

A Picture of Health

NHS Lanarkshire

**Independent Review of Consultation Process
May 2006**

APPENDIX 2

**Summary of issues raised at public meetings
during the consultation process as organised
by NHS Lanarkshire**

This report sets out a summary of issues raised during the public meetings held during the consultation for Picture of Health.

These issues are sourced from transcripts of the public meetings and the summary spreadsheet of the issues (see attached). The issues can be broken down into 17 themes with an additional section labelled "other issues". These are;

1. Status quo and concern about changes to accident and emergency
2. Monklands should be retained as an emergency hospital
3. Hairmyres should be retained as an emergency hospital
4. Strength of public feeling
5. Travel
6. The decision about general hospital services all about cost and private finance initiative (PFI)
7. Loss of accident and emergency would lead to hospital closing completely
8. Comments about the consultation process
9. Medical staffing
10. Concerns about the options appraisal
11. Primary and community care
12. Concern about boundary flow
13. Concern about providing elective care at the planned care hospital without an intensive care service
14. Ambulance service is not able to provide the services required
15. Palliative care
16. Mental health
17. Promises made that paediatrics would return to Monklands were broken
18. Other issues

Twelve public meetings were originally planned. 14 meetings took place, one in the Northern corridor which was requested by local politicians and an additional meeting took place in Airdrie to provide an opportunity to those who were unable to access the planned meeting. They were unable to gain access due to the capacity of the venue and accompanying health and safety measures.

The attendance at the public meetings varied, as set out below in Table 1.

Table 1

Public Meeting	Number attended	Capacity of venue
Muirhead	34	140
Wishaw	51	500
Shotts	28	120
Motherwell	75	500
Biggar	47	250
East Kilbride	280	280
Hamilton	56	200

Rutherglen	18	200
Cumbernauld	250	250
Airdrie 1	624	624
Kilsyth	24	200
Lanark	48	200
Coatbridge	370	500
Airdrie 2	120	624
Total	2025	4588

The following gives a flavour of some of the issues raised in relation to each of the above themes. The information and views are not reported as fact rather as opinion and perception. The responses to the issues are not documented in this document.

1. Status Quo and concerns about changes to Accident and Emergency (A&E)

This was an issue at every meeting.

This included the desire to retain the status quo for acute hospital services. Concerns were expressed;

- about the lack of clinical effectiveness evidence for change
- that three overstretched A&Es would be even more stretched if reduced to two
- If the NHS is meant to be patient-led then three fully functioning A&E units should be retained
- the overall number of beds will be reduced in the changes and patients are already waiting in A&E for beds
- A&E waiting times will increase
- the loss of full accident and emergency services would lead to the closure of a hospital by a 1000 cuts
- about cross boundary service believing this was not something that would enhance provision although there was a view that there might be some positive in linking with Haylodge, (Borders).

There were queries;

- that NHS Lanarkshire has known about workforce changes for a long time and why were these pressures not prepared for?
- What preparation is taking place for the increasing elderly population and planned increase in population at Ravenscraig and other areas?
- if the case against the status quo was so strong why was it not included as an option so the public could decide?

Many of the comments were raised in the context of people being frightened of losing an A&E because it would mean a lack of emergency response possibly resulting in deaths due to increased travel to the building where A&E is situated.

2. Monklands should be retained as an emergency hospital

This was an issue at the majority of meetings except Rutherglen and East Kilbride.

A number of reasons were given including:

- it is the area of highest deprivation and health need, with 31% above the national average for mortality quoted
- it is the busiest hospital (6th busiest in Scotland), Wishaw and Hairmyres close regularly to emergency admissions but Monklands does not
- Monklands would be the hospital covering the north of the county and Hairmyres could cover the south of the county, £2.7m was recently invested in the accident and emergency department
- Monklands features in emergency plans due to proximity to the M8
- the business case for Monklands being there was based on population need and this need still exists as it did 30 years ago
- people in Cumbernauld won't use Wishaw or Hairmyres they will use Glasgow or Larbert
- Monklands was better and busier than Hairmyres and also serving a more deprived population.

3. Hairmyres should be retained as an emergency hospital

This was an issue at the East Kilbride and Rutherglen meetings.

