

APPENDIX 1

A PICTURE OF HEALTH CONSULTATION – SUMMARY/ANALYSIS OF WRITTEN SUBMISSIONS (PETITIONS; PETITION LETTERS; INDIVIDUAL LETTERS; EMAILS)

1. This section of the Consultation Report attempts to analyse the written submissions received during the consultation. These took different forms, including: Petitions; Petition Letters; individual letters and Emails submitted to the A Picture of Health Web site.
2. The analysis endeavours to reflect: the volume/weight of opinion; broadly, the geographical origins of the opinion; and the principal issues raised by respondents.

PETITIONS

In total, 9 Petitions were received, as follows:

1. **Karen Whitefield MSP, Airdrie and Shotts Constituency (supported by John Reid MP)**

A Petition signed by c. 20,500 constituents, in support of the statement:

Recognising that Monklands A&E is the busiest in Lanarkshire and that it serves an area with some of the worst health records and some of the highest deprivation levels, we, the undersigned, call on Lanarkshire NHS to retain A&E services at Monklands Hospital.

2. **Elaine Smith MSP, Coatbridge and Chryston Constituency (supported by Tom Clarke MP and by local Elected Members)**

a) A Petition signed by 10,400 constituents in support of the statement:

Recognising that Monklands A&E is the busiest in Lanarkshire and that it serves an area with some of the worst health records and some of the highest deprivation levels, we, the undersigned, call on Lanarkshire NHS to retain A&E services at Monklands Hospital.

This petition was accompanied by 490 copies of a standard letter signed by constituents from Coatbridge and Chryston, in support of the statement:

I am writing to object to NHS Lanarkshire's proposal to downgrade Monklands Hospital's Accident and Emergency Department.

Monklands has the busiest, most reliable and efficient A&E in Lanarkshire. It is also amongst the most in demand facility of its kind in Scotland.

The people of Monklands suffer from some of the worst records of ill-health in Europe. Coronary Heart Disease in particular, is a major health issue in this area and this is reflected in the current levels of emergency admissions to Monklands and call-outs received by Coatbridge Ambulance Station.

I believe that the downgrading of Monklands Hospital would be a dire mistake, would place too much stress on the Ambulance Service and would ultimately lead to a downgrading in the level of care that the people of Monklands receive.

- b) After the first of Elaine Smith's Petitions a second and separate Petition, signed by 1598 constituents, in support of the statement:

We the undersigned object to the proposed closure of any of the A&E Departments in North Lanarkshire and in particular Monklands Hospital, Airdrie.

3. Cathy Craigie MSP, Cumbernauld and Kilsyth Constituency (supported by Rosemary McKenna MP)

A Petition signed by c. 11,000 Constituents in support of the statement:

We, the undersigned, call on NHS Lanarkshire to retain A&E Services at Monklands Hospital, recognising that Monklands A&E is the busiest in Lanarkshire and that it serves an area with some of the worst health statistics and some of the highest levels of deprivation in Scotland.

4. Airdrie & Coatbridge Advertiser

c. 4,000 signed copies were received of a proforma in support of the following statement:

I call on NHS Lanarkshire to retain full Accident and Emergency Services at Monklands Hospital.

The area served by Monklands Hospital has one of the worst health records anywhere in Britain and quickly accessible A&E Services are essential.

To remove Accident and Emergency Services from Monklands Hospital – the busiest and most efficient of the 3 in Lanarkshire – will cost lives.

5. East Kilbride News

A proforma signed by 15,000 readers, in support of the statement:

I/we support the news 'Save our A&E' campaign and urge NHS Lanarkshire to retain Hairmyres Hospital's vital Emergency Services.

6. Cumbernauld News

58 copies were received of a proforma, under the heading *Request For A Second Opinion*, which contained the following 3 statements:

Statement 1

I believe that the proposed new Hospital at Larbert offers the best hope for meeting our local health needs and that we should explore whether Cumbernauld and Kilsyth would be better off in the Forth Valley Health Board area.

Supported by 19 respondents.

Statement 2

I believe that our priority should be the retention of Monklands Hospital's A&E, even if that can only be achieved by the closure of Hairmyres A&E.

Supported by 23 respondents.

Statement 3

I believe that our priority should be the retention of all 3 A&E units in Lanarkshire, even though that is not an option on offer in the consultation.

Supported by 23 respondents.

7. Petition from Cumbernauld

A petition signed by 132 residents of Cumbernauld, in support of the statement:

We the undersigned strongly object to any proposal that involves the closing of Monklands Hospital Accident and Emergency Department.

8. Kilbryde Hospice “ Now not Later”

A petition, signed by 54,415 residents of East Kilbride and surrounding areas, including Hamilton, Cambuslang and Rutherglen, in support of the statement:

We the undersigned welcome the opportunity of respectfully petitioning NHS Lanarkshire to address the desperate need for inpatient palliative care beds in South Lanarkshire, through the medium of Kilbryde Hospice Appeal and their proposal to build a Hospice at Hairmyres Hospital, without delay.

PETITION LETTERS

Multiple copies of a series of standard letters were received during the consultation. This section of the report summaries those letters, their geographical origin and the numbers received.

Letter Number 1

I am writing in response to the consultation A Picture of Health.

I am aware that as part of the proposals you wish to downgrade one of the current Accident and Emergency Departments situated in Lanarkshire. As a frontline service, A&E Departments are crucial to health of any community, especially for those areas which are more isolated than others. Also, I feel that public transport provision, or the lack of it, must be taken into consideration when making decisions on vital healthcare services.

After careful consideration of the proposals, I cannot understand why you feel that the alteration of the current A&E Department provision would be of benefit to any resident in Lanarkshire and would respectfully ask that no changes are made, allowing us to have 3 fully staffed A&E Departments.

I feel that the human costs of any downgrading would be too high to accept, for my loved one, my community and myself.

This is the standard letter generated by Lanarkshire Health United.

2554 copies of this letter were received, including: 1500 from the Cumbernauld area from the Emergency Doctors Group of Lanarkshire Health United; 416 from East Kilbride; and the remainder from Coatbridge, Airdrie, Motherwell and Hamilton areas.

Letter Number 2

I am writing to object to NHS Lanarkshire's proposal to downgrade Monklands Hospitals Accident and Emergency Department.

Monklands has the busiest, most reliable and efficient A&E in Lanarkshire. It is also amongst the most in demand facility of its kind in Scotland.

The people of Monklands suffer from some of the worst records of ill health in Europe. Coronary Heart Disease in particular, is a major health issue in this area and this is reflected in the current levels of emergency admissions to Monklands and call-outs received by Coatbridge Ambulance Station.

I believe that the downgrading of Monklands Hospital would be a dire mistake, would place too much stress on the Ambulance Service and would ultimately lead to a downgrading in the level of care that the people of Monklands receive.

1878 copies of this letter were received, predominantly from Coatbridge, with a few from surrounding areas such as Glenboig and Gartcosh.

Letter Number 3

I write in response to the above consultation document and ask that you make my views known to the Board on the following issues:

Hospital Services

Full A&E Services must be retained at Monklands Hospital. Monklands A&E is the busiest in Lanarkshire, serving an area with some of the worst health statistics and some of the highest levels of deprivation in Scotland. I want to continue to have the option of receiving general hospital services in a hospital of my choice and cross-border arrangements should remain between neighbouring Health Boards.

Transport

Transport to and from hospitals whether as an inpatient, outpatient or visitor is very important. Transport links between this community and Lanarkshire hospitals are not good; the Board must consider this issue and also the need to provide adequate parking facilities at hospitals.

Local Services

I welcome the proposal to deliver more services in Cumbernauld in modern local settings. I support the provision of additional visiting Consultant's surgeries, improved x-ray services, local provision for the treatment of minor injuries and general local support for patients and carers which would avoid the need for hospital visits.

Services for an Ageing Population

With an ageing population services for older people are very important and should be delivered as locally as possible with all services working together for the good of the patient and their families. The proposal to provide additional and improved service in local communities is welcome.

1469 copies of this letter were received, from Cumbernauld and Kilsyth.

LETTER NUMBER 4

I write in response to the above consultation document and ask that you make my views known to the Board on the following issues:

Local Services

Kilsyth Health Centre requires expansion to meet the needs of patients and staff. I would welcome more services being delivered in a modern local setting. I support the provision of additional visiting Consultant's surgeries, improved x-ray services, local provision for the treatment of minor injuries and general local support for patients and carers which would avoid the need for hospital visits. The proposal to provide a new health campus is welcome and I hope that the Board will progress this matter as quickly as possible.

Services for an Ageing Population

With an ageing population services for older people are very important and should be delivered as locally as possible with all services working together for the good of the patient and their families. The proposal to provide additional and improved service in local communities is welcome.

Kilsyth Victoria Cottage Hospital provides an excellent service for the people of Kilsyth and the surrounding villages; any proposal to build a new and improved hospital should deliver at least the same number of beds as exists at the moment.

Hospital Services

Full A&E Services must be retained at Monklands Hospital. Monklands A&E is the busiest in Lanarkshire, serving an area with some of the worst health statistics and some of the highest levels of deprivation in Scotland. I want to continue to have the option of receiving general hospital services in a hospital of my choice and cross-border arrangements should remain between neighbouring Health Boards.

Transport

Transport to and from hospitals whether as an inpatient, outpatient or visitor is very important. Transport links between this community and Lanarkshire hospitals are not good; the Board must consider this issue and also the need to provide adequate parking facilities at hospitals.

195 copies of this letter were received, from Kilsyth.

LETTER NUMBER 5

I would like to make a contribution to the public consultation which will ultimately determine the shape of NHS Services in Lanarkshire.

The Board has made a decision that Wishaw General will be a Level 3 hospital with a full A&E service. The public consultation will decide whether Hairmyres or Monklands becomes the second Level 3 hospital.

I believe very strongly that Hairmyres has to be the second Level 3 hospital for the following reasons:

- *North Lanarkshire cannot have 2 Level 3 hospitals at the expense of South Lanarkshire having none. It is not only inequitable, it contradicts the principle of a local health service.*
- *Turning Hairmyres into a Level 3 hospital is a more cost effective option because less money will have to be spent on capital. Whilst at the same time ensuring that much needed resources are spent on preventive health care. This is further demonstrated by a recent revelation that keeping Monklands as a Level 3 hospital would cost even more than originally anticipated.*
- *With the closure of the Victoria Infirmary the patient traffic from Glasgow south to Hairmyres will increase significantly.*
- *The population of East Kilbride (the largest town in Lanarkshire), is continuing to increase and the number of over 75s will double over the next 10 years – placing more pressure on hospital services generally.*

Can I also express my concern about the lack of a Palliative Care package in your proposals. It is universally recognised that there is a dearth of hospice beds in Lanarkshire. The Kilbryde Hospice campaign has brought that shortfall to everyone's attention, yet there are no plans in the consultation document to address this health "need".

The award of Level 3 status for Hairmyres gives you the opportunity to include Hospice care within an overall care package. To choose not to address this issue would be a dereliction of the Health Board's duty to the public.

I therefore fully support the Kilbryde Hospice "Now Not Later" campaign and the Health Board must address this matter through the consultation process.

1199 copies of this letter were received, predominantly from the East Kilbride area.

LETTER NUMBER 6

I write to register my disappointment regarding 'A Picture of Health' and your failure to address the desperate need for Palliative Care inpatient beds in South Lanarkshire.

Glasgow has 80 beds strategically placed for easy access, Edinburgh has 72 beds whilst Lanarkshire has only 20 beds situated in North Lanarkshire which operates with a considerable waiting list, with another 6 beds available in Strathcarron.

I therefore request that Lanarkshire NHS takes urgent steps to address the inequity of access and provision by allowing the building of Kilbryde Hospice at Hairmyres General Hospital.

This would follow the lead set by Roxburghe House at Cornhill House Hospital, the Victoria Hospice in Victoria Hospital, Kirkcaldy and the proposed new Mairi Curie Hospice to be built at Stobhill Hospital.

It would also ensure that Lanarkshire NHS has better value with expert diagnostic opinion and advice available on site. Student Doctors could receive training in Palliative Care.

In conclusion I would ask that Lanarkshire NHS Board pay heed to the people of South Lanarkshire who, by their generous contribution to the appeal fund, have shown their approval.

344 copies of this letter were received, predominantly from East Kilbride, but with some from Hamilton, Motherwell, Blantyre, Busby, Stonehouse, Strathaven and Rutherglen.

LETTER NUMBER 7

I am writing in response to the consultation document A Picture of Health.

I am aware that as part of the proposals you wish to downgrade one of the current Accident & Emergency Departments in Lanarkshire. As a vital frontline service, A&E Departments are crucial to the health and wellbeing of any community, especially for those areas which are more isolated than others. Also I feel that public transport provision, or more realistically the lack of it, should be an important factor when making decisions on vital health care services.

*After consideration of the proposals, I must object most strongly and against the proposal to close the A&E Department at Monklands Hospital. Moving the A&E Units to Hairmyres and Wishaw would completely alienate the residents of the Northern area from these services. There is no **DIRECT** public transport links to either East Kilbride or Wishaw from the northern area and a large number of residents in the area do not have access to private transport.*

I would therefore ask that you give due consideration to the effects that closing the A&E at Monklands would have on the northern area and reject this proposal.

274 copies of this letter were received, mostly from the Cumbernauld area, with some from Coatbridge and Airdrie.

LETTER NUMBER 8

It is a must that the NHS retains a full Accident and Emergency at Monklands Hospital.

The Monklands Hospital serves an area of Britain which has one of the worst health records.

As Monklands Hospital is the busiest and most efficient of the 3 in Lanarkshire, to remove the A&E would cost lives.

61 copies of this letter were received, from Coatbridge.

LETTER NUMBER 9

I am writing to voice my concern over the proposed possible closure of the Accident & Emergency Unit at Hairmyres Hospital.

I feel this would be a great loss to the residents of East Kilbride causing unnecessary distress and delay in attaining treatment caused by having to travel to Wishaw General Hospital and possibly further afield.

Hairmyres Hospital has provided an excellent service to the people of East Kilbride and surrounding areas and should be allowed to continue to do so.

229 copies of this letter were received, from East Kilbride.

Individual Letters

In addition to Petitions and Petition letters, 368 individual letters and individual Emails were received. These are listed, as follows:

Members of Parliament and Members of the Scottish Parliament

1. Tom Clarke MP
2. John Reid MP
3. Rosemary McKenna MP
4. Frank Roy MP
5. Elaine Smith MSP
6. Karen Whitefield MSP
7. Cathy Craigie MSP
8. Carolyn Leckie MSP
9. Janis Hughes MSP
10. Margaret Mitchell MSP
11. Michael McMahon MSP

Other NHS Boards

12. Greater Glasgow NHS Board
13. Forth Valley NHS Board

Local Authorities

14. North Lanarkshire Council
15. South Lanarkshire Council

Professional Staff Groups within NHS Lanarkshire

16. Dr Brendan J Martin, Consultant Physician and Clinical Director, Hairmyres Hospital
17. Dr Laurence Bell, Lead Clinician, Lanarkshire Coronary Heart Disease Managed Clinical Network
18. Dr E McIntyre, Consultant Physician and Secretary, Medical Staff Association, Monklands Hospital
19. Dr A Forester, Consultant Radiologist and Chairman, Medical Staff Association, Hairmyres Hospital
20. Dr Scott I Marshall, Consultant Anaesthetist and Chairman, Division of Anaesthesia, Monklands Hospital
21. Dr Audrey Finnigan, Hunter Health Centre, East Kilbride
22. Dr Donald McLean, Chairman, Lanarkshire Anaesthetists' Group
23. Consultant Haematologists Group
24. Medical Directorate, Monklands Hospital
25. Lanarkshire Area Clinical Forum
26. Lanarkshire Area Medical Advisory Committee

27. General Practitioner Sub Committee of Lanarkshire Area Medical Advisory Committee
28. Dr Michael van Beinum, Lead Psychiatrist, Child & Adolescent Mental Health Service, Lanarkshire
29. Dr Lawrence McAlpine, Consultant Physician (General and Respiratory Medicine) Monklands Hospital

Representative Groups and Other Organisations

30. Unison
31. Labour Party, Northern Corridor Branch
32. The Society and College of Radiographers
33. Plains Community Council
34. Ms Mairi Brackenridge, Chair of Doorway Package, South Lanarkshire Council
35. Myalgic Encephalomyelitis, East Kilbride
36. Strathclyde Fire and Rescue
37. Professor Colin S Munro, Dermatology Council for Scotland
38. Skincare Campaign, Scotland
39. Chief Superintendent Anne McGuire, Divisional Commander North Lanarkshire Division Strathclyde Police
40. Carolyn Scott, Acting Superintendent, South Lanarkshire Division, Strathclyde Police
41. Mr Alex Craig, Secretary, Hillhouse Community Council, Hamilton
42. Lister Tower Residents Association, East Kilbride
43. Ms Jean Tommlie, Activities in Retirement Group, East Kilbride
44. Mr Peter Duff, Branch Secretary, Strathaven Labour Party
45. Lanarkshire Kidney Patients' Association
46. Jim Walker, Secretary, Halfway Community Council, Cambuslang
47. Disease Prevention Organisation, Stonehouse
48. Mrs Marlene Waugh, Lanark, on behalf of Friends of Lockhart Hospital
49. Val Baird, Chair, Tak Tent, Cancer Support, East Kilbride
50. Mr John Muir, Larkhall Community Council, Larkhall
51. Alex B Machray, Kilysth Community Council
52. St Andrew's Hospice, Airdrie
53. East Kilbride Local Healthcare Co-operative Advisory Group
54. F Kerr, Plains Community Council
55. Steps & District Community Council
56. Stonehouse Community Council
57. James Greechan, Labour Party, Northern Corridor Branch, Coatbridge/Chryston and Bellshill Constituency Labour Party
58. Lanarkshire Kidney Patients' Association

Individual Correspondents – By Letter

59. Mr W Roberts, Cumbernauld
60. Mr Jack B Dowson, Wishaw
61. Father Owen J Ness, Roman Catholic Chaplain to Monklands Hospital

62. Councillor Gordon Murray, North Lanarkshire Council
63. Councillor Graham Scott, South Lanarkshire Council
64. Jackie Rice, Strathaven
65. Mr J A Kelly, Motherwell
66. Miss M B Smith, Cumbernauld
67. Ms Sonia Reid, East Kilbride
68. Mr Howard Smith, Cumbernauld
69. Louise Mulholland, Airdrie
70. Ms Ailsa Gormley, Lanark
71. Mr & Mrs A Buchanan, East Kilbride
72. Mrs June Hunter, East Kilbride
73. Mrs Joan H Campbell, Airdrie
74. Mr G Sanderson, Kilsyth
75. Mr Ray Gunnion, Motherwell
76. Mr Michael Crawford, Glasgow
77. Mrs Elma McDonald, Airdrie
78. Mrs M Lyle, Hamilton
79. Father George Donaldson, St Bartholemew's, Coatbridge
80. Mr John S Murray, Airdrie
81. Mr Alistair S McCormick, East Kilbride
82. Miss Margaret C Dyet, Hamilton
83. Mr Patrick McCormick, Airdrie
84. Ms Cathy Pedersen, East Kilbride
85. Mr Terry Butcher, Cumbernauld
86. Mrs Sandra Brown, Coatbridge
87. Ms Cathy McKerrell
88. Mr Andrew Geelan
89. Mrs Catherine Mullen, Coatbridge
90. Miss Barbara Marshall
91. Ms Kate Dempsey, Bargeddie
92. Miss Susan Thorburn, East Kilbride
93. Ms May Frame, Airdrie
94. Mr Alex McGuire, Airdrie
95. Mr James Kirk, Airdrie
96. Mrs Mairi Miller, Wishaw
97. Morag Murray, Airdrie
98. Miss Rosemary Collins, Wishaw
99. A A and E M H Roden, East Kilbride
100. Mr B Wales Chairman and Managing Director, Stewart Wales Somerville Limited, East Kilbride
101. Mr Ron Dickinson, General Manager, Freescale Semiconductor UK Limited, East Kilbride
102. Mrs I Lindsay, Hamilton
103. Margaret Hamilton, Motherwell
104. Norma McCarty, Cumbernauld
105. Margaret Lindsay, Condorrat, Cumbernauld
106. Mrs Anne Wethers, Airdrie
107. Jean McLaughlan

