

A= Airdire (2 meetings), B= Biggar, Co= Coatbridge, Cu= Cumbernauld, E= East Kilbride, H=Hamilton, K=Kilsyth, L=Lanark, Mo=Motherwell, Mu=Muirhead, R=Rutherglen, S=Shotts, W=Wishaw

Issue	A	B	Co	Cu	E	H	K	L	Mo	Mu	R	S	W
1 Status Quo and concern about changes to accident and emergency	*	*	*	*	*	*	*	*	*	*	*	*	*
Ideally would like to keep the status quo	*												
I was disappointed that local Councillors are handing out letter to support Hairmyres. It is grid locked many hours between here and Monklands. The people that live in Coatbridge are every bit as entitled as us to a hospital service					*								
Have any of the A&Es in Lanarkshire been closed as a result of not being able to cope with the load for any numbers of hours during say the last year and which A&E struggled the most					*								
There is no choice to keep emergency services and planned services on the one site for anybody. There is no research to back up the clinical effectiveness of the geographical separation of elective and emergency care. Indeed there is evidence coming out of England to say that it is very dangerous. There will be no consultant cover over night - are you comparing nurses with advanced life support training to consultants		*			*	*							
We have three over stretched A&E's as it is, Monklands, Hairmyres and Wishaw. To put three into two means that these two will be doubly over stretched					*								
The waiting lists at the two A&Es will go through the roof					*								
Do you or do not accept that deaths will occur if either Monklands or Hairmyres Accident unit closes. The Vale of Leven which closed their unit had at least two deaths attributable to the closure of the unit and transferring patients					*								
If the health service is patient led there would be no question that the three units would remain and they would remain fully functioning operational units. The health service is struggling to cope with the demands that are placed upon it					*								
What are the number of beds that are proposed for the three hospitals, how does that compare with the present number of beds that are available at the three hospitals								*					
It has emerged from previous consultation meetings that Wishaw have had patients retained overnight in A&E and some in corridors because of lack of beds and that emergency admissions are not always available in all three of your hospitals - this leads to a suspicion that you still haven't got enough beds								*					
If all the benefits and advantages and resources just don't match your expectation, whose going to accept responsibility for that								*					
What provision has been made for the predicted growth with the new housing at Ravenscraig								*					
My wife had a spasm and with 5 minutes two paramedics were in my flat and they assessed my wife and calmed me down. My GP was also excellent. I myself had a stroke and I was taken to the stroke unit at Wishaw where I recognised their professionalism								*					
A&E waiting times will increase and is it true there will only be two ICU's so what happens if something goes wrong at the planned care site during an operation. Concerns about the current waiting times								*					
There is a third option and that is to keep the status quo								*					
We are campaigning to save all three A&Es. When will the (primary care) changes make a difference to the health of the people of Lanarkshire. Transport is still an issue and you have known about EWTD since 1993 so why has nothing been done about it								*					
I am to read that 2/3 of emergencies are not actually emergencies. The book says that there will be two full A&E departments with minor injury units on all three sites and two further minor injuries units in the community. This seems like progress to me								*					
The Kerr report certainly does not suggest for instance the down-grading of the A&E at Monklands									*				
To cut one A&E is sheer folly, its madness. What we'll have, see the big white ambulance they will be hearses, because of the time to get from Muirhead to Wishaw or from here up to Hairmyres									*				
If roughly 6,000 people a year are heading into A&E with some major problem. If any of my friends or family live in Muirhead to get to Wishaw or Hairmyres is just impossible. At the end of the day I don't think you can put any price at all on someone's life, that extra 10 minutes could make a big difference between life and death									*				
If you are convinced that the status quo is not an option, why in your document, why in your consultations aren't you putting the arguments to the public									*				
If NHS Lanarkshire is proposing to so radically reorganise health services in Lanarkshire that there is an evidence base for that and that there is proof that this is the right thing to do and that is where I am extremely sceptical. To my knowledge the work hasn't been done in terms of projecting what capacity is necessary because there is an acknowledgement that the ill and dependent population in Lanarkshire is actually increasing therefore the demand for health services is increasing. Yet NHS Lanarkshire does not have a plan to increase the number of beds available, they do not plan to increase the number of medical hours available, they do not plan to increase patient staff ratios.												*	
The whole question of specialisms. The only research is evidence that is available is for highly specialised stuff. It doesn't automatically translate that general stuff works better if you centralise.												*	
We have three A&E units. It is obvious that these units are insufficient for the needs of the population. I take the point that Wishaw closed down 65 times, Hairmyres 70 and Monklands once. But the one that is being targeted is Monklands. If you have three at the moment and they are insufficient then either we have for an ineffective unit or how are going to make two become more effective. If you want everyone to travel the same distance than the one to take out is Wishaw. Who lives in Wishaw. Our First Minister.												*	
If I come to Monklands suffering a stroke and the stroke specialist is at Hairmyres or Wishaw what is the procedure. The last thing somebody having a stroke are going to think about is which hospital to go to.												*	