A number of reasons were given including

- East Kilbride is an increasing population and covers a large area
- it is the 6th largest town in Scotland and all the 5 bigger towns all have a fully operating accident and emergency unit
- Hairmyres was opened with an investment of tens of millions including a state of the art accident and emergency unit
- if accident and emergency services are lost so will a number of services such as cardiac and thoracic
- urology and gynaecology has already been lost
- the population is elderly and has the fastest growing number of elderly people, it has the highest number of over 80s, the number of care homes in the area has been rapidly expanding
- East Kilbride campaigned for the new hospital and at the time argued it should be bigger it now appears the area is being penalized for not being as big as Wishaw

4. Publics concerns are deeply held

This was a theme of the meetings at Airdrie, Coatbridge, East Kilbride and Muirhead.

The atmosphere at many of the meetings was emotional with the public expressing their extreme concern about any loss of emergency services locally. The MPs and MSPs reported that there was no issue on which they have

contacted more. Points made included "We are not talking about the closing of primary schools or a day care centre or library. It's a situation where it's potentially life or death".

It was felt that it was very difficult to ask people to appreciate the good of the whole community when locally some are maybe losing or gaining. There was comment made that the panel wasn't listening to people's fears.

5. Travel

This was raised at all meetings.

Views included;

- there was a relationship between the time taken to get to hospital for emergency care and survival
- travel times across Lanarkshire were stressed especially in peak hours and winter
- journeys from particularly areas such as Coatbridge, East Kilbride and Kilsyth and Cumbernauld would be over an hour depending on which hospital was the planned care one
- Cumbernauld is being treated as an outpost possibly due to the political make up of the area
- The travel time concerns related to ambulances, cars and public transport
- There was specific concern about NHS Lanarkshire's ability to influence the provision of public transport
- There were questions asked about NHS Lanarkshire's plans to impact on travel arrangements, which included questions about improving car parking facilities and whether a transport impact assessment had been done
- Concern was expressed about neighbouring hospitals also not having emergency services such as Stobhill and Victoria

6. The decision about general hospital services are all about cost and the private finance initiative (PFI)

This was raised in Airdrie, Coatbridge, East Kilbride. Hamilton, Lanark, Rutherglen and Shots.

There was concern

- that Wishaw and Hairmyres were being favoured as they were PFI hospitals
- that money was being spent on servicing PFI which would have been better spent on health services
- it would take too much money to upgrade Monklands A&E so that's why it is closing
- that the decision is financial and not based on health needs
- about the accuracy of some of the financial information that had been circulated eg NHS Lanarkshire's deficit, costs of upgrading and levels of investment

7. Loss of accident and emergency would lead to the hospital closing completely

Raised in Airdrie, Coatbridge, Cumbernauld, and Muirhead

There was a belief that if A&E was to close at Monklands it would only be a matter of time before the hospital closed "death by a hundred cuts".

8. Comments about the consultation process

There were comments about the consultation process raised at every meeting with the exception of Biggar.

Issues were raised about

- the Scottish Executive and MSPs role in the process including why MSPs were not acting on the public behalf
- that decisions would be based on senior politician's constituencies
- the consultation being a sham and the decision has been made
- Why a referendum was not used for the decision?
- the lack of information provided to support informed public view
- that ordinary people weren't able to express their views at a large public meeting
- that NHS Lanarkshire had initiated a "bun fight" between the Monklands and Hairmyres areas

There was also some (minority) comment that what NHS Lanarkshire was trying to do was positive.

9. Medical Staffing

This was raised at the majority of meetings except Biggar, Cumbernauld, Lanark and Rutherglen.

Queries raised were

1. why NHS Lanarkshire could not get consultants from other countries such as eastern European and other areas?
2. why was planning not done earlier to respond to the workforce changes? - the Working Time Directive has been known about since 1993
3. NHS Lanarkshire was not being accurate about vacancies and the process of recruitment and the ensuing difficulties

There was a belief that there was a pool of doctors who couldn't get jobs and so could be recruited locally.

10. Concerns about the option appraisal

Raised at the meetings in Airdrie, Coatbridge, Cumbernauld, East Kilbride, Hamilton, Muirhead and Wishaw.

There were suspicions about why Wishaw was being “spared” this was linked to the private finance initiative. There were suggestions that the decision had been made, there were not enough lay people involved in the option appraisal. There was also concern that issues of deprivation and health needs were not informing the decision.

11. Primary and community care

Raised at the majority of meetings except Motherwell, Rutherglen and Shotts

There was some welcoming of the primary and community care developments but there was also concern expressed that this was long promised e.g. Airdrie resource centre.