108. Mrs Margaret Herrity, Gartcosh
109. Mrs Janette McIntyre, Airdrie
110. Mr David Kennedy, Airdrie
111. Anne Martin, Uddingston
112. Miss C Hogan, Cumbernauld
113. Mr David Arthur, Biggar
114. Mr Richard Carr, Broughton, Biggar
115. C A Fairbairn, East Kilbride
116. Mr S Clinton, Strathaven
117. Mrs D Tipping, East Kilbride
118. Mr Alex Thomson, Airdrie
119. Mrs D Thomson, Airdrie
120. Mr Graham Holden, Cumbernauld
121. Mrs G McNab, East Kilbride
122. Mr William Kelly, Wishaw
123. Sandra James and Jessica Brown, Coatbridge
124. W S McNaughton, Wishaw
125. Elizabeth Gillick, Airdrie
126. Mrs Margaret McLean, Motherwell
127. Mr A D Hannan, Crossford
128. Elspeth Wilson, Strathaven
129. Rose Rivendale, Motherwell
130. E Hartlebury, Motherwell
131. Mr Michael Casey, Chryston, Moodiesburn
132. Elizabeth Boyle, Plains, Airdrie
133. Richard Boyle, Plains, Airdrie
134. James Lafferty, Caldercruix, Airdrie
135. Alan McGraw, Bellshill
136. Miss C Donaldson, Airdrie
137. Brian & Marion Hopkins, Caldercruix, Airdrie
138. W Lees, Glenmavis, Airdrie
139. Famie Nelson, Salsburgh, Shotts
140. Mr James Morrison, East Kilbride
141. W S Wilkie, Strathaven
142. Mrs C Smith & Mr J Smith
143. Mr J Gordon, Kilsyth
144. Mrs Mary McDonald, Airdrie
145. Catherine Johnston & Thomas Johnston
146. Mr James Cochrane, Viewpark Uddingston
147. Joyce Mills, Cumbernauld
148. Isobella Fyfe King, Cumbernauld
149. Mary Irving Gourlay, Motherwell
150. Mrs M Robertson, Cumbernauld
151. M Ronald, Airdrie
152. Mary McDougall, Cumbernauld
153. Ms Elsie Mitchell, Motherwell
154. Elizabeth Brownlie Hunter, Forth, Lanark
155. Mrs M Murdoch, Hamilton

156. P B Hamilton, Law
157. Mrs Isobel K Ramsay, Strathaven
158. Miss I Scott, Jackton, East Kilbride
159. Mr Aeden McGhie, Airdrie
160. Mr Peter Kerr & Mrs Ivy Kerr, East Kilbride
161. Mary Burns, East Kilbride
162. Mrs K McGhie, Airdrie
163. Miss Margaret M H Lyth, Uddingston
164. Jane Russell, Stonehouse
165. John Jarvie, Coatbridge
166. Mrs R Offin, East Kilbride
167. Mr Adam Stavart, Carnwath
168. Mr Thomas Gilmartin, Cumbernauld
169. Mrs Sandra Brown and Family, Coatbridge
170. Mr Kevin Russ, East Kilbride
171. Ms Clare Moffat, Airdrie
172. Mrs J Oldroyd, Glenmavis, Airdrie
173. Ms Irene Allison, Airdrie
174. Mr A Duncan, Airdrie
175. Mr Robert Sinclair, Bargeddie
176. C M Patterson, East Kilbride
177. Helen Laird, Greengairs
178. Mr Frank Refford, East Kilbride
179. Mr A Duncan, Airdrie
180. Mr & Mrs J Robertson, Lesmahagow
181. Mr Chris Mooney, Condorrat, Cumbernauld
182. Mrs Kathleen Dixon, Cumbernauld
183. Mr Bernard Dixon, Cumbernauld
184. Mr David Lowe, Kilsyth
185. Mr James A Chapman, Airdrie
186. Mrs Georgina Cowan, Airdrie
187. Mr Tom McCormick, Glenmavis, Airdrie
188. Mr John Peter, Caldercruix, Airdrie
189. Mr Bill Hawthorne, Plains, Airdrie
190. Mrs Helen C O'Neill, East Kilbride
191. Mary Fraser, East Kilbride
192. T J Dowds, Cumbernauld
193. S Black, Airdrie
194. Anne Warren, East Kilbride
195. Mrs R McBain, East Kilbride
196. Lady Stewartby, Broughton, Biggar
197. E Fraser, Coatbridge
198. John Keenan, East Kilbride
199. Tom Carlin, East Kilbride
200. Mrs Ruth Rainey, Motherwell
201. Susan Craig, Cumbernauld
202. John Craig, Cumbernauld
203. Sonia Reid, East Kilbride

204. Owen Dunn, Coatbridge
205. Edward McLafferty, Coatbridge
206. Wilma Honeyman, Coatbridge
207. Elaine McIver, Coatbridge
208. Miss L Moffat, Coatbridge
209. Mr John O'Brien, Coatbridge
210. M Duffy, Coatbridge
211. Kath McDonald, Coatbridge
212. Mr James Walker, Airdrie
213. Mr Jim McPake, Bellshill
214. Mr Peter Rooney, Coatbridge
215. Mr Albert Martin, Coatbridge
216. Adaline Martin, Coatbridge
217. Mrs C W Large, Coatbridge
218. Mrs H Maceachen, Coatbridge
219. J M Radcliffe, Gartcosh
220. J C Morton, Lesmahagow
221. Robert Foubister, Wishaw
222. Helen McColl, Salsburgh, Shotts
223. Frank Fallin, Shotts
224. Janice Martin, Salsburgh, Shotts
225. Mrs Alice Campbell, Torbothie, Shotts
226. M A Welsh, Motherwell
227. J A Kelly, Motherwell
228. Catherine Howard, Bellshill
229. M Quigley, Wishaw
230. Terri Devine, Motherwell
231. Liz McWhinney, Motherwell
232. Anna McCosh, Biggar
233. Jennifer Baillie, Thankerton, Biggar
234. Mr J M Ritchie, Biggar
235. Avril Anderson, East Kilbride
236. M McGuire, Blantyre
237. M Lang, East Kilbride
238. Sally Wilson, High Blantyre
239. Walter Watson, Blantyre
240. Councillor Pat Waters, East Kilbride
241. Mrs Margaret Hosey, East Kilbride
242. Graham Macklin, East Kilbride
243. Mrs Annette Shaw, Hamilton
244. Mrs Barnes, Hamilton
245. Mrs M Robinson, Rutherglen
246. Mr Roy Manson, Cumbernauld
247. Marie Keegan, Cumbernauld
248. Alan Stuart, Cumbernauld
249. Mrs Irene Scott, Cumbernauld
250. Mrs Z Boyd, Cumbernauld
251. C B McNeil, Cumbernauld

252. B W Gauld, Cumbernauld
253. Mrs A Newton, Cumbernauld
254. Pamela Chisholm, Cumbernauld
255. Ann Stewart, Cumbernauld
256. Linda McCardle, Cumbernauld
257. Mrs L MacMaster, Condorrat, Cumbernauld
258. H Morris, Airdrie
259. Alan White, Airdrie
260. Mr & Mrs W Liston, Airdrie
261. Mr Ronnie Wright, Airdrie
262. Janette Houston, Airdrie
263. Mr A Cornes, Airdrie
264. C T Walker, Airdrie
265. Mr D Gardner, Airdrie
266. Mrs C Wotherspoon, Airdrie
267. Mrs Cullen, Airdrie
268. S Cowan, Stand, By Airdrie
269. Mrs M Gardner, Greengairs, Airdrie
270. Dean McNeil, Airdrie
271. Ian Torrens, Airdrie
272. Brian Gallacher, Airdrie
273. Reverend Helen Jamieson, St Andrew's Manse, Carluke
274. Mary Howard, Bellshill
275. Ms T McKay, East Kilbride
276. Anne Iggo, Blantyre
277. Pauline Crawford, Cumbernauld
278. Scott Sharp, Airdrie
279. Mr & Mrs D McCaig, Airdrie
280. Dr D Dick, Kilsyth Medical Practice
281. Willie Fortucci, Coatbridge
282. Marie Wright, East Kilbride
283. John Freebairn, Kilsyth
284. Linda McLean, Newarthill
285. Beryl and Peter Stangoe, Cumbernauld
286. Mrs Helen Currie, Airdrie
287. Mr Glyn Price and Mrs Agnes Price, Cumbernauld
288. Mrs J Oldroyd, Glenmavis, Airdrie
289. Mrs E McDonald, Coatbridge
290. Ms Cathy McKerrell, Coatbridge
291. Mr James Blue, East Kilbride
292. Ms Jean Spiers, Airdrie
293. Sandra, James and Jessica Brown, Coatbridge
294. Jean Stewart, East Kilbride
295. James McLean, Airdrie
296. Margaret Kane, Plains, Airdrie
297. Margaret McKenna, East Kilbride
298. Mary Dunbar, Airdrie
299. Elizabeth Bunting, Airdrie

300. Grant Campbell, Airdrie
301. John Peter, Caldercruix, Airdrie
302. George Blyth Currie, Airdrie
303. Mr J & Mrs S Campbell, Cumbernauld
304. Maurice & Kathryn Pigott, Thorntonhall
305. Anne Grieve, Airdrie
306. Walter O'Neil, Glenmavis, Airdrie
307. Marion McIlroy, Airdrie
308. Dr Susan McLean, East Kilbride
309. Councillor Barry McCulloch, Balloch West, Blackwood East and Craigmarloch
310. Vivienne Hawthorn, Cumbernauld
311. J C Heaney, Hamilton
312. Reverend Charles M McKinnon, Kilsyth and Erson Parish Church
313. Kathryn Pedersen, East Kilbride
314. Mrs M Armitage, Cumbernauld
315. Morag Stephen, Cumbernauld
316. Billy Lees, Association of Cumbernauld Community Council
317. Elizabeth P Brown, Cumbernauld
318. Gordon McIndoe, Cumbernauld
319. David Alsop, Kilsyth
320. Mr T Cant, Cumbernauld
321. Janette Cowie, Coatbridge
322. Aida Robertson, Airdrie
323. William Robertson, Airdrie
324. Helen S McCall, Lanark
325. Quinten Connell, Cumbernauld
326. Sarah Connell, Cumbernauld
327. Elizabeth Agnew, Cumbernauld
328. Jean Spiers, Airdrie
329. Isabel McKenzie, East Kilbride
330. Duncan Gray, Wishaw
331. Councillor David Watson, Hairmyres/Crosshouse
332. Jean Aitken, Macmillan Counsellor – Palliative Care
333. Dr Edmond Stewart, Cumbernauld
334. Jane Calgie, Cumbernauld
335. Kevin Hamilton, Coatbridge
336. Amanda McDade, Coatbridge
337. Kevin Rush, East Kilbride
338. Sandra Brown, Coatbridge
339. Mrs Smith, Lanarkshire
340. Chris Dunne, Cumbernauld
341. Mrs I Derricutt, East Kilbride

Email Submissions

342. Robert Foubister, Wishaw
343. Mrs Marjorie Marshall, Cumbernauld

344. Mr John Shearer, Cumbernauld
345. Mr Colin Angus, Lanark
346. Miss Susan Ferguson, East Kilbride
347. Mr S McKee, Jackton, East Kilbride
348. Mrs E Coogans
349. Mr Kenneth Griffith
350. Mrs Kirsten Crozier
351. Mrs C Train, Cumbernauld
352. Mr William Brown, East Kilbride
353. Rachael Colville-Walker
354. Dr Ian Gunn, Wishaw General
355. Mr A Godfrey, Larkhall
356. Irene Allison, Airdrie
357. Mr Kevin Gornan, Coatbridge
358. Mr Campbell Kinloch, Cumbernauld
359. Brenda Townsend
360. Mr Peter Murphy
361. Mrs Elizabeth Kerr
362. Mr John Morrison, Cumbernauld
363. Mr Frank Walsh
364. Mrs Marion Wilson, East Kilbride
365. Mr Alan White
366. Lorna Meade, Coatbridge
367. Mr David Paul, Cambuslang
368. Mr Martin Cairney, Cairnhill, Airdrie
369. Mr Darren England, East Kilbride
370. Mr Archie McCreath, Cumbernauld
371. Mr Leslie Murrie, Bargeddie
372. Mr Iain Sinclair, Thorntonhall, Glasgow
373. Mr Paul McAlister, Cumbernauld
374. Mrs Mary Blaney
375. Wendy McNab
376. Mr James Kirk, Chapelhall, Airdrie
377. Mr Gregory McFarlane
378. Mr Greig Sinclair
379. Mr Alrae Willumsen
380. Ms Sandra McComeskey
381. Hannah Purcell, Airdrie
382. Nikki McDonald, Coatbridge
383. L Fllanigan, Coatbridge
384. Kate Mutter, East Kilbride
385. Mrs J S Mason, Strathaven
386. Mrs Elizabeth Anne Quinn, Airdrie
387. Grahamafc@aol.com
388. Janis L Harvey, Hairmyres Hospital catchment
389. Graham Stewart, Airdrie
390. Stephen Balfour, Cumbernauld
391. Mr David H Brown, Wishaw

392. Colin Smith, Motherwell
393. Margaret Jack, Airdrie
394. Michael Stokoe, Lanark
395. Jill McKenzie, Hairmyres Hospital catchment
396. Garry Dickson, Hairmyres Hospital catchment
397. Aileen Lynch, Hairmyres Hospital catchment
398. John McCann, Cumbernauld
399. Fiona McCrae, Glasgow
400. William R Brown, East Kilbride
401. Keren Stevenson, Monklands Hospital catchment
402. John Harold, East Kilbride
403. Denise Flannagan, East Kilbride
404. Anthony Taboureau, East Kilbride
405. Hazel Lamont, East Kilbride
404. Mrs E McLeod, East Kilbride
406. Dean Lades, East Kilbride
407. Caroline Thompson, Cleland
408. Felicity Warnock, Hairmyres Hospital catchment
409. Andrew D Mowatt, Hamilton
410. Fiona Naylor, East Kilbride
411. Hendry P Doig, East Kilbride
412. Barbara A Park, East Kilbride
413. Stewart Carmichael, Cumbernauld
414. Mrs Anne McLean, East Kilbride
415. David Pirrie, East Kilbride
416. Helen Smith, Stonehouse
417. David Kennedy, Airdrie
418. John Holt, Symington, Biggar
419. Stephen Hamill, Blantyre
420. Robb Kay, Kilsyth
421. Raymond Boyle, East Kilbride
422. Janice Mills, Cumbernauld
423. Hector Grant, East Kilbride
424. Catherine Armstrong, Cumbernauld
425. Alan McBryde, East Kilbride
426. Allison Watson, Cumbernauld
427. Michael Lynch, Hairmyres Hospital catchment
428. Duncan Birnie, East Kilbride
429. Trisha Hughes, Thorntonhall, Glasgow
430. Linda McLean, Newarthill
431. Margaret Brennan, Cumbernauld
432. Julie Gilchrist, Wishaw General catchment
433. Stephen C McBirnie, Cumbernauld
434. Elizabeth Brooks, Coatbridge
435. Dr R Wallace, Cumbernauld
436. Margaret Donnelly, Airdrie
437. Margaret Clark, Hamilton
438. Jean Rae, Kilsyth

439. Robert Lowe, Carlisle
440. John Jarvie, Coatbridge
441. Fiona Naylor, Hairmyres Hospital catchment

The remainder of the paper summarises the origins of those views, and the strength of support for those views. The analysis follows the same order as the groupings of responses received, viz:

Members of Parliament and Members of the Scottish Parliament
Other NHS Boards
Local Authorities
Professional Staff Groups within NHS Lanarkshire
Representative Groups and Other Organisations
Individual Letters and Emails

Members of Parliament and Members of the Scottish Parliament

Other than Margaret Mitchell MSP, Carolyn Leckie MSP and Tom Clarke MP, who both strongly support the maintenance of the status quo, Members of Parliament and Members of the Scottish Parliament who submitted formal responses to the Consultation, viz: Elaine Smith MSP; Karen Whitefield MSP; Cathie Craigie MSP; Janis Hughes MSP; Tom Clarke MP; The Right Honourable John Reid MP; Rosemary McKenna MP; Frank Roy, recognise the need for change, and that maintaining the status quo is not an option. All MPs and MSPs who made formal submissions, confirmed strong support for the A Picture of Health proposals relating to investment in Primary Care and Community Care, with particular regard to the propositions relating to turning around Lanarkshire's poor health and the production and implementation of a Health Improvement Strategy.

The Lanarkshire MPs and MSPs whilst recognising the need for change, are strongly supportive of the retention of Monklands Hospital as one of the 2 Emergency Care sites in Lanarkshire, and are firmly opposed to any downgrading of services at the hospital. In support of this position, they cite a number of key factors, including: the levels of deprivation in the catchment area served by the Hospital; the underlying poor health of the population; the relative immobility of the population, due to the lower levels of car ownership, and the poor road networks and public transport infrastructure from the area to either Wishaw General or Hairmyres Hospitals. In summary, MPs and MSPs representing the constituencies served by Monklands Hospital, believe that the clinical, social and geographic arguments for the retention of Monklands Hospital as one of the 2 Emergency Care sites in Lanarkshire, is particularly robust. They also cite activity levels at Monklands Hospital, and the fact that the Hospital seldom, if ever, 'closes' to GP emergency admissions, as evidence of its relative efficiency compared to Wishaw General and Hairmyres Hospitals. The MPs and MSPs views are endorsed by 45,000 signatures on petitions in support of the retention of Monklands Hospital as an Emergency Care site.

In calling for the maintenance of the status quo, Margaret Mitchell MSP does not accept that it would not be financially viable to retain 3 Accident and

Emergency Departments, neither does she accept that it would not be possible to staff 3 Accident and Emergency Departments with the appropriate clinicians. She also does not accept that if only 2 Accident and Emergency Departments were retained, the Board would be able to deliver a better standard of care throughout Lanarkshire. She accepts the case for the retention of Wishaw General Hospital as an Emergency Care site, and claims that Hairmyres Hospital, and Monklands Hospital with investment, could attract patients from Greater Glasgow, and thereby make the status quo financially viable. She maintains that there is ample time to plan for the increased number of clinicians that would be required to maintain 3 site Emergency Services and to train more medical students. She also does not accept that the options proposed by the Board will deliver a better standard of care, principally because of the uncertainty about the ability of Blue Light Ambulances to negotiate traffic congestion at peak travel times. Mrs Mitchell also maintains that insufficient consideration has been given to public transport issues in the Northern Corridor.

The principal issue of concern to Janis Hughes MSP, was assurance that, in its planning, NHS Lanarkshire had engaged with NHS Greater Glasgow, towards ensuring that the Glasgow Royal Infirmary could continue to cope in the event that Hairmyres Hospital was designated as a Planned Care site.

Early in the Consultation period, Carolyn Leckie MSP submitted a letter which, in addition to expressing her support for maintaining the status quo, asked a substantial number and range of questions on multiple aspects of A Picture of Health, including in the areas of: The sustainability gap for the status quo; detailed staffing information around numbers, grades, skill mix; costing information for the option for Modernising General Hospital Services; Transport; the impact of the 2 PFI Hospitals on the NHS Board's thinking and decisions, as well as questions about: turning around Lanarkshire's poor health; why services need to change; what our Health Service will look; strengthening Primary Care Services; Developing Care for people with long-term conditions; supporting and enhancing local services (Older People's Care, Referrals Management Service, unplanned medical services, palliative care); Mental Health Services; additional spend in real terms on services year-on-year; the geographical separation of planned and unplanned care, including the distribution of specialisms and departments.

In summarising her concerns, Ms Leckie stated that the public, who own the Health Service, should be treated with respect and presented with all of the facts to allow them to form a judgement about the sustainability of the status quo. She maintained that to only conduct a consultation on the basis of you can have either planned inpatient care in your local Hospital or Emergency Receiving and inpatient care, but not both, was no choice at all. She expressed strong opposition to any further, extended involvement of the private sector in the provision of health facilities and the delivery of NHS care. She is concerned that there will be insufficient beds, staff and resources to deliver the capacity required to meet the demands of a statistically increasing

dependent and ill population. She also is not convinced that a full analysis of the Regional and National impact of the proposed changes has been conducted. She asserts that the statements of concern in A Picture of Health about poverty and health inequality are contradicted by the Board's proposed action, given the planned removal of specialist Emergency Care Services from Monklands Hospital, serving an area which has the poorest health and the highest incidence of heart attacks, etc.

