation
- consider the particular concerns calling into question the matter of the status quo
- consider amendments to the decision criteria, in the light of consultation
- note the intention to submit further reports for consideration at the June meeting prior to the Board taking decisions on the way forward, and that these will include a full analysis and commentary on the issues raised during consultation

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MODERNISATION DIRECTOR