Views were

- the impact of these developments would be about 20-30 years and people needed these services now
- that primary care services had deteriorated particularly with the changes to out of hours and there were complaints about NHS 24
- the timescale for the development of the new minor injury and illness services were queried and their opening hours
- there were not enough resources for care in the community
- NHS Lanarkshire was asked if it was confident that the resources for primary care would be in place to enable work to be devolved to GPs and practices.

12. Concerns about cross boundary flow

This was raised in Airdrie, Coatbridge, Hamilton and Muirhead.

Issues were

- Monklands was built to meet the needs of the local population and before it, people went to Glasgow
- if Monklands was not there that people would go to Glasgow again.
- it was queried how much NHS Lanarkshire would have to pay for cross boundary flow
- Larbert had not been designed to take patients from the Monklands area.
- if Hairmyres was a level 2 and the Victoria did not take emergencies there would be no emergency hospital for southwest Glasgow and East Kilbride, which is a big population
- what discussions had taken place with surrounding health boards?
- Glasgow Royal is not coping with its current emergency demands so how will it cope with more?
- other areas downsizing so not being able to get service from them

13. Concerns about providing elective care at the planned care hospital without intensive care service

This was raised in Airdrie, Cumbernauld, Lanark, Shotts and Wishaw.

There was concern about being able to have planned care particularly surgery without having intensive care facilities. There was concern about a possible lack of co-ordination in patient care ie would someone have to be moved between the different hospitals if their situation changed/deteriorated? The issue was raised why the people of Lanarkshire were unable to decide to keep elective and emergency care on all 3 sites.

14. Ambulance service is not able to provide the services required

Raised at all meetings except Shotts

Concerns were expressed

- that the ambulance service would not be able to provide the services required
- areas such as Coatbridge were quoted as not having access to thrombolysis or telemetry.
- Coatbridge is the busiest ambulance station in Lanarkshire.
- ambulances do not have satellite navigation or radio contact in East Kilbride
- sometimes there is only one ambulance available for East Kilbride
- in Biggar long waits for ambulances were reported
- the change proposed would have a big impact on the ambulance service and would it be able to cope?
- would there be enough ambulances and would the development of ambulance services be funded?
- There was concern about where ambulances were located and how the proximity of major roads like the M8 and M74 would impact on travel time

15. Palliative care

Raised at the meetings in Coatbridge, East Kilbride, Rutherglen and Hamilton.

Issues raised;

- lack of hospice beds in (South)Lanarkshire was raised
- NHS Lanarkshire was not supporting the development of a hospice in South Lanarkshire when a magnificent fund raising campaign had been run by the Kilbride Hospice appeal fund
- about the extent of palliative care in the community and why NHS Lanarkshire wasn't prepared to look at the issue of a hospice until 2009 even though they recognised the need for hospice beds

16. Mental health

This was an issue in Biggar, Hamilton, Kilsyth, Lanark, Motherwell and Shotts

Issues included;

- clarification was requested on the future of aspects of mental health services
- the lack of in-patient facilities planned for Wishaw
- why is the mental health strategy not part of A Picture of Health?
- why are the public not involved in the process of developing psychiatric services?
- the need for services for dementia and Alzheimer's
- services closing and consequences for services and possible job losses

17. Promises that paediatrics would return to Monklands were broken

This was an issue in Airdrie, Coatbridge, Kilsyth and Motherwell.

There were statements made about being lied to about the location of paediatrics.

People are sceptical about the consultation because of their previous experience of being told the paediatric unit was being relocated for 3 months.

There was comment made that not everything was rosy at the paediatric unit.

18. Other issues

A range of other issues were raised in the majority of areas except Cumbernauld and Rutherglen

Some of the other issues raised were;

- maternity beds being used for surgical and medical patients making it difficult to admit maternity patients
- neurological services had been overlooked and that with the ageing population there was a significant need for these services
- concern about sharing of information between professionals and the impact on patients
- what proposals did NHS Lanarkshire have to deal with the morale of staff

It is evident from the meeting transcripts that the focus was on the proposed change to accident and emergency services. This issue dominated the meetings with feelings running high and an openly dismissive rejection (at times hostile) of the panel's reasons/explanations. Explanations by NHS Lanarkshire were treated with scepticism and challenged about why it should be trusted after reneging on a previous commitment to return paediatrics. There was significant concern that the reasons behind the proposed changes were financial not clinical. There was a genuine fear and anxiety about the options (focused on A&E) and this did not appear to diminish through the course of the meetings.