A full response was sent to Ms Leckie on 2 May 2006. Ms Leckie's letter and the response were shared, in full, with all members of the Lanarkshire NHS Board, in addition to which, they were posted on the NHS Lanarkshire A Picture of Health Web site.

Responses from MPs and MSPs

Elaine Smith, Karen Whitefield and Cathie Craigie also made submissions in response to the reports on *Modelling the Impact of Hospital Reconfiguration on Cross Boundary Patient Flows for Emergency Inpatient Care Between Lanarkshire, Glasgow and Forth Valley* and *The Capital and Logistical Implications of Either Option 2 or Option 3 for the Provision of Hospital Services*

Elaine Smith wishes put on record her dismay that the research on *Modelling the Impact of Hospital Reconfiguration on Cross Boundary Patient Flows for Emergency Inpatient Care Between Lanarkshire, Glasgow and Forth Valley*, has only recently been undertaken, and that the consequent period of consultation only took place late in the main consultation period which started at the end of January and closed on 28 April 2006. She also sets this in the context of the Option Appraisal Exercise having been carried out in November, which identified Monklands Hospital as the clear preferred option as the second Planned Care site, especially since it is her understanding that the Option Appraisal established the entire premise on which the Acute Services Review was progressed. She finds it astonishing that this premise was arrived at without detailed consideration of the issue of Cross Boundary Patient Flow or the regional impact of Greater Glasgow's plans with regard to future A&E provision and suggest that this calls into question the credibility of the consultation.

Commenting on the materiality of the report, Elaine Smith believes that contrary to what is expressed therein, the possible downgrading of Monklands Hospital would have far reaching and potentially damaging implications for both Glasgow Royal Infirmary and Wishaw General Hospital. It is her belief that clear evidence shows that the Wishaw General/Monklands Hospital option for Emergency Care provision provides a more balanced geographic and population based option which will better meet the needs of the people of Lanarkshire.

Noting the assertion within the report that there is no significant impact from

the changes on patient flows between Lanarkshire and Ayrshire, Elaine Smith expresses surprise that the Regional Planning Group which included a representative of NHS Ayrshire and Arran, appears to have summarily dismissed the potential impact which the possible downgrade of Hairmyres Hospital could have on admissions to Crosshouse Hospital in Kilmarmock. In support of this view, Elaine Smith founds upon the AA Milemaster Route Planner used by NHS Lanarkshire, which shows an estimated travel distance and travel time between Hairmyres and Crosshouse Hospitals (23.7 miles and approximately 31 minutes), which she maintains can be reasonably compared with the report findings suggesting that the distance between Hairmyres and Wishaw Hospitals is 15 miles, with an estimated travel time of 32 minutes). She also quotes from having recently travelled the road between Hairmyres and Crosshouse, finding that, given the relatively straight and unrestricted route between the 2 Hospitals, the lack of any major traffic signals and the speed limits, the distance could be reasonably covered in 25 minutes, compared with the best actual travel time between Hairmyres and Wishaw of 24 minutes. She also cites the recent upgrades of the A726, the M77 and the A77 as having made the journey from Hairmyres to Crosshouse Hospital a legitimate option for patients and for emergency ambulance crews operating in the area. Miss Smith would therefore have expected to have seen within the report a further explanation of the Groups' decision in this respect and refers to suggestions from some of her Constituents that this indicates a lack of impetus on the part of NHS Lanarkshire to investigate this option, as it does not add weight to the clear preferred option of downgrading Monklands Hospital.

Miss Smith notes that Stobhill Hospital patients will now be required to attend Glasgow Royal Infirmary for Emergency Inpatient Admissions, meaning that the majority of the residents in the Chryston area will now be reliant on Glasgow Royal Infirmary. She maintains that the downgrading of Monklands Hospital to a Level 2 Hospital would result in the majority of her constituents in Coatbridge being likely to look to GRI for Emergency inpatient admissions, meaning that most of her constituents could be required, by 2009, to depend on Glasgow for Acute Emergency Care, effectively taking her constituents in Coatbridge back 30 years in terms of provision of emergency admissions. She maintains that with the potential downgrade of both Stobhill and Monklands, it is disingenuous for NHS Lanarkshire to suggest that the Glasgow Royal Infirmary will not be significantly affected.

Miss Smith expresses concern at the suggestion within the report that so far, each Board has broadly assumed that the impact of Hospital reconfiguration will be contained within the next nearest Emergency Inpatient Hospital within its own (Health Board boundary). She expresses astonishment that it is only now that any attempt at detailed Regional Planning appears to be taking place, given the scale of the changes being proposed and progressed throughout the West of Scotland. She expresses surprise and alarm at the assumed timescales for developments, involving the downgrading of the Victoria Infirmary and Stobhill Hospital along with one of Lanarkshire's

hospitals, and is concerned that no dates are provided in relation to increased capacity at Wishaw General Hospital, or for the completion of the new hospital at Larbert. She maintains that if Monklands Hospital is downgraded, this will result in 4 years of potential chaos for patients in North Lanarkshire and an enormous additional burden being placed on Glasgow Royal Infirmary and Wishaw General Hospital.

Miss Smith acknowledges the reference within the report to the duty under Delivering for Health to plan future hospital services on a Regional basis, and acknowledging the suggestion that Glasgow and Clyde's planning assumptions could potentially need to be subjected to major review in light of NHS Lanarkshire's plans, sees this is a reactive and ad hoc approach to planning major changes in services, which is disorganised and unprofessional and adds to the unease and mistrust felt by communities towards the plans. She also suggests that this situation should indicate to NHS Lanarkshire that it was premature in promoting a clear preferred option for downgrade given the findings of the Cross Boundary Flow document which have such a bearing on the entire planning process.

Miss Smith questions the extent to which NHS Lanarkshire can steer the issue of catchment areas, and whilst recognising the value in measuring geographical distances and actual travelling times, believes that this does not take into account the habitual movements of patients or how familiar they are with different areas within their Health Board boundary. Taking the example of Coatbridge, she believes that it is fair to suggest that people within the town, who work, socialise or shop in Glasgow, are generally more familiar with travelling to Glasgow than to Wishaw or East Kilbride, and suggests that if Monklands Hospital becomes a planned care site many of her constituents in Coatbridge will choose to self-refer to Glasgow Royal Infirmary regardless of whether NHS Lanarkshire zones them in another catchment area. She quotes anecdotal evidence that the Ambulance Service will try, insofar as is safe and appropriate, to take patients to a hospital where their family and friends will be able to visit them, and suggests that given the dearth of public transport links to Wishaw and East Kilbride from her constituency and the particularly low levels of car ownership this, in most cases of self-referral, would likely involve Glasgow Royal Infirmary.

Miss Smith quotes a constituency case involving a pregnant woman having gone into premature labour being sent to Ninewells Hospital in Dundee due to a lack of neonatal cots at Wishaw General Hospital. Whilst appreciating that this case involves the securing of a highly specialised level of care, she is concerned that cases such as this, where patients are transferred relatively long distances, may increase for her constituents if Monklands Hospital is designated as a Planned Care site. She is also sceptical as to whether patients treated in Larbert will be able to be repatriated to Lanarkshire as easily as is suggested due to difficulties in finding suitable or available beds and securing the necessary resources to ensure that such arrangements take place effectively.

Whilst not disputing the fact that West Central Scotland is well provided with Emergency Hospitals, compared with other parts of Scotland and with many parts of the UK as a whole, Miss Smith thinks it disingenuous of NHS Lanarkshire not to represent this provision within the context in which it exists, viz: that the West of Scotland has some of the highest rates of poverty, deprivation and ill health in Scotland, the UK and indeed, Western Europe.

Whilst acknowledging it a fair assertion that all emergency inpatient admissions reach hospital by car or ambulance, Miss Smith suggests that given the low levels of car ownership within her constituency a significant proportion of these 'cars' are in fact taxis, and is disappointed that NHS Lanarkshire has made no attempt to assess the extent to which patients rely on taxis to and from their hospitals. Using census data which illustrates the lowest levels of car and van ownership in her constituency, Miss Smith has established from taxi firms what her constituents could expect to pay to travel to Hospital, and suggests that the downgrading of Monklands Hospital could lead to huge rises for her constituents in the cost of accessing Acute Emergency Care. Whilst acknowledging the mention of a Transport Impact Assessment and welcoming that this exercise is being carried out, Miss Smith is concerned that it appears to be only in the early stages of development. She wishes further information about when the TIA will be completed and when it will be made available to Board Members.

Miss Smith believes that there would be considerably less upheaval in terms of bed movement and potential changes brought on by increased Cross Boundary Patient Flow, if Monklands Hospital remained a Level 3 Emergency Hospital site. She refutes the assumption that GRI could require almost 100 additional beds to cope with the potential demand if Monklands Hospital were to be downgraded – she does so on the grounds of the numbers of self-referral cases which attend Accident and Emergency without any prior contact with the NHS and also on the basis that many of Monklands current patients may feel more comfortable travelling to Glasgow for reasons of convenience, swiftness and/or access for visitors. She notes the findings which suggest that the new Larbert Hospital would require anything between 25 and 75 additional beds if the current catchment of Monklands was dispersed, but that no reference has been made to the number of additional beds Wishaw would require in this instance. She also notes NHS Lanarkshire's 'admission' that Option 2 (Wishaw General and Monklands Hospital as Emergency Care sites), would mean current flows to Monklands Hospital would remain undisturbed and that the impact on Glasgow Royal Infirmary and Wishaw General Hospital would therefore be far less substantial.

Miss Smith refers to the acknowledgement within the report that the Wishaw/Monklands option provides a reasonably balanced distribution of Emergency admissions and refers to the concession that with Monklands as the Planned Care site a larger majority of displaced Emergency inpatient

admissions might naturally look to Wishaw in terms of proximity and access. She refers to recent newspaper reporting of Waiting Times, including that Wishaw General Hospital had experienced some of the longest Accident and Emergency Waiting Times in Scotland. She believes that the contention that Cross Boundary Flow could be minimised by directing current Monklands patients to Wishaw is extremely dangerous from the perspective that Wishaw is presently under considerable pressure and would come under even greater pressure with the downgrading of Monklands Hospital. She contests the suggestion that this situation could be easily ameliorated by skewing catchment boundaries in Lanarkshire and providing for a higher proportion of complex elective admissions at Hairmyres, including Renal and Infectious Diseases.

Given the disproportionate reliance of Monklands residents on public transport and taxis, it is Miss Smith's belief that NHS Lanarkshire is mistaken to presume that they can direct people in these circumstances to go to Hairmyres Hospital, and maintains that all self-referral cases, the majority of the 17,000 inpatient admissions at Monklands Hospital, will go to Wishaw General Hospital or to Glasgow Royal Infirmary. She expresses astonishment at the suggestion regarding Renal Medicine and infectious Diseases, involving relocating these well established specialisms at Monklands Hospital, at either Hairmyres Hospital or Wishaw General Hospital.

In relation to risk analysis, Miss Smith believes that the contention within the report that the issues of Cross Boundary Flow and travelling times related to the potential downgrading of Monklands could be overcome relatively easily, is unsubstantiated by relevant evidence. She also avers that the courses of action outlined within the report in this regard are entirely untested and provide no evidence to suggest that they could be sufficiently effective to overcome the challenges identified.

In her conclusion to her response to the Cross Boundary Flow report, Miss Smith entirely refutes the statement within the report that the risk of increasing Cross Boundary Flow is less than at first anticipated, and is most significant not on Glasgow, but on Larbert, should Monklands be designated the Planned Hospital. She suggests that this contention is entirely unfounded and that the report provides no legitimate evidence to support the claim. It is also Miss Smith's belief that the particular reference to Monklands Hospital belies NHS Lanarkshire's overwhelming desire to down-play the impact of its clear preferred option and to obstinately pursue, against all reasoned argument, the downgrade of Monklands General Hospital.

Miss Smith raises a number of questions in relation to the Appendices within the report, relating to travel distances and travel times and balancing bed provision, and questions the extent to which they could reasonably have informed the findings and conclusions within the main body of the report.

Miss Smith asserts her dissatisfaction with NHS Lanarkshire's consultation and expresses the belief that the report has failed to investigate a number of significant factors, has chosen to ignore or dismiss the frankly overwhelming evidence in support of the Monklands/Wishaw option, and has therefore sought to distort this consultation in favour of its clear preferred option of downgrading Monklands General Hospital. She maintains that, in doing so, NHS Lanarkshire has blatantly flouted its responsibilities under the Delivering for Health agenda, and has put its own financial agenda before the needs of the people of Lanarkshire. Given her view that the potential downgrade of Monklands General Hospital will be disastrous for the people of Lanarkshire and will create an impact which will be felt both in Glasgow and Falkirk, Miss Smith expects NHS Lanarkshire to look again at its own evidence and reverse its decision on Monklands as the preferred option for downgrading.

In her response, **Karen Whitefield** expresses the belief that the document provides strong and compelling evidence in support of retaining Monklands as a Level 3 Hospital. She suggests that when the data within the majority of the report is considered, it is difficult, if not impossible, to understand the rationale behind the conclusions, and that it is difficult for NHS Lanarkshire to justify the conclusion that: "In essence, this analysis shows that the risk of increasing Cross Boundary Flow is less than first anticipated, and is most significant not on Glasgow, but on Larbert, should Monklands be designated the Planned Hospital".

Karen Whitefield believes that, as with the main A Picture of Health Consultation Document, there is much to be commended in the Cross Boundary Flow analysis, the report on which clearly and succinctly states the case for change. She acknowledges that with the reduction in the overall number of Accident and Emergency Units in the West of Scotland, able to receive Emergency Admissions, there is a need to locate these Hospitals in a strategic manner throughout Scotland and also a need to take a strategic approach in relation to the impact of transport links between these Hospitals – hence, it is vital that Strathclyde Partnership for Transport is involved from the outset in the redesigning of hospital services. Having said that, Miss Whitefield expresses concern at the timeline for some of the key developments relating to hospital services in West Central Scotland, given the potentially damaging impact that downgrading Monklands Hospital would have on Glasgow Royal Infirmary, and that the date for the completion of the redevelopment of Glasgow Royal Infirmary is 4 years after the planned change to either Monklands or Hairmyres Hospital.

In relation to hospital catchment populations, Ms Whitefield does not believe that the goal of attempting to change the way people – particularly those who self-refer – use Accident and Emergency Departments, is realistic or achievable. Given the shorter travel times between many areas of Monklands and Glasgow Royal Infirmary, in comparison to journeys to Wishaw General Hospital, Miss Whitefield does not believe that people will be persuaded to

use Wishaw General Hospital. She suggests that this becomes increasingly problematic when consideration is given to the group of patients who self-refer which, together with other non defined patients, total between one third and one half of all emergency admissions, and represent a higher risk of turning up at a different alternative hospital. She suggests that if this group of patients cannot be persuaded to attend an Accident and Emergency Department within Lanarkshire the conclusions within the report, viz: that actions taken by NHS Lanarkshire will reduce the potential impact of downgrading Monklands A&E on Glasgow Royal Infirmary from plus 98 beds to minus 18 beds, are not sustainable. Miss Whitefield expresses an interest in learning what evidence NHS Lanarkshire has that any intervention is able to affect the decision by this user group to go to the Accident & Emergency Department which is closest in terms of driving time.

In relation to distances/sources of Emergency admissions, Miss Whitefield highlights the fact that the travel times quoted, ie all existing and alternative hospitals being reached within 30 minutes, was based on research that avoided rush-hour periods, and suggests that since accidents happen at all times of the day, there is a need to examine the impact of travel times during rush-hours. Miss Whitefield refers to 3 journeys made at 5.00 pm on Friday 12 May 2006, viz: Monklands to Wishaw General – 27 minutes; Monklands to Hairmyres – 44 minutes; Monklands to Glasgow Royal Infirmary – 21 minutes. She cites these travel times as longer than those set out in the Cross Boundary Flow document, and expresses the belief that they would be even longer at peak hours between Monday and Thursday. She maintains that these times clearly show that for most people in Monklands, the journey to Glasgow Royal Infirmary would be substantially quicker than to either Wishaw General or to Hairmyres. She suggests also that it seems inconceivable that NHS Lanarkshire will instruct ambulance crews to take people from the West side of Coatbridge and Bargeddie to Wishaw General Hospital, rather than make a substantially shorter journey to Glasgow Royal Infirmary.

Miss Whitefield is concerned about the assumption within the report in relation to the sizing of hospitals, that any rise in demand for demographic or other reasons is offset by more efficient models of care. She maintains that this is too vague a statement on which to plan the future of Acute Services in Lanarkshire, and suggests that some studies should have been undertaken in relation to the Strathclyde Structure Plan and the emerging Local Plans to gauge the level of increase and possible location of future population basis in Lanarkshire. She maintains that without some idea of the scale of population growth in key areas and the extent to which efficiencies can compensate for increased demand, there is a serious flaw in this assumption.

In relation to balancing bed provision, Miss Whitefield maintains that paragraph 40 of the report provides a strong argument in favour of locating the second Level 3 hospital at Monklands, because the paragraph concedes that the impact of downgrading Monklands Hospital would be to place a burden on Wishaw General that “would not be sustainable”.

Miss Whitefield notes that even with the measures outlined, of redrawing the catchment boundaries of Wishaw General and Hairmyres Hospital, Wishaw General would still end up taking 60% of displaced emergency beds – a scenario which is dependent on NHS Lanarkshire being able to influence the public sufficiently in relation to the redesignation of hospital boundaries. Miss Whitefield has grave concerns that people from Viewpark, Uddingston and Bellshill would continue to use Wishaw General Hospital, despite the efforts of NHS Lanarkshire, and that this would seriously impact on the ability of Wishaw General Hospital to deliver an effective service. Miss Whitefield supports the option of selecting Monklands as the second Level 3 hospital, as this would result in a much more balanced distribution of displaced emergency beds (53% Wishaw; 47% Monklands).

In her conclusion, Miss Whitefield refers to one of the central themes within the Kerr report, viz: that the redesigning of Acute Services must be done in a strategic way, so that all parts of Scotland would have reasonable access to emergency units, regardless of any future redrawing of Health Board areas.

It is Miss Whitefield's contention that the current preferred option of NHS Lanarkshire would not deliver this, as it would place too heavy a burden on both Wishaw General Hospital and Glasgow Royal Infirmary, and would deprive the people of Monklands of a much needed local resource.

Cathie Craigie expresses particular concerns about the implications for Cross Boundary Flow to Hospitals in neighbouring Health Board areas should Monklands be downgraded. She cites the vast majority of people living in the Cumbernauld area who use Monklands Hospital Accident and Emergency for medical emergencies and maintains that if this service were to be downgraded, patients would gravitate towards Glasgow rather than to any other Accident and Emergency Department in the Lanarkshire area. Consequently, she has grave concerns at the impact this will have on services in Glasgow, especially as changes have already been made which reduce the number of full Accident and Emergency Departments in Glasgow, and also the number of hospital beds.

Miss Craigie maintains that people living in Cumbernauld, in the main having their origins and families in Glasgow, are therefore much more likely to go to Glasgow hospitals, because they are familiar with the area and because they can rely on backup from family and friends. She concludes that Larbert Hospital is still at the planning stage, and believes that assumptions made that people from Cumbernauld will flow in numbers to the new Larbert Hospital are wrong. She also cites transport links between Cumbernauld and Glasgow, as being much better than between Cumbernauld and either Wishaw General or Hairmyres Hospitals, as being additional reasons why people will be much more likely to seek medical assistance in Glasgow, especially since public transport links between Cumbernauld and Wishaw or Hairmyres are virtually non-existent. She maintains that most people from

Kilsyth and the surrounding villages, when given the choice, use Glasgow based A&E services and they should continue to have that option available to them. She maintains that if Accident and Emergency Services at Monklands Hospital are downgraded, the number of patients attending Glasgow Accident and Emergency Departments from the Cumbernauld and Kilsyth area will increase.

Miss Craigie refers to the indication from public opinion in the Coatbridge and Airdrie area that should Monklands be downgraded, people from that area requiring treatment at an Accident and Emergency Department will attend Glasgow Royal Infirmary. She maintains that the additional numbers using the A&E Service would have a serious impact on existing and planned services and seriously stretch staff and facilities in Glasgow, threatening the quality and service expected and deserved by her constituents.

In conclusion, Miss Craigie restates her view in her response to the main Picture of Health Consultation Document, that the impact of downgrading Accident and Emergency Services at Monklands Hospital would be detrimental to her constituents, who already use the service, and would have an adverse impact on services already provided by NHS Greater Glasgow and Clyde, including the service provided to her constituents seeking treatment in Glasgow because of increased numbers.

In commenting on the report on the *Capital and Logistical Implications of either Option 2 or Option 3 for the Provision of Hospital Services*, **Elaine Smith** expresses the view that, taking this report, with the main A Picture of Health Consultation Document and the supplementary report on Cross Boundary Flow, she has never before seen such a blatant attempt to skew a consultation process and fix a desired outcome as she has witnessed with NHS Lanarkshire's whole approach to reconfiguration of Acute Service provision.

She cites the costs quoted within the report as the initial capital costs only, which take no cognisance of operational costs of the buildings, including PFI on costs and maintenance etc. She Maintains that the conventional and treasury recognised method of option comparison by life cycle or Thro'Life Costings, together with Discounted Cash Flow, has not been carried out. As such, she maintains that the production of these figures, in this manner, weighs heavily against Option 2 (Wishaw General and Monklands Hospital as Emergency Care sites), giving a corrupted perspective of the actual costs. She maintains that the comment that it is not anticipated that there will be a major issue which would generate a significant movement in the cost differential between the options, is difficult to understand or justify, given that these are only the preliminary capital costs to an option study.

Miss Smith highlights the fact that costings do not include for the provision of additional car parking at any site. She highlights as vital the provision of additional car parking, giving the large number of patients and visitors that

will be using private transport and maintains that the omission of this requirement during the decision process calls into question the broad design solutions that have been used for costing, making them fundamentally flawed, since there has been no consideration for, as a minimum, the feasibility of the provision of additional car parking.

Miss Smith enquires when the life cycle costs are to be assessed. She maintains that the inclusion of this acknowledgement within the report illustrates that the authors are at least aware of the fundamental importance of this aspect of the costing process, and that they must be included to meet Treasury guidelines on option study/investment appraisals, and that once calculated and included in the overall option study, they will, in fact, *"generate a significant movement in the cost differential between the options"* – a factor allegedly denied by Currie & Brown in their introduction. Miss Smith views as highly suspicious the fact that life cycle costs have been omitted, and maintains that it is likely that their inclusion would demonstrate Option 2 to be the more economically advantageous option.

In relation to Optimism Bias, Miss Smith maintains that the costed options considered by NHS Lanarkshire are fundamentally flawed as they are not Thro'Life costs as required by Treasury – she maintains that this omission is compounded if they do not account for the cost and maintenance of additional car parking.

In relation to general assumptions, risks and other issues, Miss Smith views the statement that the new build expansion of inpatient and day/outpatient area is limited at Monklands, due to the lack of available points where new development could be linked into the main building – further, once these proposed development works have been implemented there may be virtually no further expansion available, as a demonstration of a predetermination that design solutions are not available to meet the requirement of linkage between the new build and existing hospital. She maintains that ground or elevated environmentally controlled corridor links, as utilised in airport buildings and equivalent, could be utilised relatively simply and economically. She maintains that the negative view of development capacity on the Monklands Hospital site is subjective and is unjustifiable since it is not based on any quantifiable risk.

Additionally, she maintains that there has been a lack of research carried out into the ownership of adjoining neighbours, and that this would have brought to light that the Ministry of Defence own approximately 6 married quarters bordering Monklands Hospital, and that the re-provision of these quarters for the MoD would release a convenient and substantial parcel of ground as development space.

In her conclusion, Miss Smith restates that of all 3 documents which were the basis of consultation, the Currie & Brown report is probably (if only marginally), the most blatant in attempting to make a case for the 'clear

preferred option' of downgrading Monklands to a Grade 2 Hospital from its existing Grade 3 status.

Miss Smith also maintains that if the Board chooses to recommend Monklands General Hospital for downgrade, she does not believe that the Scottish Executive, when presented with all of the research evidence in support of the Wishaw/Monklands option, will be able to ignore the facts, as the Board seems to have been able to do in arriving at, and promoting, a 'clear preferred option'.

Michael McMahon MSP contends that the information on the new catchment area for Hairmyres Hospital where Monklands is the Planned Care Hospital is fundamentally flawed and, if implemented would throw plans for at least 2, but possibly more, of the Accident and Emergency Units under consideration into disarray. It is Mr McMahon's view that the report completely underestimates the resistance to travel to Hairmyres which would emerge from the population of Bellshill and the G71 Postcode area should they, as is envisaged, be included in the catchment area for that Hospital.

Mr McMahon refers to his experience throughout the A Picture of Health Consultation that the residents of the area he has highlighted have not welcomed the proposed reduction of Monklands Hospital to a Level 2 facility, but have been prepared, reluctantly, to accept travel to Wishaw Hospital as an alternative. He believes that their reluctance would become outright rejection if they are expected to travel to Hairmyres.

It is Mr McMahon's contention that people cannot be compelled to use Hospital facilities in areas where they have no social or geographical connection, and will naturally look to where that association does exist. For that reason, he would expect people from Bellshill and Viewpark to tend towards Wishaw under Option 3, and for the community in the remainder of the G71 Postcode to go where that Postcode would suggest they belong, namely Glasgow.

He contends that while there are reasonably good public transport links between Bellshill and East Kilbride in respect of bus services, there are no direct rail links, and neither is there direct bus nor rail links between the G71 Postcode area and East Kilbride. He emphasises that both Bellshill and the G71 area have direct links to Wishaw and Glasgow by bus and rail, which leads him to suspect that those people seeking emergency hospital services would, if not being transported by ambulance, choose to attend either Wishaw or the Glasgow Royal Infirmary.

Mr McMahon states, that with almost 40,000 people residing in these communities, he cannot but fear that Glasgow Royal Infirmary and Wishaw General Hospital would be visited by people seeking emergency services in numbers which neither of these 2 hospitals had planned for, resulting in waiting times developing in these Accident and Emergencies which would be

unacceptable to both the public and to staff. For that reason, he urges NHS Lanarkshire, should it conclude that Option 3 is the best one for Accident and Emergency Services in the County, to revisit its proposals for Wishaw Accident and Emergency, and to enlarge that new unit sufficiently to take the additional population of Bellshill and the G71 Postcode area who would go there. It is his belief that this must be done, as the people from these areas will attend that hospital regardless of the one they would be expected to go to under the catchment area proposal in the paper on Modelling the Impact of Hospital Reconfiguration on Cross Boundary Patient Flows for Emergency Inpatient Care between Lanarkshire, Glasgow and Forth Valley.

Other NHS Boards

Greater Glasgow and Clyde NHS Board

The response comments that the A Picture of Health Strategy represents a balanced approach to healthcare provision, recognising the importance of Primary and Community Care Service development and the improvement to Mental Health Services. It also sets out changes to Hospital Services, and it is those changes which the response comments on, as they most particularly affect the responsibilities which Greater Glasgow and Clyde NHS Board and Lanarkshire NHS Board has, and will have, for the delivery of care to Lanarkshire residents.

Having regard to the work in which colleagues from Greater Glasgow NHS Board, Forth Valley NHS Board and Lanarkshire NHS Board have been involved in, to ensure that the implications of each of the scenarios which has been modelled have been assessed carefully and have been tested against the key, common principles which governed the production of the strategies of all 3 NHS Boards involved, the Greater Glasgow NHS Board is broadly satisfied that the implications of each of the options within A Picture of Health can be accommodated within the Greater Glasgow extant Acute Services Strategy, with some expansion of facilities, most particularly at Glasgow Royal Infirmary.

Forth Valley NHS Board

NHS Forth Valley confirms that the themes which NHS Lanarkshire is attempting to address are very familiar within a local context. The Board notes that as part of the collective responsibility for Regional Planning, NHS Forth Valley has been closely involved in the detailed working assumptions about the impact on neighbouring Boards or any changes made to current Lanarkshire configurations, and it satisfied that NHS Forth Valley and NHS Lanarkshire will be able to work to manage the impact of these in either of the scenarios outlined in the Board's Options, as they relate to Modernising General Hospital Services.

Local Authorities

North Lanarkshire Council

In its response, North Lanarkshire Council commends A Picture of Health and confirms support, in particular, for: the proposed shift towards better locality working and the development of Community Health Services; major new capital investment in health facilities; an emphasis on health improvement (including North Lanarkshire Community Health Partnership being one of 5 national pilots); and an intention to target resources towards areas of high deprivation.

In relation to the proposals for Modernising General Hospital Services, North Lanarkshire Council believes that the downgrading of Monklands Hospital would be a seriously flawed decision, and one that would have a major adverse impact on the area and the health of the population. The Council expresses its implacable opposition to such a measure and is not persuaded about the strength of the case for such a decision. In noting the reasons for moving away from the status quo, the Council also notes that the Consultation Document does not contain any evidence of the improved clinical outcomes to be gained by increased specialism. The Council consider that it would also have been helpful to have demonstrated within the Consultation Document evidence of the projected improvements from separating planned and emergency care, based on experience elsewhere.

The Council recognises that the majority of presentations to Accident and Emergency Units are for minor illness or injury, and that these needs can be addressed through local healthcare services, provided that they are properly resourced and accessible.

However, the Council notes that this would leave a considerable volume of activity, some of it of a critical nature, to be displaced if Monklands Hospital becomes a Planned Care site. As such, the Council believes that if NHS Lanarkshire pursues plans for delivery of Emergency Hospital care on only 2 sites, there is an unarguable case that one of those sites should be Monklands Hospital, and the Council would vigorously oppose any downgrading of Monklands Hospital for a range of reasons. These include deprivation and poor health of the Monklands catchment area. The Council notes that the health of the people of Lanarkshire is not improving as fast as it should, and that the gap between Lanarkshire and Scotland is not decreasing – this is particularly applicable to the Monklands area, which includes some of the most deprived communities in Scotland and has one of the worst health profiles as a result. The Council cites the general high rate of emergency admissions, usually interpreted in the context of the socio-economic and epidemiological profile of the population, and the wide acknowledgement that North Lanarkshire has overall poor health compared to other areas, with lower life expectancy and higher than average levels of limiting long-term

illness. Whilst acknowledging the right in developing effective interventions to avoid unnecessary admission, the Council refers to a wealth of data to illustrate the scale of the problem in North Lanarkshire as a whole, and in the areas serviced by Monklands Hospital in particular. These include:

- The 2001 census which found that over 13% of people in North Lanarkshire considered their health to be 'not good' – considerably higher than the figure of 10% for Scotland as a whole and the second highest proportion of any Council area behind Glasgow. The figure for the Coatbridge area is 15%, the highest in North Lanarkshire, with many Wards within Coatbridge and Airdrie scoring even higher.
- The 2001 census finding that 23% of persons in North Lanarkshire have a limiting long-term illness, compared to the Scotland figure of 20%, and a 1991 figure of 17%, with only Glasgow city having a higher level. Within some Wards in Coatbridge and Airdrie the findings are even more marked, with findings ranging from 25% to 31%.
- The Scottish Index of multiple deprivation 2004, based on 31 indicators in 6 individual 'domains' one of which is health, with 5 health indicators, including: comparative mortality and illness factors; indicators for alcohol and drug related hospital episodes; emergency admissions; drugs prescribed for anxiety, depression or psychosis; and low birth weight. The Council notes that a greater number of young people die at a younger age in Monklands than anywhere else in Lanarkshire, and that the mortality rate for men under 65 years in Coatbridge is 167, and in Airdrie 143, compared with a Scottish average of 100%, with East Kilbride having a figure less than the Scottish average. Having regard to all of these factors, North Lanarkshire Council maintains that the generally poor health status of the area must surely be taken into account in reaching the final decision on the future of Acute Services in Lanarkshire.
- The high levels of activity at Monklands Hospital, relative to Wishaw General and Hairmyres Hospitals, in terms of: Planned inpatients; Emergency inpatients; Daycases; and Attendances at Accident and Emergency, including the 2004 finding from the Annual Report of the Director of Public Health that children and young people represent about 25% - 30% of Accident and Emergency attendances and calls to out-of-hours services, with around a fifth of children aged 12 – 15 years experiencing an injury requiring medical attention each year and about 30,000 children attending one of the 3 Accident and Emergency Departments in Lanarkshire. The Council cites from the Director of Public Health Annual Report the estimated mid year population by age group and Local Healthcare Co-operative area 2004, which showed that there were 16,129 children and young people aged 5 – 14 years in East Kilbride LHCC area, with 31,456 children and young people within this age range in the Airdrie, Coatbridge and Cumbernauld LHCC areas, and

concludes that, consequently, significantly more children and young people are likely to attend the Accident and Emergency Department in Monklands Hospital, with around half of this number presenting at Hairmyres Hospital.

The Council also cites in support of its case for the retention of Monklands Hospital as an Emergency Care site, accessibility and patient flow, in relation to: the potential for the increased travel distance between the communities served by Monklands Hospital and access to emergency care, to lead to avoidable deaths; concerns about the distance from Hairmyres and Wishaw General Hospitals to the Monklands, Cumbernauld and Kilsyth areas; the relatively easier access from these areas to Glasgow Royal Infirmary and the new Acute Hospital in Forth Valley; the increased difficulty in accessing Hairmyres or Wishaw General Hospital when travelling by public transport, given the significantly lower levels of car ownership amongst households within the Coatbridge and Airdrie areas.

The Council recognises that Monklands Hospital requires significant capital investment and development, and citing the economic imperative to sustain the level of current services at Wishaw and Hairmyres, as PFI Hospitals, stresses that the people of North Lanarkshire should not be penalised by the NHS Board placing financial considerations above health considerations.

The Council expresses a concern about the potential economic impact on the community as a consequence of the loss of approximately 200 beds from Monklands Hospital, if it is designated as a Planned Care site. It believes that if Monklands Hospital is downgraded, many jobs would be lost to the area which would have a consequential damaging impact on the local economy and income levels, in turn, exacerbating the poorer health of the area.

Finally, in support of its view that Monklands Hospital should be retained as an Emergency Care site, the Council highlights Monklands Hospital's contribution as one of the 3 receiving hospitals within the Emergency Planning arrangements for Central Scotland, and expresses the view that neither Wishaw Hospital nor Hairmyres Hospital are as strategically well placed in this regard.

North Lanarkshire Council therefore recommends that Option 2, Wishaw and Monklands retained as Emergency Inpatient Hospitals with Hairmyres as the Planned Inpatient Hospital, should be approved by the Lanarkshire NHS Board.

North Lanarkshire Council make supportive comments about the sections of A Picture of Health, relating to: Alcohol and Drug Misuse; Carers; Older People; Mental Health; and services for Children and Young People, and acknowledge the substantial scope for increasing joint working between Health and the Local Authorities in these areas.

North Lanarkshire Council also comment on the reports on Cross Boundary Flow and Capital and Logistical implications, published on 20 April 2006.

In relation to Cross Boundary Flow, the Council restates its concerns about accessibility and patient flow if Monklands Hospital is designated as the Planned Care site, and having regard to the lower levels of car ownership in the area, highlighted the potential increased cost for individuals in North Lanarkshire, if travelling either to Glasgow or East Kilbride, as a consequence of individuals opting to use taxis in lieu of car journeys. The Council expresses an interest in having the opportunity to consider the outcome of the Transport Impact Assessment, when published. The Council expresses the view that the findings and conclusions in the report are based on planning assumptions aimed at managing patient flow, which are untested, and even if proven to be accurate, will seriously reduce the percentage of the population accessing crucial services within 30 minutes compared to the current provision.

In relation to Capital and Logistical Implications, the Council notes that the figures and information within the report are indicative and based on certain parameters. It is the Council's view that the conclusions that the cost of Option 2, being £40m more than the cost of Option 3, is not a significant consideration, given the issues raised in its principal submission to the A Picture of Health Consultation, and is not substantial in the overall life-span of such an important facility as a General Hospital serving some of the most deprived communities, with one of the worst health profiles in Scotland.

The Council restates its implacable opposition to the potential downgrading of Monklands Hospital, and makes clear that it is not persuaded that there is a strong case to take such action, even with the additional information contained within the Cross Boundary Flow and Capital and Logistical Implications Reports.

South Lanarkshire Council

In its submission, South Lanarkshire Council affirms its commitment to closing the recognised gap in health and health inequalities between Lanarkshire and other areas in Scotland. The Council broadly welcomes the range of proposals that aim to provide a range of Health Services within Primary and Acute Services, targeted to meet the needs of individuals and communities, including the provision of more community support for older people, people with long-term conditions and people with Mental Health problems.

In relation to the development of services, the Council recognises the existence of important issues, including: the development of specialist Cancer and Palliative Care Services; the need to secure further reductions in waiting times for Hospital treatments; and the need to reduce cancelled

operations by separating planned and emergency care.

In framing its response, South Lanarkshire Council considered the proposals in the context of work it had undertaken on the anticipated future needs for services in Lanarkshire, including a report presented to the Council's Executive Committee in April 2006 which identified the following key issues:

Population forecasts to 2024, which show greater increases in the South Lanarkshire population compared to North Lanarkshire, with the numbers aged 65 – 74 and 85 + in South Lanarkshire forecast to grow faster, in both absolute and percentage terms, and by 2024 there would be 5,000 more 65 plus residents. In addition, the Council quotes housing driven population increases, which predict an increase in the population of the East Kilbride – Hamilton area of 30,500 by 2024, from its 2004 levels.

A&E admissions, where it has been estimated on the basis of the baseline population trends that the number of A&E admissions to Hairmyres Hospital would increase by 25% (5302) on their 2003 levels by 2024.

Workforce, where presently there are nearly 9,000 people in the East Kilbride and Hamilton area with experience in Health and Social Work occupations – further analysis of labour supply forecasts for South Lanarkshire suggest a net increase of 1329 (plus 1%) in the supply of available labour between 2006 and 2014, compared to a likely decline in North Lanarkshire.

Access, where road network improvements will improve journey times to East Kilbride by 15% from present levels.

The potential, as a consequence of the Cambuslang/Rutherglen area becoming more integrated with the rest of Lanarkshire through the Community Health Partnership arrangements, for an increase in the patient flow to Hairmyres Hospital.

South Lanarkshire Council continues to support the preferred option for Wishaw General and Hairmyres Hospital to operate as Consultant led Emergency Inpatient Hospitals.

Professional Staff Groups within NHS Lanarkshire

Area Clinical Forum; Area Medical Committee; GP Sub Committee of Area Medical Committee

The Area Clinical Forum, the Area Medical Committee and the GP Sub Committee of the Area Medical Committee have given detailed consideration to the Consultation Document, at successive meetings throughout the consultation period, and latterly, gave consideration to the reports on Cross

Boundary Flows and Capital and Logistics.

Fundamentally, these 3 Groups support the consultation process, and view this as robust. They welcome the commitment to investing heavily in developing Primary Care and Community Care and in Modernising General Hospital Services, and are committed to working with the Board to contribute to the implementation of the proposals.

The Groups recognise that the proposals for Primary Care and Community Care are uncontentious, and also recognise the extent to which the Board's proposals for Modernising General Hospital Services have dominated the Consultation, both publicly and amongst staff. All 3 Groups: recognise the drivers for change and support the need for change; support the proposals for Modernising General Hospital Services as they relate to 2 Emergency Care sites and one Planned Care site; and acknowledge the factors which dictate the requirement for Wishaw General Hospital to be designated as one of the 2 Emergency Care sites.

Having said that, all 3 Groups recognise the many competing arguments in support of the case for either Monklands Hospital or Hairmyres Hospital being designated as the second Emergency Care site, including: the population and demography of the catchment areas served; relative deprivation levels and car ownership between the catchment areas; travel and transport issues; Cross Boundary Flow and the Capital and Logistical implications of the options, given the requirement for the total A Picture of Health investment package to be affordable, within the NHS Board's Financial Plan.

The General Practitioner Sub Committee, in recognising the challenges and drivers behind the proposed changes, and the complexities of the issues which will impact on a decision by the NHS Board, fully accepts the A Picture of Health concept, provided that the following issues are given due consideration:

1. There should be no reduction in absolute numbers of Acute Emergency Receiving beds within Lanarkshire.
2. The disruption to patient care in the interim should be minimised.
3. Patient choice should not be compromised.
4. The concept of catchment areas should be properly worked out while planning hospital provision.
5. Patient transport links to various Acute Receiving Hospitals should be properly developed in conjunction with Scottish Ambulance Service and Local Authorities.

6. The standard of care, investigative facilities and waiting times should match the standard being offered in neighbouring Health Board areas.
7. Reconfiguration of emergency inpatient care should not have any negative influence on routine outpatient care being available within Lanarkshire sites.
8. The Primary Care Services, premises and staffing levels over the years have suffered because of under-investment, partly due to historic financial deficits, and this issue requires urgent resolution – anticipated, additional investment in Primary Care should be visibly included in the total cost implications for NHS Lanarkshire during current reconfiguration.

In the particular area of Cross Boundary Flow, the Area Clinical Forum, the Area Medical Committee and the GP Sub Committee of the Area Medical Committee support the concept of managed catchments, and the concept of managing patient flows within additional 5 – 10 minute travelling time tolerances. The Groups acknowledge the conclusions within the Cross Boundary Flow report. In particular, the Area Medical Committee, and more particularly the GP Sub Committee, including General Practitioners from the area, acknowledge the assumption that significant numbers of residents from the Kilsyth and Cumbernauld areas will flow to the new Larbert Hospital for Emergency Care. This is considered to be reasonable and practical, given the geographic location of those communities in relation to Larbert, and the well developed transport infrastructure between the areas. In acknowledging the principle of managed patient flows, General Practitioner Members of the Groups stressed that they would require a level of confidence about access to services, the quality of clinical services, and follow-up services from Hospitals, in order that they could, with confidence, direct patients within the concept of managed catchments.

All 3 Groups recognise the capital and logistical issues associated with the options, including the factors such as Optimum Bias, which since the start of consultation, have seen an escalation in the costs of both options, whilst the differential between the 2 has remained broadly the same. The Area Clinical Forum, the Area Medical Committee and the GP Sub Committee of the Area Medical Committee are of the view that cost should not be the predominant deciding factor in the decision on Option 2 or Option 3, but recognise that it is a material factor, within the context that investment across the range of aspirations within A Picture of Health will require to be affordable, within the envelope of the resources available to the NHS Board.

Medical Staff Association, Monklands Hospital

Citing *Building a Health Service Fit for the Future*, the Monklands Medical Staff Association support the view that the NHS in Lanarkshire needs to change – not because it is in crisis, but because Lanarkshire's health needs are

changing rapidly and there is a need to act now to ensure that the NHS locally is ready to meet the future challenges.

The Medical Staff Association supports the Kerr Report recommendations, as applicable to Lanarkshire viz: the need for a systematic approach to caring for the most vulnerable (especially older people), with long-term conditions, and targeted action in deprived areas to reach out with anticipatory care to prevent future ill health and help reduce health inequality.

In relation to modernising Acute Hospital Services, the Medical Staff Association believes that there is a compelling case for change, provided that change delivers services which are: safe and clinically effective; affordable and sustainable; result in increased efficiency and productivity; improve capacity in relation to the delivery of local delivery plan targets; support the NHS Lanarkshire strategic direction; and improve integration and the long-term conditions strategy.

Drawing on lessons from managed care models, the Medical Staff Association sees 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 are redesigned. The MSA believes that efficiency can be improved by 5 simple changes, viz: 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.

Within the context of the impact on bed capacity by 2009, the MSA identified a number of achievable quick wins, implementing key Delivering for Health actions, viz: reduced Care Home admissions/length of stay; further delayed discharge reductions; enhanced intermediate care; converting 24 hour stays to rapid assessments; and optimising day surgery.

The Medical Staff Association supports the need to shift focus towards enhanced staffing and diagnostics to maximise efficiency in the use of inpatient beds. The MSA supports 2 Level 3 Hospitals, with enhanced staffing and diagnostics, delivering safe, effective, efficient, sustainable care which maximises productivity, and one Level 2 Hospital, functioning as a high quality ambulatory care and day centre (ACAD), with extended day surgery, inpatient psychiatry and continuing care, viz: quality ACAD services, with high volume and community impact.

In relation to the question of which site would be best placed as a Level 2 site, the MSA acknowledges the need to consider logistics access and regional impact issues. They also acknowledge the need for costings based on a modern future proof bed model informed by Delivering for Health and the A Picture of Health redesign actions, informed by long-term condition and life-long limiting illness rates and their impact on patient flows and Acute Care

utilisation.

The Medical Staff Association refer to statistics for limiting long-term illness by township, which show Coatbridge and Airdrie, respectively, at a level of 25% and 23%, placing them amongst the upper quartile of townships in Lanarkshire. They also quote inpatient discharges for 1000 population (NHS Annual Report 2004), which show Coatbridge at a level of 203.5 and Airdrie at a level of 200.2, significantly higher than other townships in Lanarkshire and higher than the Scotland figure of 145.3. Finally, the Medical Staff Association quote figures on the limiting long-term illness burden, as seen through emergency inpatients and Accident and Emergency utilisation. This shows Monklands Hospital at a level of 59,855 A&E attendances (Hairmyres 47,506; Wishaw 59,123) and 17,374 emergency admissions (Hairmyres 13,847; Wishaw 15,122).

Medical Directorate, Monklands Hospital

In the area of status quo versus concentration of Acute Medicine on 2 Hospital sites, the Medical Directorate confirms that there remains a clear consensus amongst the Consultant staff, as indicated during pre-consultation, that the status quo is not sustainable. As such, the model of 2 larger Acute Hospitals, each incorporating the key triad of Acute Medicine, Accident and Emergency and Intensive Care, is supported. Given the well rehearsed reasons, including: changes to Junior Doctors training; the New Deal and the European Working Time Directive; the requirement for Medical sub-specialisation; the pursuit of clinical quality; clinical efficiency; and recruitment and retention and Consultant on-call rotas. The Medical Directorate highlights much less agreement regarding proposals for a 300 bed planned care hospital, and are of the view that, for Acute Medicine and the medical sub-specialties, a model of 2 large hospitals and an ambulatory care and day centre, (or a close approximation to an ACAD), would appear to have significant sustainability advantages over the current proposal to retain a large Level 2 Hospital with 300 beds. The Medical Directorate explains that few, if any, of the Medical Specialties have currently accepted an inpatient clinical base in the Level 2 Hospital, and in particular, refer to the lack of support at this point in time from the relevant clinicians for the creation of a large inpatient Haematology and Oncology 'Cancer Centre' in the Level 2 Hospital.

The Medical Directorate cite considerable concern amongst all Consultants at Monklands Hospital regarding the methodology used for the Option Appraisal process that generated the final Picture of Health Consultation Document. As such, they hold the view that little or no weight should be attached to the outcome of that preliminary piece of work when the Board is making its decisions on which option to choose. The Medical Directorate remain very disappointed that its pre-consultation argument for a new build Level 3 site close to the M74/A725, as a preferred solution from a strategic and a logistical perspective, was not formally included within the Option Appraisal

process or subsequent consultation, as this option would be the 'win-win' solution in all areas other than cost. It is the view of the Medical Directorate that this option should be formally reconsidered.

The Medical Directorate acknowledged that it is very difficult to predict the exact impact on Cross Boundary Flow of future possible Hospital reconfigurations. They maintain, however, that the methodology used by NHS Lanarkshire for estimating Cross Boundary flows, involving predicted and measured off-peak driving times between various destinations, is fairly narrow and fails to consider a number of issues, including: a lack of evaluation of peak hour traffic; the location of where patients and relatives work (often Glasgow); perceptions of enhanced quality of care at a Teaching Hospital; ease of access by public transport for visitors; and increasing demands for patient choice in the health care system which could undermine attempts to direct patients. The Medical Directorate notes that no actual interviews or Focus Group meetings with members of the public to ascertain their views and intentions appear to have been performed, as yet, and feel that this is a significant omission. Overall, the Medical Directorate strongly suspect that the impact on Glasgow, particularly the Glasgow Royal Infirmary, of Monklands Hospital becoming a Level 2 Hospital, has been underestimated in the NHS Lanarkshire analysis.

In relation to Capital and Logistics, the Medical Consultants are currently fully signed up to the principle of moving to a model involving 2 larger Hospitals serving as the Acute Hospitals for Lanarkshire. However, they maintain that whether or not the potential advantages of such an arrangement can actually be realised depends very greatly on the detail of the final proposed model. In short, the Medical Directorate remain to be convinced that the facilities and clinical resources that will be available to them in the future under either Option 2 or Option 3, will be better, rather than inferior, to those that they currently have. The Medical Consultants refer to very little detail presented on this issue in the Currie & Brown report, and have concerns that the costs of providing adequate additional supporting infrastructure may have been underestimated, particularly in the option that has Hairmyres as a Level 3 Hospital. Consequently, at present, only the principle rather than specific options, can be fully supported.

The Medical Consultants acknowledge that it is more challenging logistically and financially to upgrade/rebuild an existing hospital such as Monklands, than to extend/modify a newer hospital such as Hairmyres to become one of the 2 Level 3 Hospitals. However, they maintain that it is imperative that NHS Lanarkshire balances this against other important strategic considerations, takes a long term view and does not allow the financial 'bottom line' to dominate the debate and decision making process. They maintain that the 60:40 split if Hairmyres becomes the new Level 3 hospital is seen as far from ideal for various reasons, including Departmental sizes and Medical on-call arrangements/rotas. They feel it is important to note that even as a Level 2 Hospital, an upgraded Monklands build looks expensive, and frankly poor

value for money. The Medical Consultants therefore urge the Board to reconsider the option of rebuilding 'Monklands plus' as a major Level 3 Hospital at an alternative site, and converting Hairmyres to a Level 2 Hospital and an administrative centre for NHS Lanarkshire, with the sale of land (the existing Monklands site and other NHSL estate, potentially, including the Health Board Headquarters in Hamilton), helping to offset the financial impacts.

The Medical Consultants support the Medical Staff Association feedback that there may be some potential for economies of scale, consequent on the planned reorganisation. Set against this, there is an imperative to achieve a lower bed occupancy level (around 85%), than currently (around 95%), in the interests of clinical quality, infection control (including MRSA), recruitment and retention of medical and nursing staff and clinical efficiency. The Medical Consultants stress the need for further work to be done in this area, with input from Consultant staff involved in Acute Medicine.

The Medical Consultants make other specific comments on the Capital and Logistics Report, including: the number of medical HDU beds per Level 3 Hospital is inadequate (need minimum of 6); the reprovision of the existing Diabetes Centre at Monklands Hospital does not seem to have been factored in; 2 new major Emergency Medical complexes are central to the philosophy of moving to 2 Major Acute Hospitals – as such, have the costs of these been adequately factored in under Accident and Emergency; the ID Consultants view that 18 (not 16) beds should be used for planning assumptions, plus additional (separate) General Medical beds; the Renal Physicians view that the 60:40 split used for Renal planning assumptions is not robust; and the Genito-urinary Medicine requirement for new accommodation, collocated with Family Planning.

The Medical Consultants welcome the emphasis on Primary Care in A Picture of Health, and confirm their wish to work with Primary Care colleagues to break down barriers between Primary and Secondary Care and between professional groupings. However, they are concerned that there is a significant risk of over-optimism about what can be achieved in Primary Care and the timescales for doing so. They quote a substantial amount of work in Acute Medicine which takes place between 5.00 pm and 9.00 am and at weekends, and cite the well publicised problems of NHS 24 and questions regarding the quality and cost effectiveness of current GP Out-of-Hours Services in the UK. The Medical Consultants stress that despite the current drive to move healthcare provision from Hospitals to Primary Care, NHS Lanarkshire must not make the potential fatal strategic error or under-investing in its hospital buildings and hospital based medical specialties.

The Medical Consultants highlight the important issue of deprivation, and the clear links between deprivation and ill health, with poverty also impacting on transport issues (through car ownership) and many other areas. They entirely accept that hospitals do not provide all the solutions to the

deprivation issue, but stressed that it also must be appreciated that the levels of ill health in the Monklands sector population are extremely high. They point out that physicians at Monklands do not perceive that they are dealing with large volumes of inappropriate acute medical admissions that could/should be dealt with easily in a better resourced Primary Care setting. They acknowledge that better Primary Care services may, in time, help to improve the overall health of the local community and thus hopefully reduce the number of people who present to hospital services so profoundly unwell. They maintain, however, that Primary Care is currently poorly developed in the Monklands sector and that some of the planned initiatives to develop Primary Care capacity, including the new Airdrie Resource Centre, will not provide instant fixes to the deep-seated public health problems. The Medical Consultants anticipate that a population in an area such as East Kilbride, which suffers less from deprivation, has lower rates of acute medical admissions to hospital than in the Monklands area, and has better developed Primary Care Services, would be in a much better position than Airdrie/Coatbridge to manage without a major Acute Hospital in close proximity.

The Medical Consultants cite Accident and Emergency and Acute Medicine at Monklands Hospital as significantly busier than the equivalent departments at Hairmyres Hospital, and the apparently better systems in place at Monklands Hospital for coping with large patient flows of medical patients. It is, therefore, the Medical Consultants' opinion that the Medical Department at Monklands Hospital would be significantly better placed to cope with additional patient flows as a larger future Level 3 Hospital than Hairmyres would be.

The Medical Directorate submission includes sub-specialty feedback from: Dermatology; Diabetes and Endocrinology; Haematology; Infectious Diseases; Medicine for the Elderly; and Renal Medicine, across a range of issues, including: strengths and weaknesses of existing specialty arrangements; potential advantages/opportunities and potential disadvantages for specialty of moving to a Lanarkshire model of 2 Level 3 and one Level 2 Hospitals; major specialty specific constraints and/or barriers to realising the opportunities; the contribution that the specialty could make to inpatient care and outpatient care on a Level 2 site; specialty specific implications of the emerging preferred option; other relevant specialty specific comments; and other general comments.

The submission from the Medical Directorate was accompanied by an appendix, summarising the debate regarding A Picture of Health with particular reference to the future of the Medical Directorate at Monklands Hospital, which took place on 8 March 2006. This discussed a number of pre-prepared key questions, viz:

Should we aim to retain Monklands as a site that receives Acute Medical admissions?

Should we aim to retain our Accident and Emergency Department in its current form at Monklands Hospital?

If we retain Accident and Emergency and/or Acute Medicine, what will be required in the way of support, especially ITU and HDU and what are the implications of potential changes to surgical services?

What are the capacity and resource issues?

How does a 'keep it local where possible, but develop centres of excellence' model fit in with the future of medicine and Accident and Emergency at Monklands Hospital?

Regional Planning/working – implications/opportunities for specialties/sub-specialties currently based at Monklands.

The key conclusions from the debate were as follows:

Hospitals that receive Acute Medical admissions require an Intensive Care Unit on site 24/7. HDU cover alone is inadequate.

It is unlikely that resources (manpower and financial) will allow for more than 2 Intensive Care Units to be maintained in Lanarkshire in future.

It is concluded that 2 Hospitals in Lanarkshire should in future have an Intensive Care Unit and a major A&E Department. These 2 sites would also be the only sites where Acute General Medical admissions are admitted.

For various reasons, particularly the presence of the Maternity Unit and Paediatrics at Wishaw General Hospital, it is accepted that Wishaw General Hospital would serve as one of the 2 major Acute Hospitals.

A new Acute Hospital which incorporates the Acute roles of the existing Monklands and Hairmyres Hospital was considered the most desirable way forward, as well as the most clinically sustainable (and potentially most financially sustainable) model.

Assuming that there would be no new build, either Monklands or Hairmyres Hospital would serve as the other Acute site in Lanarkshire.

Given the number of admissions to Monklands Hospital, the ongoing growth in the number of admissions, its demonstrated ability to cope with large volumes of admissions and the siting of the Renal Unit, in particular, at Monklands Hospital, it was concluded that Monklands Hospital is the preferred site for the other Acute Unit (assuming no new build).

There are very major resource implications (both Estates and manpower) of

moving from a 3 site to a 2 site base for Acute Medical admissions. Whilst there may well be savings that can be made in future years once the transition has been made, NHS Lanarkshire need to invest very substantially to accomplish this transition successfully.

The Medical Staff Association at Monklands Hospital also comment on the reports on Cross Boundary Patient Flows and Capital and Logistics. In doing so, they restate the majority view of Medical Staff Association Members, that concentrating specialist teams on 2 Emergency Level 3 care sites will improve earlier access to specialist interventions that in turn will deliver better survival and improved outcomes. However, the point is made that several Consultant Surgeons do not agree with this view. The Medical Staff Association also take the opportunity to ask the Board to note that careful consideration and further discussion are needed to resolve what inpatient services can be safely sited on whichever site is designated the proposed cold care Level 2 site.

In relation to Cross Boundary Patient Flows, the Medical Staff Association refers to Glasgow and Forth Valley Health Boards currently having Ministerially approved plans, based on the principle of accommodating any displacement of Emergency Admissions within their own Health Board areas. It is noted that both Lanarkshire Acute Services options will have an impact on these assumptions, introducing challenging risks around the process of procurement and contingency planning for the phased commissioning of services in Glasgow and Forth Valley, and that the risk to all 3 Boards from this interdependency is greater with the Monklands Planned Care option, which assumes a greater level of inpatient capacity for Lanarkshire residents will be provided outwith Lanarkshire.

The MSA notes that with the option of Monklands as a Planned Care Level 2 Hospital NHS Lanarkshire assumes 95% of all Emergency Admissions from Cumbernauld and Kilsyth will access services at Larbert, where Forth Valley's clinical model is explicitly based on an acute length of stay of 4 days – the ability of Forth Valley to deliver against this clinical model is noted as untested. It is suggested that the subsequent risk, in particular for residents of Cumbernauld and Kilsyth, is further compounded by the requirement for NHS Lanarkshire to support repatriation of these patients for post acute care. It is the Medical Staff Association's understanding that to date Scottish Ambulance Service modelling has focussed on emergency transfers, and has not considered the differential impact of the 2 options in terms of post acute transfers between hospitals, far less across Health Board boundaries. The MSA notes that under the option for Monklands as the Planned Care Level 2 site, emergency, planned and chronic care for residents of Cumbernauld and Kilsyth will in future be delivered by separate clinical teams from 2 separate Acute Divisions across at least 2 Health Board boundaries, and consider that there has been insufficient weight given to the adverse impact on patient experience and on continuity and quality of care in a model which fragments emergency, post acute and follow-up care in this way.

The MSA suggest that impact on Greater Glasgow of Cross Boundary Flow has been significantly underestimated. It is considered that assumptions about ability to direct patient flows from Coatbridge and Airdrie to Wishaw or to Hairmyres are optimistic at best, since for many years these localities have had consistently high rates of Acute Care utilisation, for which they historically looked to Glasgow, this fact being the main driver in the original decision to locate an Acute Hospital in the Monklands site. It is suggested that the potential Cross Boundary Flow from East Kilbride to Glasgow Royal will be significantly smaller than from Airdrie, Coatbridge and Cumbernauld, as East Kilbride has not had a significant alignment to Glasgow for services in the past, and in any case has lower rates of care utilisation.

The MSA highlights a financial risk around the uncertain impact of national tariffs for the emergency inpatient activity undertaken outwith Lanarkshire, particularly for the higher volume of Cross Boundary Flow to Forth Valley and to Glasgow where Monklands is the Planned Care Level 2 site. The MSA recognise the importance of balancing the size of the 2 Hospitals to create the appropriate capacity of supporting specialist teams, not least for ITU, and to optimise performance around the Local Delivery Plan and Unscheduled Care Collaborative targets. The MSA comment that consistent application of defined hospital catchment areas, as set out in the strategy, underpinned by a 'no closure' policy, will improve communication, quality and continuity of care at the interface between hospital and community. It is suggested, however, that even with enforced hospital catchments the risk in balancing bed provision remains greater with respect to Monklands as the Planned Care option, given the eccentric position of Hairmyres with regards to the main townships of Lanarkshire, with the exception of East Kilbride.

The Medical Staff Association concludes that the option which proposes Hairmyres as the second Emergency Level 3 Hospital and Monklands as the Planned Care Level 2 Hospital, carries a significant risk that the assumptions around the balance of emergency activity across Wishaw and Hairmyres will once again be misjudged. Whilst this may be mitigated by aligning key area wide specialist services to the Hairmyres site, having Monklands as a Planned Care Level 2 Hospital will undoubtedly increase demand at Wishaw General, at a time when the residential development of the former Ravenscraig site comes on stream.

In commenting on the Capital and Logistics report, the Medical Staff Association note the acknowledgement that it is unlikely that any proposed Capital Developments will be completed before 2010/2011. Accordingly, it is suggested that it would be unfortunate if NHS Lanarkshire did not use this unique opportunity for ambitious redesign of clinical strategy to review and refine the bed model to ensure this is efficient, fit for the future and delivers value for money.

The point is made that whilst peer review and benchmarking have confirmed NHS Lanarkshire already compares favourably with certain other Boards,

senior clinicians recognise that there may be areas where the proposed concentration of Emergency Care on 2 sites will generate further improved productivity and efficiency. The MSA would welcome an opportunity to work with the Corporate Management Team to redesign Acute Services in the coming years. They highlight a need for caution when assuming greater efficiencies may translate into fewer beds being needed to deliver Acute Care, as it is likely that to achieve a safe level of bed occupancy in some clinical areas, more beds could be needed, at least in the short to medium term.

Whilst accepting that the Board's focus will ultimately be towards the bottom line, the Medical Staff Association comment that the difference between the 2 options in terms of capital works is actually of the order to £19m, with the costings for Monklands as a Level 3 Hospital being inflated further by higher equipment costs, higher fees and the corresponding impact of VAT. The MSA suggests that there may be scope for reducing the cost differential with respect to equipment costs, and that it should be possible to reduce the level of application of the general equipment allowance for the Monklands Level 3 option, recognising Formula Capital funding currently includes costs for equipment replacement. Similarly, the cost differential between the 2 options should recognise that there would be recovery of VAT for the refurbishment element of the Monklands Level 3 option.

The Medical Staff Association also offer a number of comments on the impact of balancing bed provision for local communities and on rehearsed arguments in favour of Hairmyres Hospital as a Level 3 site.

The Medical Staff Association concludes that following careful consideration of the many issues raised throughout the consultation period and, after reflection on the information set out in the reports on Cross Boundary Flows and Capital and Logistics, the majority of senior medical staff at Monklands consider that a decision to change the function of Monklands to a Planned Care site would be a serious error of judgement on the part of Lanarkshire NHS Board.

The Medical Staff Association entirely accept the financial constraints facing the Board, but suggest that this makes it even more essential that the Board makes the correct decision for the long-term clinical and financial sustainability of services. The MSA urge the Board to see what they regard as an unprecedented opportunity for an ambitious and creative solution to a complex problem, and suggest that the solution can be found in developing, across Primary and Secondary Care, an integrated clinical model which exploits the clinical efficiency presented by collocation and the financial opportunities through optimal use of vacated space.

The Medical Staff Association accepts the need for an incremental approach to implementing the A Picture of Health Strategy across Lanarkshire. In partnership with colleagues in Primary Care, in line with the response from Local Authority partners in North Lanarkshire and in keeping with the

direction of Delivering for Health, the MSA suggest that initial investment should be targeted across Primary and Acute Care in areas with greatest health need, with this investment supporting the retention and development of Monklands as an Emergency Care Level 3 Hospital, to support the greater health needs of the local population and at the same time helping to bridge the gap in the local Primary Care infrastructure.

Medical Staff Association, Hairmyres Hospital

The Hairmyres Hospital Medical Staff Association confirms its continuing full support for the A Picture of Health Consultation process, and recognises that the Board is endeavouring to reach the optimum decision about the future configuration of Acute Hospital Services based on a number of complicated issues, including cost, logistics, Cross Boundary Flows and timescale.

The Medical Staff Association regrets that A Picture of Health proposals for greater investment in Primary Care have largely been ignored, in comparison to an extensive focus on the future of Accident and Emergency Services, particularly at Monklands Hospital, with arguments in respect of deprivation, chronic illness and the current size and activity of the Hospital being frequently rehearsed in articles and debate.

The MSA acknowledges that Monklands Hospital is the busiest of the 3 Lanarkshire Hospitals, but points out that this is in the context of all 3 Hospitals being busy and functioning well and above optimal occupancy – demand for Emergency Hospital admissions is consistently outstripping capacity across Lanarkshire, and Monklands being the Hospital with the largest Acute capacity is, therefore, the 'busiest'. The MSA points out that being the busiest Hospital does not necessarily make Monklands the most efficient.

In relation to Deprivation, which is recurrently cited as a major reason for retention of Accident and Emergency Services at Monklands Hospital, the MSA maintain that the presence of a full scale Accident and Emergency Department in the midst of the Monklands community will not solve the health consequences of deprivation, which require economic, social, public health and primary care solutions.

The MSA regrets that the public debate has largely ignored some key issues, such as demographics, with the positive aspects and future potential of Hairmyres Hospital being rarely mentioned, in favour of inappropriate comparisons with Monklands Hospital based on current activity (dictated by size), that tend to cast Hairmyres Hospital in an 'inferior' light.

The Medical Staff Association cites the estimated rise in the over 75 population in East Kilbride of 19% between 2001 and 2004, as well as current projections, which suggest a 45% increase in the 75 + age group in the Hamilton/East Kilbride area between 2000 and 2016 with, in the same period,

projections suggesting a 20% increase in the 60 – 74 age group – these age groups contribute a disproportionately greater number of emergency admissions, and this has to be seen in the context that, over time, the largest populations of older people will be in East Kilbride and Hamilton, while the Monklands sector will have the smallest.

The Medical Staff Association acknowledges the significance of Cross Boundary Flow, and maintains that it should be possible to control internal Lanarkshire flows, where patients are being referred by GPs or transported by ambulance. The MSA suspects that the effect on Glasgow, of Hairmyres being a Level 2 site, might be greater than post code predictions, largely because there are fairly direct routes by car to Glasgow and Paisley, and that if Hairmyres is a Level 3 site, the same road access would be likely to attract flow into Lanarkshire from South East Glasgow.

The MSA feel that Hairmyres Hospital is strategically placed in a regional context, when one looks at changes in Glasgow and Ayrshire – in particular, the interventional cardiology service has been well established there, and sits well in a regional context, perhaps linking services in Lanarkshire and Ayrshire.

The Medical Staff Association exhorts the NHS Board to take an objective view in arriving at its decisions on Modernising General Hospital Services, having regard to the need to balance all of the foregoing factors.

Dr Brendan J Martin, Consultant Physician, Medicine for the Elderly, Hairmyres Hospital

Dr Martin highlights the conclusion within *Building a Health Service Fit for the Future*, that the principal determinant of bed usage is age, with a person aged 80 being 40 times more likely to be in the top 3% of Hospital bed users than someone aged less than 65 years. Setting this in the context of Lanarkshire, this shows population estimates for the 75 + population (Director of Public Annual Report 2004), as: Hamilton and East Kilbride 12,442; Wishaw, Motherwell and Clydesdale 13,440; Airdrie, Coatbridge and Cumbernauld 8,855, with the Hamilton/East Kilbride estimates not including Cambuslang and Rutherglen where the 75 + mid year population estimate for the year 2000 was 3,838.

Dr Martin also cites Local Authority 2004 population projections for the population aged 80 + years:

	Year 2004	Year 2016	% Age Change
South Lanarkshire	11,119	16,176	45%
North Lanarkshire	9,999	13,473	35%

Dr Martin points out that the ageing population (over 75 years) within the Hairmyres catchment area (excluding Rutherglen and Cambuslang), was 50% greater in 2004 than the population within the Monklands catchment area (including Cumbernauld), and that the rate of growth of 75 + and 80+ is projected to be significantly greater in the Hairmyres sector.

Dr Martin also cites mounting anecdotal evidence pointing to more rapid growth in the very old population in South Lanarkshire, particularly in East Kilbride. He refers to the data included in the Strategic Redesign of Older Peoples' Services report, which has informed the Picture of Health Consultation process, which states that the approximately projections that can be made for increases in the 75 + population by Local Healthcare Co-operative area to 2013, suggest that the largest populations of older people at the end of this period will be in East Kilbride and Hamilton, while the Monklands sector will have the smallest. He cites NHS continuing care data which showed almost twice as many continuing care patients in high dependency categories in the Hairmyres sector, compared to Monklands and Wishaw, and analysis of Nursing Home residents presenting at Accident and Emergency Departments during 2005, which shows similar numbers presenting at all three Hospitals, but an average of patients presenting at Hairmyres Accident and Emergency of 83 years, an average of 4 years older than at the other 2 sites.

Dr Martin urges the NHS Board to have regard to all of these factors in arriving at its decisions on Modernising General Hospital Services, bearing in mind the Kerr Report conclusion that advancing age is the most important determinant of Hospital bed usage and that Lanarkshire demographic data point to the greatest future demand for Hospital beds being in the Hairmyres sector.

Anaesthetic Department, Monklands Hospital

The Anaesthetic Department broadly understand the reasons for, and support the move towards centralising Acute Services on 2 sites. They raise some concerns about 2 main areas viz: which services should be housed on the non Acute site? and which of the 3 sites would be the most suitable for a Level 2 facility?

In relation to what services the Anaesthetic Department could support on a Level 2 site, the Anaesthetic Department points out that Accident and Emergency Departments, in particular that at Monklands Hospital, are extremely busy, with a significant percentage of patients not arriving via GPs or the Ambulance Service, but through self-referrals. They are concerned that the number of these patients would continue to arrive at a nurse-led Minor Injuries Unit, and that these patients may be extremely unwell, and without the backup of a full Accident and Emergency team and Acute Medical Receiving, the Anaesthetists on site would, by default, be expected to provide

assessment, resuscitation and stabilisation of these patients, placing an unfair burden on the Anaesthetists doing elective work on the Level 2 site, in turn, impacting on the smooth running of the elective lists. The Anaesthetic Department is cautious about the complexity of elective surgery that could be performed on a Level 2 site, and maintain that with a reduction in staffing on a Level 2 site, it would fall to the Anaesthetists to deal with medical complications which occurred following elective surgery – again, placing the burden on the Anaesthetists on site and interfering with the running of elective lists. They maintain, also, if too ambitious a case mix is attempted, there would require to be facilities for take-backs to theatre at night, requiring an Anaesthetic rota and again defeating the purpose of separating elective and emergency care. The Anaesthetic Department also feel that they could not support the citing of a major Haematology/Oncology Centre in a site with no back-up from Intensive Care, Renal Medicine and Respiratory Medicine, since these patients can be critically ill and require support from all of these services. Having regard to the foregoing, the Anaesthetic Department feel that the best configuration would be for 2 Acute Hospitals with all of the facilities for dealing with critically ill patients and an ambulatory care and day centre (ACAD) type facility which, as well as having the full gamut of outpatients and diagnostic services, could support the majority of the day surgery done in Lanarkshire and some carefully selected 23 hour stay procedures. It is noteworthy that a similar view is endorsed by the Medical Directorate at Monklands Hospital.

With regard to which hospital should be the elective site, the Anaesthetic Department highlights the fact that the area of Airdrie and Coatbridge has high deprivation and ill health, with a Deprivation Index of up to 7 in the Coatbridge area, with the population not being very mobile, with car ownership being relatively limited and as low as 57% in the Coatbridge area. They referred to Medical Receiving at Monklands Hospital as the busiest in the County with the Accident and Emergency Unit seeing the largest number of patients in the County, and contrast this with the relative affluence in East Kilbride and good, new transport links to the South side of Glasgow. Accordingly, the Anaesthetic Department feel that it is not in the best interests of the population of Lanarkshire to move Acute Services away from the area of greatest need and believe that one of the Acute sites should be situated in North Lanarkshire. Having said that, given the state of disrepair of the Monklands building, the Anaesthetic Department's preference would be for a new build, fit for purpose, Acute Hospital which would serve one of the most deprived and sickest populations in Scotland well into the future, and a smaller ACAD type facility at the present Hairmyres Hospital site.

Dr Donald McLean, Chairman of the Lanarkshire Anaesthetists' Group

Dr McLean confirmed general agreement amongst Anaesthetists from the 3 Hospitals in Lanarkshire that there is a persisting shortfall in Consultant Anaesthetists in the area which is unsatisfactory, and whilst welcoming recent

recruitment from Eastern Europe, points out that these recruits are simply filling current vacancies, when there has been, for many years, a shortfall in Anaesthetic staffing, with Anaesthetics being an under-resourced service.

The Anaesthetists are also agreed that there will be difficulties in providing a 'Out-of-Hours' Anaesthetic Service for the 'new' Level 2 site, and welcome the intention not to have an Out-of-Hours Anaesthetic commitment for the Level 2 site. However, they point out the remaining difficulty of staffing any retrieval service which may be required, and urge this to be addressed in the Workforce Planning. They also highlight the requirement for funding for equipment.

The Anaesthetists highlight the implications if Monklands Hospital becomes a Level 2 site and the Acute Renal Services transfer to Wishaw General Hospital, with particular regard to the disproportionate impact this would have on the number and severity of ITU patients being transferred to Wishaw, with an equal 9/9 split of ITU beds between the 2 Acute sites not being appropriate, as Wishaw General will require resources for more than 9 ITU beds.

Coronary Heart Disease Managed Clinical Network

The MCN stresses that the Cardiac Catheterisation Laboratory facility, currently sited at Hairmyres Hospital, should be retained within Lanarkshire for the benefit of patients and the Cardiac Service as a whole, thereby maintaining patient access to Emergency and Elective Cardiac Intervention within Lanarkshire – indeed, the MCN highlight the potential for the facility to be developed further to provide a more Regional facility. It is stressed that the retention of the facility locally will also help Consultant and Cardiac specialist staff recruitment and retention.

The Network highlight the requirement for patient transportation between Hospitals to be improved to facilitate patient care under the current Hospital configuration, and the additional growing requirement to establish a clear pathway to allow redirection of Ambulances between hospitals for patients with highly complex cardiac conditions that require immediate intervention.

The MCN particularly welcomes the emerging strategy for long-term conditions and expresses the hope that this proposal will support the development of an equitable pan-Lanarkshire pathway for all Coronary Heart Disease patients, utilising Community Nursing resources during rehabilitation.

In general terms, the Coronary Heart Disease Managed Clinical Network is supportive of A Picture of Health and highlights the particular importance of taking a sub-Regional perspective in relation to Cardiology Interventional Services.

In relation to Cross Boundary Flow, the Managed Clinical Network concluded, from the information outlined in the Cross Boundary Flow report, that there would be a discernible impact on cardiac patients Cross Boundary Flow under either option. However, the MCN considered that, as the outcome of the consultation should not in any way undermine the viability of the Cardiac Catheterisation Laboratory in Lanarkshire, it would be essential for NHS Lanarkshire to consider the resulting Cardiac issues in detail once a final decision is reached.

Consultant Haematologists in Lanarkshire

The Consultant Haematologists expressed grave reservations about the ability to maintain the quality of service provision in Clinical Haematology at current levels on the proposed Level 2 site, and maintain that Acute Clinical Haematology, as delivered in Lanarkshire, requires reciprocal, timely, multi-specialty and multi-disciplinary support. They believe that a move to delivering clinical haematology services from a Level 2 site would be at best sub-optimal and at worst catastrophic. They explain that modern management has increased in complexity, with patients having profound immunosuppression for long intervals; specific patient groups including those with Acute leukaemia, salvage chemotherapy for lymphoma and post-bone marrow transplant patients – these groups have major differences in the degree of immunosuppression compared to many clinical oncology patients given adjuvant and palliative therapy. They explain that the support facilities required crucially include Junior/Intermediate Grade Medical Staff sufficiently experienced to deal with rapidly evolving emergencies and, in addition, timeous access to imaging and laboratories as absolute requirements. They maintain that for Clinical Governance and Medical legal reasons, it would be indefensible to admit a patient with acute leukaemia for complex therapy to a unit with inadequate facilities.

The Consultant Haematologists are also of the view that positioning of Clinical Haematology on a Level 2 site will have a significant adverse impact on the ability to recruit and retain suitably qualified and experienced staff to the specialty in Lanarkshire – this extends not only to medical staff, but also to haematology nursing staff.

The Consultant Haematologists note comparisons which have been drawn between Clinical Haematology in Lanarkshire and the West of Scotland Regional Cancer Centre. They maintain that, in essence, the new Beatson Oncology Centre will not stand alone, as it will be adjacent to Gartnavel General Hospital with many of the essential services that will be lacking on a Level 2 site in Lanarkshire.

In conclusion, all 8 Consultant Haematologists strongly believe that the Clinical Haematology Inpatient Unit must continue to be sited on a Level 3 Hospital.

Dr Rory McKenzie, Clinical Director and Consultant in Anaesthesia and ICU, Dr Nick Kennedy, Clinical Director and Consultant Physician, Dr Julian Guse, Clinical Director and Consultant Radiologist

Dr McKenzie, Dr Kennedy and Dr Guse raise a number of concerns in relation to the Acute Services Option Appraisal, with regard to: the composition of the Picture of Health Steering Group; the tight timescale of 2 weeks between the 2 principal Option Appraisal meetings; the balance of professional and lay participants; the sensitivity analysis; and the scoring. Given the concerns expressed, Dr McKenzie, Dr Kennedy and Dr Guse believe that the information presented publicly wrongly places Monklands as the 'emerging preferred option' for a Level 2 site on the basis of what they regard as a flawed piece of work. They acknowledge, however, that the process clarifies that the status quo is the least preferred option. They are anxious to ensure that the NHS Board does not place undue weight on the outcome of the Option Appraisal exercise, as a basis for confirming Monklands Hospital as the Level 2 site.

Dr Michael van Beinum, Lead Psychiatrist Child and Adolescent Mental Health Service Lanarkshire

Dr van Beinum comments on being deeply impressed by the plans NHS Lanarkshire has for Modernising the Health Service Provision for the people of Lanarkshire, with the A Picture of Health document containing many bold and helpful suggestions, which he fully supports. Whilst noting the many excellent suggestions for developing community services, he regrets seeing no mention made of any developments in Child and Adolescent Mental Health Services which, in Lanarkshire, he points out are the worst resourced in mainland Scotland. He stresses the very real need for substantial investment in the development of the Child and Adolescent Mental Health Service to bring it up to national Scottish standard in Lanarkshire, including the provision of additional clinic facilities, expansion of staff and additional training.

Dr Lawrence G McAlpine, Consultant Physician (General and Respiratory Medicine) Monklands Hospital

Dr McAlpine confirms his support for the submissions from the Medical Staff Association and the Medical Directorate at Monklands Hospital. He accepts that the decision between the development of Hairmyres or Monklands Hospital as the Level 3 site is finally balanced. He suggests that almost everyone would admit that siting a Level 3 Hospital at Monklands would serve the needs of the Lanarkshire population best, as it is located where healthcare needs are highest. He contends that removal of Level 3 facilities in that area would cause a considerable drift of patients to Glasgow and Forth Valley, much as the situation pertained before Monklands opened in 1977, and he believes that the existing modelling of patient flows has greatly

underestimated the extent to which patients will seek medical care outwith Lanarkshire.

Dr McAlpine contends that the arguments for the development of Hairmyres as a Level 3 Hospital are neither leading nor convincing, but are rather being talked up as a defence of the cheaper and easier option. He contends that Hairmyres would work superbly as a Level 2 Hospital for many of the reasons given in other responses. He refers also to the relatively affluent population of that district in Lanarkshire having much lower healthcare needs and being much more able to travel to access those needs, in addition to which, the local Primary Care Services are much better developed and able to meet the needs of the population without close proximity to a hospital. Thus, the nub of the difficult decision that must be made lies between the better option for NHS Lanarkshire's population and cost. Dr McAlpine contends that the decision in recent years to cite to new hospitals in Lanarkshire in the Wishaw and Hairmyres areas has not worked out for the best, and he urges the Board not to compound this situation by taking the option that appears cheaper now, as this will be the last chance to establish second healthcare facilities and emergency services that meet the needs of most Lanarkshire people.

Dr McAlpine stresses that his comments are not made out of loyalty to Monklands Hospital, but are based on his professional goal, in the Picture of Health reorganisation, to see the establishment of a Respiratory Medicine Unit for Lanarkshire, and his desire for the health needs of an unhealthy and deprived population to be met.

Dr McAlpine also comments that Lanarkshire is the second largest Health Board area in the West of Scotland, with significant requirements for teaching, training and clinical examinations. He refers to his significant involvement in these areas as Director of Medical Examinations at the Royal College of Physicians and Surgeons of Glasgow, and as Regional Specialty Adviser in Medicine at the West of Scotland Deanery and at the Royal College of Physicians. He stresses that he would be very keen to see the development of better Postgraduate Education facilities, including a Clinical Teaching and Examination Centre that would allow the support of undergraduate and postgraduate examinations to a much better extent than currently, with these measures also helping with the recruitment and retention of staff.

Representative Groups and Other Organisations

Unison

Unison argues that, on Acute Services, the current decision making timetable is not reasonable in terms of fostering the support or confidence of the staff or the population of NHS Lanarkshire, and believe that, post the June Board Meeting, there is a need for a further round of consultations on a more detailed blueprint, fully supported and endorsed by the Board (and the Area

Partnership Forum), based on clearer evidence and a closer specification of service provision. In support of this view they cite the facts that the additional evidence viz: the Cross Boundary Flow and Capital Land Logistics reports became available only on 20 April 2006. Unison believes that the jury is still out on the assertion of the pre-eminent need for the benefits of 2 Level 3 and one Level 2 Hospitals, nor do they believe that the case against the maintenance of the status quo has been adequately articulated.

In relation to Acute Mental Health Inpatient Services, Unison argues for the continuation of provision on 3 sites.

In relation to Care of the Elderly, Unison opposes any privatisation to the Nursing Home Sector of NHS provision of continuing, intermediate or end of life care, and maintain that an optimum level of NHS beds distributed across NHS Lanarkshire should be provided, including integrated provision outwith the 3 District General Hospital sites, with sound investment, workforce planning and staff development for community based care models.

Unison opposes the use of expensive PFI/PPP models for new build or refurbishment of capital assets in Primary or Acute Services, and are against the privatisation of Ancillary Services in any expansion or initiation of PFI/PPP projects, as being damaging to the healthcare team and the quality of hospital based care.

Recognising that A Picture of Health signals a decade of unprecedented organisational change in NHS Lanarkshire, Unison stress the need for staff to continue to enjoy the protection of the Organisational Change Policy, and the need for major resource planning for the training and development of hundreds of staff in new roles and competencies, along with the provision of fresh patterns of career development.

Unison also believes that there is a need for further debate on the deprivation study commissioned by the Board, in particular in light of the strategy within Primary Care Services to retarget resources in North Lanarkshire, whilst the Acute Strategy, as proposed, would see the withdrawal of Accident and Emergency Services from the same population base.

Unison expresses the view that Lanarkshire Health Board has reached conclusions on the way forward for Hospital Services, but has failed in the initial consultation round to galvanise support from the public or NHS staff for the implications and benefits of either of the 2 options.

Unison acknowledges that there are significant reasons why the NHS in Lanarkshire will not be able to maintain the current mix of Hospital Services beyond 2009, but it is not convinced that the NHS Board has used every available mechanism to address these issues – had this been done at an earlier stage, it is Unison's belief that the status quo on Acute Services would have been sustainable.

Unison expresses reservations about the 'scientific' value placed upon the outcome of the Option Appraisal Exercise, particularly since it is their observation that a number of the participants did not fully understand the process, and maintain that the time, resources and available information for the exercise was inadequate.

In acknowledging the future models of care proposed for Older People's Services, Unison fundamentally opposes the wholesale contracting with the private sector for NHS Services.

Also, whilst supporting the proposals for Mental Health Services, Unison is concerned at the lack of detail in the Consultation Document to support the development of a community service. Unison also has concerns at the proposed move from the current provision of 3 Acute Inpatient Services to the proposed 2 x 75 bedded units in both North and South Lanarkshire and would see the optimum position as maintaining the status quo.

Unison would vigorously oppose any further use of PFI/PPP in any further refurbishment or new build Works for the 3 hospitals in Lanarkshire, and maintain that there should be no further privatisation of support services through any proposed expansion of existing PFI sites.

In the area of staffing, Unison highlights the potentially significant impact on staff in a number of areas, and stress the need for the issues to be addressed, through: planning workforce changes on a multi-professional basis, using a collaborative integrated system; ensuring that all staff within the organisation are fully trained and supported; and workforce profiling, given the changing demography and its impact on current workforce profiles in terms of gender, age, part-time, full-time and skill-mix.

Unison stresses the need for all employees to have a clear understanding of their role, as this will make them more likely to feel empowered and may maintain motivation to deliver the highest class of health care to the Lanarkshire population.

In its conclusion, Unison restates its call for a fresh round of public and staff consultation, based on detailed information on: funding and costs for any expansion and refurbishment of the 3 DGH sites; the logistics of building work required on all 3 sites; service configuration on all 3 sites; staffing model requirements on all 3 sites; the outcomes of Regional considerations in relation to patient flows between Glasgow and Clyde and Forth Valley Health Boards; Scottish Ambulance Service plans to address concerns over patient transfer and treatment in transfer and Strathclyde Passenger Transport Executive and NHS Lanarkshire plans to enable access to all 3 DGH sites by public transport for patients, visitors and staff.

North Lanarkshire Trades Union Council

The Trade Union Council express concerns over the consultation on the future roles of the Accident and Emergency Departments within Lanarkshire, citing Lanarkshire as a working industrial area in the heart of Scotland, with the potential for growth in the industry within the catchments served by the Hospitals, and increases in housing within Lanarkshire. The Trade Union Council also highlights the issue of public transport, which due to the geographical area of Lanarkshire, is not reliable, or accessible to all sections of the population.

The Trade Union council believe that the answer is not more Health Centres all over Lanarkshire, as they close their doors early in the evening, leaving families to rely on local access to Accident and Emergency. The TUC also questions individuals' ability to diagnose whether an injury is minor or major.

The TUC also expressed concerns about the impact of the proposed changes on employment within the catchment area surrounding the Planned Care site, and maintain that there is a need for a training programme that will run continuously, in order to provide the skill staff shortage needed regardless of duration or cost.

In conclusion, the Trade Union Council of North Lanarkshire stress that they want and support the need for all 3 Hospitals to retain their Accident and Emergency Departments, not only because it will save jobs, but also because it will also save lives.

Society and College of Radiographers

The Society and College support and broadly welcome NHS Lanarkshire aims to improve the health of people living in Lanarkshire and understand the need to constantly examine and evaluate service provision to ensure that it continues to be effective and efficient. They do, however, raise several concerns.

In terms of the impact of Hospital reconfiguration, they maintain that there is a strongly held view that no Accident and Emergency facility should be closed because the consequent distances which some patients will be forced to travel are unrealistic and unsafe, and also maintain that the proposals appear to have overlooked the impact of addition capacity pressures in the service which will result from the expansion of house-building in Lanarkshire.

In relation to the impact on Radiology capacity, the Society expresses Members' concerns that there is no recognition of the serious capacity issue which will arise if Monklands Hospital Accident and Emergency Department is closed, particularly since the report on modelling the impact of the proposed reconfiguration appears to be based upon bed requirements only, since it states that other supporting diagnostic and treatment services will require to

be sized accordingly. The Society maintains that given the extremely busy nature of the Accident and Emergency Department at Monklands Hospital, and the consequent significant demands on the Radiology Department out-of-hours, members fail to see how the additional capacity can be absorbed by Wishaw and Hairmyres Hospital if Monklands Accident and Emergency is closed.

In the area of imaging service redesign, the Society maintains that it is clear that the closure of Monklands Accident and Emergency and the development of Accident and Emergency Departments at Wishaw and Hairmyres Hospitals, coupled with enhanced community based imaging services, will require a completely new system, underpinned by robust workforce planning, which takes account of: the risks to student placement numbers; little or no attraction for new graduates; loss of earning potential; and loss of experienced staff to centres with more challenging caseload. The Society also highlights the risks and challenges associated with the development of 2 A&E Departments at Wishaw and Hairmyres Hospitals and the enhancement of community diagnostic services, including: staffing of Minor Injuries Clinics; managing the movement of Radiographers across Lanarkshire; meeting the requirement to support and fund a significant role redesign and role development programme; and ensuring success of any major redesign programme by involving all stakeholders at the earliest opportunity.

The Society is not persuaded that the risks and challenges associated with such a significant redesign programme have been fully thought through or that they will be addressed in partnership with staff. They maintain that they are led to this conclusion by evidence from the Radiology workforce section of the 2006 NHS Lanarkshire Workforce Plan which they describe as complacent, since its most radical proposal is the appointment of 3 Assistant Practitioners by 2011.

Furthermore the Society maintains that the review of capacity of diagnostic services across Lanarkshire, described in the Consultation Document, has been carried out without involvement of local Radiography Managers or representatives from the professional body and Trade Union – the Society is also unaware of any consultation having taken place with Radiologists or Radiographers regarding the proposal within the Consultation Document for direct referrals for CT and MRI scans.

In its conclusion, the Society of Radiographers restates its opposition to the closure of Monklands Hospital Accident and Emergency Department, and stressed that their submission is based on consultation with Society of Radiographer members in NHS Lanarkshire, who believe that the current proposals do not represent the best solution for Accident and Emergency Services for the people of Lanarkshire.

Doorway Partnership, South Lanarkshire Council

The Doorway Partnership take the opportunity to stress the need to ensure that any future service provision is sensitive to the needs of women who have suffered rape or sexual assault, and express the hope that the design of future facilities wherever they are located takes into consideration the need for women to have a sympathetic and secure environment in which they can be examined and treated.

Myalgic Encephalomyelitis, East Kilbride

Myalgic Encephalomyelitis East Kilbride were concerned to ensure that the development of services envisaged in A Picture of Health, recognised the substantial and continuing need for well developed Health Services, and ready access to those services, for individuals suffering from ME. They comment on the dearth of services currently available, and stress the need for the opportunity to be taken to address this situation. The organisation submitted a substantial volume of helpful information about ME and the needs of ME sufferers, which can inform the further consideration of this issue, with particular regard to the implementation of the Long-term Conditions Strategy.

Strathclyde Fire and Rescue

Strathclyde Fire and Rescue confirm that they have no adverse comments to make on the proposals within A Picture of Health. They do, however, make a number of observations and recommendations. In relation to the proposal to provide more care for people with Mental Health problems in the community, they would wish for details to be passed to Strathclyde Fire and Rescue to ensure home fire safety visits are carried out and appropriate fire safety advice is provided to vulnerable people. They note that most of the 9 key areas being focussed on to improve long-term health are also very important issues in terms of fire safety – accordingly, the opportunity needs to be taken for joined up working through health promotion to make sure members of the public receive relevant safety and health messages.

They note the proposal to invest £100,000m to build new Health Centres, Clinics and other facilities and stress the Strathclyde Fire and Rescue recommendation that the provision of fire sprinklers in these premises is a requirement.

Strathclyde Fire and Rescue note the proposal to work more closely with Social Work, Housing and Voluntary sector, to identify and monitor the most vulnerable older people in the community, and ask that details be passed to them to ensure home fire safety visits are carried out and that the appropriate fire safety advice is provided to vulnerable people.

Strathclyde Police North Lanarkshire Division

The Division favours the option where Emergency Care would be provided at both Monklands Hospital and Wishaw General Hospital, as this would appear to most appropriately facilitate the balance which the Division faces, between the provision of policing services in the North Lanarkshire Division area, and the provision of Emergency Care treatment to individuals in police care or custody. In saying that, the Division notes that the implementation of this option may result in adverse consequences for the communities of South Lanarkshire, and the provision of policing services within the South Lanarkshire Division area, and also recognises that the wider, social, political and economic impact of the removal of emergency care services from the South Lanarkshire area, may outweigh that of the reduction of provision from a dual to a single campus basis in North Lanarkshire.

South Lanarkshire Division, Strathclyde Police

The response comments on areas where it is considered that Strathclyde Police Services interrelate with Health, viz: Emergency admissions; Mental Health Provision and Addiction Services.

In relation to Mental Health, the point is made that it is not uncommon for individuals who are clearly not criminal in their intent to become the subject of Police attention following concerns being raised by members of the public. It is acknowledged that these cases are quite clearly not best handled by the Police, but at present there is often no alternative assistance available. Most critically, on regular occasion, this type of incident can involve individuals usually during the night who have been admitted to A&E following attempted suicide – on being deemed fit to be released from hospital these individuals are often considered by the Police to continue to present a danger to their own health and tend subsequently to be detailed in custody in Police cells pending appearance at Court on a charge of Breach of the Peace. Accordingly, the South Lanarkshire Division welcomes the proposed Mental Health Resource Networks, which will support such individuals, and expresses the hope that included within their interventions remit might be an out-of-hours response and appropriate care capability, which would stop them being detailed within a Police office.

In relation to Emergency Services, the point is made that it is not expected that how the proposals for Emergency Care Hospital Services will impact on South Lanarkshire Police Division as a Policing Service should be a significant factor in the Board's determination of best meeting the needs of service users. The frequency with which Officers require to attend at Hospitals in relation to emergency admissions and follow-up enquiries is highlighted. The Police Division stresses the need to maximise the time spent providing a service to the public, and therefore minimising the time spent travelling to and from frequent hospital visits, and therefore supports the option of having Hairmyres Hospital as an Emergency Care site.

In relation to Addiction Services, the Division highlights the twin issues of Alcohol and Drugs Misuse as among the key Policing concerns at present, and comments that the way forward within A Picture of Health, in terms of further integration of services, is most welcome.

Hillhouse Community Council

The Community Council supports Option 3 for Modernising General Hospital Services, involving Wishaw General and Hairmyres Hospital as the Emergency Care sites. In support of this view, they cite the lack of access to a car to make journeys within 30 minutes or less, and express a fear that in emergencies where time is vital lives could be at risk. The Community Council also make the point that many individuals go to Accident and Emergency Units with non emergency injuries or illnesses because they are open when Health Centres are closed and because not all people have the diagnostic skills to decide what is or is not an emergency.

Halfway Community Council

The Community Council stress that emergency treatment in life threatening cases will still be an ambulance ride away and maintain that serious non life threatening injuries will be a geographical lottery. Consequently, it is the Community Council's view that the effect of the closure of Hairmyres Hospital Accident and Emergency facility will have a detrimental impact on the residents of Halfway, pushing emergency services even further away than at present, with transport costs through outlying facilities increasing the time involved in travelling being prohibitive for all but the most serious cases.

Lister Tower Residents' Association

From their position of representing a large number of residents in East Kilbride, many of whom are elderly, and have had to be accompanied by Residents' Association Members to hospital, the Residents' Association maintain that it is imperative that Hairmyres is preserved as a Consultant-led Accident and Emergency facility.

The Residents' Association also confirm their strong support for the Kilbryde Hospice Appeal, and would wish to see the development of specialist Palliative Care inpatient beds alongside Hairmyres Hospital.

Plains Community Council

The Community Council, whilst welcoming the opportunity to comment on the documents on Modelling the Impact of Hospital Reconfiguration on Cross Boundary Patient Flows for Emergency Inpatient Care between Lanarkshire, Glasgow and Forth Valley, and Capital and Logistic Implications for either Option 2 or Option 3 for the Provision of Hospital Services, is of the view that

this information should have been available earlier in the consultation period, or that the full consultation period should have been extended to enable all information to be considered at the same time.

In relation to the first report, the Community Council notes that estimations of patients' journeys are taken from a central point, and do not allow consideration of the then additional times for those who live in the village areas, who have limited public transport available, and who will be particularly impacted upon if Monklands Hospital is designated as the Planned Care site. The point is made that this significantly disadvantages the residents of Monklands and in particular village areas, and that the impact on health of diminished access to Hospital Services must not be underestimated.

The Community Council notes that the patient journeys survey does not account for the significant number of patients, visitors and carers who will require to travel by public transport, and highlight the fact that the use of a software package does not allow for the intricacies of a car or public transport journey. The Community Council is also of the view that the best actual distance and the best actual time quoted are grossly underestimated, and notes also that rush-hour periods were excluded.

The Community Council maintain that whilst the analysis of bed provision is difficult to make further comment on, the ability of NHS Lanarkshire to minimise Cross Boundary Flow and remain within tolerable times is questionable, and that securing the agreement and proposed revised catchment areas will not prevent patients migrating to where they feel access is quicker, ie to Larbert and Glasgow Royal Infirmary.

The Community Council is unclear what NHS Lanarkshire means by the statement: "Providing good quality and accessible alternative Hospital provision within 30 minutes driving time", and considers that the repatriation of patients from Larbert and Glasgow could be avoided by ensuring adequate provision within Lanarkshire, through the retention and improvement of Monklands Accident and Emergency Services and inpatient emergency admissions.

In commenting on the Capital and Logistical Implications paper, the Community Council notes that the costs provided by Currie & Brown are incomplete and are subject to further analysis and planning considerations.

The Community Council is concerned that the application of the total cost shown within the Executive Summary of the report must be attractive to NHS Lanarkshire with Monklands Hospital as a Level 2 Hospital, given the need to curtail NHS spending, and maintain that the lack of investment in recent years in Monklands Hospital has resulted in the need to show extensive funding required to improve and provide the level of healthcare the community should be able to expect at either Hospital level.

The Community Council is also concerned that once revenue costs have been evaluated, this will add a further imbalance against the total cost of Monklands Hospital as a Level 3 site, and that the life cycle costs for a refurbished building in comparison to those of 2 new PFI Hospitals will also shift the balance away from Monklands being a Level 3 Hospital. The Community Council notes the assumption that the cost of £50m to refurbish Monklands Hospital to a Level 3 standard will be unattractive to the construction market in a PFI situation, but maintains that this does not exclude NHS capital being an option to fund the costs.

Whilst the analysis of costs within the Executive Summary shows a significant disadvantage against Monklands Hospital as a Level 3 site, the Community Council is of the view that the economic argument has less weighting than the provision of a high quality accessible service for all of the community. The Community Council therefore recommends that Monklands Hospital is designated as a Level 3 Hospital, citing, in support of its recommendation: the increased mortality rate in the over 60 year olds within the area; the increased number of 999 calls to the Coatbridge Scottish Ambulance Service station in comparison to others within Lanarkshire; the effective bed management which ensures that Monklands Hospital remains open to emergency admissions when the other 2 Hospitals in Lanarkshire close; and the support of the people of Monklands including the 50,000 signatures on petitions to NHS Lanarkshire to retain Monklands Hospital as a Level 3 Hospital.

Labour Party Northern Corridor Branch, Coatbridge/Chryston and Bellshill Constituency Labour Party

The Constituency Labour Party, representing the villages of Moodiesburn, Muirhead, Chryston, Gartcosh, Stepps and Millerston stressed that people within their communities very often see Monklands Hospital as their first choice for Accident and Emergency and, having regard to the transport difficulties which those communities face, strongly support the retention of Monklands Hospital as an Emergency Care site.

Lanarkshire Kidney Patients' Association

The Kidney Patients' Association's concern relates to Option 3 being quoted as the 'clear preferred option' from the Option Appraisal process, meaning that Monklands Hospital would be the Planned Care site. Questions have been raised by some of the renal dialysis patients who attend the dialysis unit at Monklands Hospital, about the impact on them if Monklands is downgraded to a Planned Care site. Whilst the Association notes that a dialysis unit can stand alone, it is their contention, that for many reasons, it is advantageous for the renal dialysis unit and renal ward to be in one unit, as it is in Monklands now.

The Association raises questions in relation to: why build another unit, when the existing unit has been a centre of excellence amongst the renal units throughout Scotland? Where would clinics and advice be available for renal peritoneal haemodialysis and transplant patients? the possibility that some of the nursing staff may be unwilling or unable to travel further to another hospital, resulting in a lesser service than currently; the relationship that some dialysis patients have built up with staff as a consequence of having a high number of hospital stays; whether the unique transport system run by the Ambulance Service and volunteers for the Renal Unit will remain or be lost; whether the staff who have had additional training to their qualifications who work almost entirely with renal patients will remain, and whether they will also be expected to work between 2 sites; and whether high dependency would be the substitute for anyone in a Planned Care Hospital unexpectedly requiring intensive care therapy, as this is bound to happen sometimes – would paramedics be expected to care for a patient during removal to an emergency hospital?

Stepps and District Community Council

The main concern highlighted by the Community Council is an apparent lack of serious consideration which Lanarkshire NHS Board, and NHS Greater Glasgow and Clyde, have given to the Citizens of the Northern Corridor of North Lanarkshire, when it comes to engagement with those who reside in this area and for their Health Services. The Community Council suggests that it is ironic that NHS Lanarkshire has assumed responsibility for services from 1 April 2006, but that the area does not feature in the Board's plans for future development of Primary Healthcare Services as outlined in A Picture of Health. The Community Council comments that the absence of any mention of any plans for new facilities or developments in the area further underscores the Board's lack of consideration for an area where it is about to assume responsibility for its Primary Healthcare Services. Emphasis is placed on the need for a thorough overhaul of the infrastructure and the review of the health needs of the area, as among the fastest growing in terms of population in North Lanarkshire.

The Community Council comments on the present difficulties which residents of the area have in accessing hospital services in Lanarkshire, primarily because of the poor transport infrastructure, and the extent to which the area is poorly served by public transport. It is in this context that the option of Hospital Services being available in Glasgow remains a much more attractive option to the citizens of the Northern Corridor, than having these services provided by NHS Lanarkshire at Monklands, Wishaw General or Hairmyres Hospital.

Having said that, the Community Council questions why the Board has embarked on a consultation process about the options for Hospital Services when, in the Council's view, objective debate has been biased and undermined by the statements about the preferred option for the Planned

Care site being Monklands Hospital. The Community Council does not agree with this proposal, and contends that Hairmyres Hospital should be the Planned Care site, primarily because the demographics of Lanarkshire speak for themselves, with the area served by Monklands Hospital including many of the worst areas of social and economic deprivation in Scotland.

The Community Council notes that the cost differential to upgrade Monklands Hospital as an Emergency Care site is of the order of £40m. The Community Council acknowledges this as a forceful economic argument, but comments that what it more strongly demonstrates is the lack of investment in Monklands Hospital since it was built.

Although residents of the area within the Northern Corridor currently look more to services in Glasgow, the question is asked where they would be directed were there to be inadequate resources in Glasgow as a consequence of the changes to Accident and Emergency provision that will be implemented in Glasgow. The Community Council believe that as Primary Healthcare Services for the area become more firmly embedded in NHS Lanarkshire's sphere of responsibility, local clinicians will be more familiar with and expect to work in partnership with the Acute Services in Lanarkshire and thus wish to direct patients to Lanarkshire Acute Services. In this context, the potential closure of Monklands Accident and Emergency Unit becomes a real concern for the area.

In conclusion, the Community Council is of the view that the citizens of the Northern corridor have been and will be more seriously disadvantaged, were the proposed changes in Health Services as outlined in A Picture of Health be implemented without fundamental revision. Notably, the submission from the Community Council was lodged not only with NHS Lanarkshire, but also with the Chief Executive of NHS Greater Glasgow and Clyde.

Stonehouse Community Council

Stonehouse Community Council only supports the retention of all emergency inpatient services at all Hospitals and does not support any of the proposed options which seek to reduce the emergency inpatient hospital and channel planned inpatient services to one major centre. The Community Council concludes that the proposal to retain 2 Accident and Emergency Hospitals to cope with the rising numbers in Lanarkshire does not make sense, as closing any one unit will cause increased pressure on the other 2 sites and will cost lives. Reference is made to the present situation of emergency admissions being 'refused' because hospitals are full and emphasis is placed on the need to retain the current distribution of services, particularly given the Scottish Executive's proposed release of greenbelt land for housing in Scotland.

The Community Council comments that Cross Boundary transfers are also putting pressure on the existing hospitals, and that reducing their number will only add further to the pressure. Emphasis is placed on the need for Health

Services to be kept local and to be accessible for patients as well as visitors. The point is also made that public transport to and from the rural areas of Lanarkshire is difficult enough, without adding further to the distances to be travelled, with visiting hours at night remaining one of the worst times to access public transport.

Noting the workforce pressures cited as one of the key drivers for change, the Community Council asks why there is a shortage of properly trained staff to maintain the service at Hairmyres, Wishaw and Monklands Hospitals and why doesn't NHS Lanarkshire advertise and pay the appropriate rate of pay to attract and retain the necessary staff. The Community Council also comments that ambulance blue light transfer times are meaningless if admissions are being closed due to lack of beds and insufficient staff.

Skin Care Campaign Scotland

Skin Care Campaign Scotland made representation to the NHS Board arising from its strong concerns about a proposed reduction in the number of inpatient beds for Dermatology patients in Lanarkshire. They stress that any review/reduction in bed numbers should be undertaken on the basis of a needs assessment. The organisation states that it is not aware of a reduction in demand, and in fact, understands that there is a waiting list for patients urgently in need of hospitalisation for their acute skin condition. The organisation also stresses the requirement to engage with service users in the consideration of any alterations to the Dermatology inpatient provision within Lanarkshire. The organisation also view the availability of sufficient dedicated Dermatology beds as a key issue affecting the ability to provide specialist nursing staff for Dermatology inpatients and, is concerned that any loss of dedicated facilities will thus result in both loss of specialist nurses, and a poorer standard of care for inpatients, meaning longer stays and increased complications, such as acquired infection.

Professor Colin S Munro, Dermatology Council for Scotland

In its response, the Council congratulates the Board on its explicit recognition of the dangers of UV radiation and its commitment to increasing public awareness of the risks posed by sun bed use. The Council welcome the recognition of the particular pressures on specialist staff who provide services on more than one site, and would expect this to result in a commitment to reduce these pressures. They highlight, as an important measure, the expansion of the specialist workforce, commenting that Lanarkshire has only one WTE Consultant Dermatologist per 115,000 population – below Scottish and Regional averages, and well below the Royal College of Physicians and the NHS Workforce Review Team agreed need of one WTE per 85,000 population. On top of this long-standing under-provision, trends such as an ageing population with an increasing incidence of cancer, the development of sub-specialty services, an increased need for education and training, the service implications of Modernising Medical Careers, increasing feminisation of

the specialty, with increasing part-time working, and the need to achieve better work life balance for all, mean that the Board needs to plan active expansion of manpower and dermatology if service levels are not to deteriorate. The Board is exhorted to pay particular attention to recruitment and retention by ensuring staff recognise that they are valued, through the provision of high quality facilities and realistic job plans.

The Council welcomes improvements to Dermatology Services in the community by suitably qualified and experienced GPs and other Practitioners with special interests, and comment that arrangements for GPs with a special interest should follow the published and widely respected Department of Health/Royal College of General Practitioner guidelines, with services being integrated with specialist services and Practitioners having the necessary skills. The Board is asked to note that existing Dermatology activity by Primary Care Practitioners is considerable and new services will tend to draw on this as well as Secondary Care referrals. The point is made that for efficient use of NHS resources, Practitioners with special interest activity should not be rebadging of existing Primary Care activity, or work such as trivial or cosmetic minor surgery which would not be accepted by a specialist department following existing patient pathways. It is noted that as well as improving patient care locally, in a well-designed programme there will undoubtedly be benefits for the hospitals in reducing unnecessary referrals. Emphasis is placed on the fact that the more complex problems which create the majority of demand for specialist time will remain, and that ensuring maintenance of standards will demand an increased commitment to educational and supervisory roles by specialists, with these factors being recognised in overall manpower planning and individual job plans.

The Dermatology Council comments that continuing review and modernisation of hospital services is necessary and welcome, but that rationalisation must not be at the expense of quality of patient care. The Council refers to a suggestion that the number of Dermatology inpatient beds in Lanarkshire may be reduced, and indicates that it would only support such a reduction if it can be shown that patient demand has fallen. The point is made that there is no evidence of this – since Dermatology beds in Lanarkshire were reduced from 26 to 15 in 2001, occupancy in the Monklands Hospital Unit has been between 94% and 97%, compared with 82% to 86% for all Dermatology inpatient units in Scotland in the same period, and even with efficient bed utilisation, this already suggests an excess of demand over supply.

The Council stresses the importance of recognising the contribution of Dermatology Units to the overall quality and efficiency of care and to the running of other Acute Services, and suggest that reduction in provision is likely to result in overflow of Acute cases into non specialist beds, where both the quality and efficiency of dermatological care will be less, or an increase in the waiting lists for less Acute cases with long-term conditions, and most likely both.

The Dermatology Council points out that over recent years a national trend to reduce Dermatology inpatient beds has been justified by enhanced outpatient treatment services, such as treatment centres in Wishaw and Hairmyres Hospitals. However, the pressure on the Monklands unit implies that the reduction may have been too severe, and there is no current development in dermatological care which can justify further reduction. Emphasis is placed on the needs of the minority of dermatological cases who require admission, which include disproportionate numbers of patients with co-morbidity and deprivation – these factors also increase length of stay and for these patients ambulatory care is impractical and systemic treatments, include newer agents such as biological treatments are likely to be unsuitable and are often contra-indicated. The Dermatology Council refers to evidence that in the absence of inpatient care, many patients will not receive adequate alternative treatment, adding to their disadvantages, and that for patients with severe chronic skin disease, equity of access to care requires adequate provision of inpatient resources.

East Kilbride LHCC Advisory Group

The Advisory Group expresses its appreciation of the enormous amount of work which the Board's Modernisation Directorate has carried out in preparing documentation, advertising and organising meetings, and analysing feedback from the public and staff, during the consultation process.

Whilst acknowledging the importance of Accident and Emergency services, the Advisory Group regrets the extent to which the consultation period, and particularly the public consultation meetings, were dominated by that issue and political argument.

The Advisory Group notes the priority afforded to the quality of care and that the vast majority of people would prefer to receive the best treatment available rather than simply be taken to their nearest hospital. In relation to unscheduled care in particular, the Advisory Group maintains that this view surely underlines the greater importance of access to a highly trained workforce and first class equipment, as opposed to differences of 5 – 10 minutes in journey times to hospital.

The Advisory Group recognises the significance of staffing in hospitals, and stressed that consideration must be given to establishing large enough departments to provide staff with essential experience and access to the latest medical technology. Given the lead time until August 2009, for planning for the reduction in hospital doctors' hours, the Advisory Group expresses an interest in having further information about the planning already undertaken to tackle this issue. They also highlight the need to inform the public more about the skills and equipment available to Scottish Ambulance Service paramedics.

The Advisory Group notes the appropriately highlighted importance of health promotion, and maintains that within the new structure of Community Health Partnerships there is a need not only for the establishment of Public Health teams and long-term conditions teams, but also for focal points for members of the public in buildings such as Health Centres, as a starting point for more developed 'Health Promotion Centres'.

In the area of medical services in the community, the Advisory Group emphasises that local services, ie the availability of specialist nurses in the community, eg for Parkinson's disease sufferers or patients with multiple sclerosis, should be looked at carefully and their availability made better known locally.

The Advisory Group makes the point that many residents within the East Kilbride area have contributed financially to the setting up of a hospice in the area and would not like to see the money used only to develop other kinds of palliative care, even though such steps would also be welcome.

The Advisory Group feels that 3 aspects of medical services in the community have been underplayed, viz: Mental Health needs; Dentistry; and the likely role of Pharmacies in the future, but recognises that action is being taken in all 3 areas.

The Group comment that the argument for a Planned Care Hospital to help prevent the cancellation of so many operations has not been given as much prominence as it should, and suggest that it is not too late to remedy this situation, if the arguments are given due attention in the statement and explanation of the Board's final decisions. The point is made that the public would welcome further information on public transport for relatives visiting patients in hospital or patients having to attend clinics, and on what alternatives to buses there might be.

The Group refers to anxiety which persists with regard to the exact nature of Level 2 services, and suggest that an Accident and Emergency Department in a Level 2 hospital might be able to treat more serious cases than a Minor Injuries Unit, although not as serious cases as in a fully fledged Level 3 Unit. They wish clarification of this issue.

The Advisory Group notes the strong arguments regarding staffing, the importance of having advanced equipment, the minimal effects on emergency case patients of ambulance journey times when travelling to a hospital which is not the nearest, and likely patient flows between Lanarkshire, Glasgow and Forth Valley Board areas. Given acceptance of these factors, the Advisory Group suggest that the 'bottom line' in the equation may be financial, and given that the upgrading of Monklands would cost vastly more if it became a Level 3 Hospital, the case would then be made for Wishaw and Hairmyres Hospitals being designated as Emergency Care sites.

The Advisory Group stressed that it is essential that the Board's reasons for arriving at its decisions on the option for Modernising General Hospitals are fully detailed, well argued and totally transparent, and that it is equally important that the Board maintain public awareness and continue to communicate developments to the public during the process of implementation.

Strathaven Labour Party

The Strathaven Labour Party confirms support for Option 3 as set out in the Consultation Document, viz: Hairmyres Hospital and Wishaw General Hospital providing emergency inpatient services, with Monklands Hospital concentrating on Planned Care. The branch particularly supports the retention of the inpatient services at Hairmyres Hospital, given that it is in a prime location, with first class transport access facilities, and is able to serve East Kilbride and South Lanarkshire together with South East Glasgow and North Ayrshire.

Disease Prevention Organisation

The organisation submitted a brief profile of recent research findings (2005) Exploring Health Knowledge and Attitudes in 432 Primary Seven School Children. The organisation comes from a starting point that, without change, a repetition of preventable morbidity is likely. The research demonstrates that good levels of health knowledge were evident. However, either through lack of life experience or denial that illness could happen to them, it appeared that lifestyle application was notably absent for significant numbers of pupils. Without this essential lifestyle application, pupils are more likely to contribute to future morbidity and continued heavy NHS demands. The research confirmed that teachers wish parents to be more involved, for example, in coaching sports, but lack of volunteers is viewed as a major problem.

The organisation exhorts the NHS Board to ask school managers and teachers to encourage the application of health knowledge, since many pupils appear to be missing this important point. The organisation also maintains that preventable diseases should have greater priority for intervention. The organisation cites other European countries as notably effective in preventing disease, and suggest that a review in comparison of results may be useful when considering best practice. They also suggest that targets and a results orientation in preventing disease may be economically useful.

St Andrew's Hospice Management Team

The Management Team comments on the partnership with Lanarkshire Health Board over the last 20 years is pleased to note that Palliative Care in Lanarkshire will continue to be developed on several fronts, ensuring amongst other things, equity of access. The Management Team strongly supports the provision of a Palliative Care Pharmacist as a resource for Lanarkshire based

at St Andrew's Hospice, and agrees that inequity exists in the provision of services across Lanarkshire, particularly in the community, with respect to home support and day support. It strongly supports the provision of a Palliative Care Day Unit in East Kilbride, coupled with enhanced home care support in that area.

The Management Team refers to research commissioned by Marie Curie Cancer Care which shows that 75% of people would prefer to die at home, but that in Scotland, and in Lanarkshire, only 25% are able to do so. St Andrew's Hospice therefore supports the proposal to develop Community Palliative Care in South Lanarkshire, to enable more people to achieve a home death.

The Management Team comments that the proposed "Hospice Without Walls" concept, involving Community Nurses in the East Kilbride area, has to sit alongside the other specialist Community Palliative Care Nursing in Lanarkshire, mainly the Macmillan Nursing Team. The point is made that optimising Community Nurse staffing could be brought about either by creating a central pool of Home Care Nurses in Hamilton at Beckford Lodge, or by creating a new model with Macmillan Nursing Team concentrating on the North of the County and the proposed Home Care Team covering the South. The new Maggie's Centre is welcomed, with the caveat that it should be sited in the grounds of the Hospital chosen to be the main cancer centre for Lanarkshire.

The Hospice Management Team agrees that much has been achieved, but makes the point that much remains to be done, including the provision of extra specialist Palliative Care beds in the County. The St Andrew's Hospice Management Team agrees that an extra 10 specialist Palliative Care beds are required in Lanarkshire, and is firmly of the opinion that additional specialist Palliative Care beds should be sited at St Andrew's Hospice, as the Hospice is able to offer specialist skills to the highest level in Palliative Care for complex pain and symptom control, physiotherapy, occupational therapy, spiritual and pastoral care, which could not be replicated elsewhere in Lanarkshire, even on a small scale, due to cost and the lack of sufficient appropriately trained professional staff in the various Palliative Care disciplines.

Lanarkshire Health United

Throughout the consultation period, Lanarkshire Health United has been particularly prominent in its campaign – essentially, in support of the retention of full Accident and Emergency Services in all 3 hospitals across Lanarkshire. The organisation has been vigorous in the pursuit of its campaign, through: attendance at public meetings; organising demonstrations; including at the NHS Lanarkshire Headquarters. Lanarkshire Health United requested a meeting with Lanarkshire NHS Board, and a meeting between NHS Board representatives and representatives of Lanarkshire Health United was held on 29 March 2006 (a copy of the Notes of

the Meeting is attached, as is a copy of the full version of the Lanarkshire Health United response to NHS Lanarkshire's A Picture of Health Consultation – March 2006).

The paper was prepared by Lanarkshire Health United in response to the Board's Consultation, and its basis is to argue against the contention of NHS Lanarkshire that it is necessary to close one of the 3 Accident and Emergency Departments they presently operate, and to centralise all planned elective care on to one site. Specifically, the paper contends:

- That NHS Lanarkshire has failed to make a convincing argument that present circumstances dictate that it is necessary to close either the Accident and Emergency Department at Monklands Hospital or the Accident and Emergency Department at Hairmyres Hospital.
- That the implications for waiting times at the remaining Accident and Emergency Departments in Lanarkshire, in the event of the other being closed, will be that they significantly increase, as will waiting times in neighbouring Health Board areas.
- That the Consultation Document prepared by NHS Lanarkshire is largely a sham, as they failed to include the status quo of the 3 Accident and Emergency Departments.
- That Planned Elective Care must remain available on the same site as where Unplanned Emergency Care is available.
- That PFI – PPP is a motivating factor behind NHS Lanarkshire's decision making process – ahead of the best health interests of the people of Lanarkshire. This is a particular threat to Monklands due to the long-term contractual obligations that NHS Lanarkshire has to the PFI – PPP funded Hairmyres Hospital, whilst Monklands of course has not been PFI – PPP financed.
- That the Hospital that loses its Accident and Emergency Department may be under further threat of total closure, such will be the drain on demand for other services there.
- That NHS Lanarkshire has made assumptions that neighbouring Health Boards will be able to take up emergency cases from their area, before having completed their analysis of the impact of Cross Boundary transfer.
- That NHS Lanarkshire's proposals for Accident and Emergency Services will mean people will have to diagnose for themselves whether their ailment is an emergency or not, despite the vast majority of them being unqualified to make an accurate assessment.

- That NHS Lanarkshire should be making representations to the Scottish Executive to train more Consultants to fill the gaps identified, rather than using these gaps as justification to close one of the Accident and Emergency Departments.
- That journey times to and from the remaining Accident and Emergency Departments will be unacceptably high if one closes, and that the public transport network in Lanarkshire is insufficient to cope with this.

Individual Letters and Emails

Very few of the individuals who submitted letters and Emails, offered comment on the elements of the A Picture of Health Consultation Document, relating to Primary Care and Community Care Services or, for that matter, any aspect of the proposals for Modernising General Hospital Services, other than the proposals relating to Accident and Emergency Services. Those who did, welcomed and were supportive of the commitments to invest substantially in developing Primary Care and Community Care Services.

Generally speaking, the individual letters and Email responses to the Consultation, reflected the support of individuals for the retention of their local Hospital as the second Emergency Care site in Lanarkshire. In confirming this support, most of the individuals who submitted letters and Emails raised issues which are incorporated within the summary of the principal issues raised by respondents, in the introductory paper. The more prominent of these comments, related to: claims that the consultation was a sham; calls for maintaining the status quo; maintaining Monklands Hospital as one of the 2 Emergency Care sites; maintaining Hairmyres Hospital as one of the 2 Emergency Care sites; provision of specialist inpatient palliative care beds at Hairmyres Hospital; concern at the potential for people to die as a result of additional travel time; and other travel and transport issues, not only for emergencies, but also for Planned Care and relatives and other visitors. A number of respondents viewed the proposals as they relate to Modernising General Hospital Services, as being cost saving measures. Comment was made, also, about the pressure on neonatal cots at Wishaw General Hospital, and the fact that, on occasions, Lanarkshire mothers were required to have their babies in locations as far away as Dundee, with the consequent difficulties that this then caused for the father and other members of the family – the NHS Board was exhorted to take action to resolve this situation.