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What describes an A&E is the need for consultants and there will not be a consultant on an A&E on what will be a minor injury site. I want you to say your opinion of somebody self presenting at Monklands once it has been downgraded to a minor injuries unit with an abdominal or chest trauma. Will that patient outcome be better, or worse or the same where there is no senior doctor there. Have you predicted the numbers.												*	
If you have a simple fracture you go to a minor injuries unit. If they have a complex fracture they will go to an A&E. How do they determine whether they have a simple fracture or complex fracture or a range of other conditions which could look quite similar but be very different on how unwell you are	*											*	
I am a mother to a three year old who suffers from really severe seizures and the majority of your plan seems to be towards sort of primary care non acute emergency services. There have been several occasions that my son has not been able to go in an ambulance the distance to either Wishaw or Yorkhill because he has been so unstable and paramedics have said this.				*									
There is not one single piece of research done with regard to the impact of levels of safety and care that these centres have one patient care. There are two cases in other parts of Scotland where referring patients to these centres by NHS 24 has resulted in one case in a death.				*									
At present an ambulance goes from Cumbernauld to Monklands A&E roughly in 10 minutes with its blue light on. If an ambulance crew has to stop to defibrillate there are delays. Is it more dangerous if you are going to have to go further than Monklands. With a triple A, a leaking abdominal no paramedic is going to save that patient				*									
The A&E in Stobhill and the Royal are packed now.				*									
You are talking about a 100 million as though it is a huge sum. Its nothing.				*									
Will there be longer queues at A&E				*									
If you are going to deal with minors at the hospital and at GPs and outbuildings surely you are not making the best use of resources. You are giving GPs more work.				*									
What will the skill mix of these minor injury units.				*									
At a briefing with list MSPs all the MSPs present put up a very robust defence why there should be three A&Es and that option has disappeared off. Why can't you staff intensive care units. Why don't we attract people from Greater Glasgow by upgrading A&E. This exercise has sought to divide and rule people in Lanarkshire.				*									
You have mentioned Falkirk or Forth Valley. At the moment it doesn't work. When you go to Forth Valley there's no doctor there. If you need an x-ray you need to go to Stirling.				*									
Would the audience, anyone who wants to close any one of those three hospitals put your hands up now... The audience unanimously rejected all of your proposals.				*									
You are talking about either minor injuries or major. But there is a whole big area in the middle.	*			*									
I was involved in both consultations in Forth Valley for the reconfiguration of acute services there and at no point was there any consideration of patients coming from Lanarkshire to the new hospital at Larbert. What study have you made to make sure that there is sufficient services at Larbert.				*									
We should try to get flexibility of referral between Lanarkshire and the Borders, thinking of Haylodge in particular.	*												
NHS 24 has no overall confidence in my experience. I am not prepared to use it because the information and stories from friends who have problems with it	*												
There was a story in the Lanark Gazette about Wishaw being abandoned and totally new hospital being built. I am very concerned about this	*												
I am obviously taking people up to casualty on a daily basis (as a paramedic) at all three A&Es. The two centres whichever they may be there is no planned expansion of that facility regarding physical space.	*												
We had an emergency two months ago. I phoned NHS 24 and gave her the information. At no time did she suggest I call an ambulance she said she would find a doctor. It took one hour for the doctor to arrive. He promised to get an ambulance immediately. An hour and half later still no ambulance, went to local surgery and called 999 myself and got a local ambulance in 5 minutes. They had not been advised of the emergency. It makes me very anxious. Could Kello hospital be a safety net for the non appearance of an ambulance	*												
If you ask a child of 5 what is the emergency phone number is they don't give you the NHS24 number they give you 999	*												
NHS Lanarkshire is abdicating its responsibilities to the people of Kilsyth and surrounding villages. As we don't use Monklands you are taking the view we will not use Hairmyres or Wishaw. So by a process of elimination you are pushing us further into Forth Valley or Glasgow. we have got to make sure that the services in Glasgow will be maintained and that your ambulance drivers are told that when people request to go to Glasgow to take them there.							*						
The assumption is that Glasgow will take referrals from this area (Kilsyth) but I heard from a nurse that they are already turning people away from this catchment area							*						
At the meeting at Airdrie someone said that ENT referrals are already been turned away from Monklands. So do you know something that we don't							*						
The trouble with moving (specialities) is that people are going to have to travel much further to get these services.							*						
I believe the majority of the people of Lanarkshire's preferred option would be for all the A&Es to stay open and I think that should be part of the consultation - if the panel is so convinced about their arguments then that option should be open to the people of Lanarkshire							*						

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Seems that resources are going to be limited and there will be a point where it is going to overflow. I don't want to be the one that can't get an ambulance because of resources, can't get a consultant because you don't have consultants who take years to train and you want us to diagnose people who have never had training							*						
If money is not the issue why don't you just keep the A&E there and put more money into it			*										
We can't afford to have our A&E closing, we can't afford to have 25, 45 minutes treks to hospital			*										
If you had closed Monklands A&E 7 years ago I would not be here tonight. I had a heart attack and drove myself to Monklands but if I had had to go to Wishaw or East Kilbride I would have put it off and I would have died			*										
As long as Wishaw and Hairmyres are turning people away that strongly suggests to me that there is not adequate A&E provision in Lanarkshire			*			*							
I am a Charge Nurse at A&E in Monklands and I don't know where they got the statistic that 60%, 70% attendance are minor injuries. That is certainly no the case. This weekend a gentleman sat on a chair in Hairmyres Hospital of 10 hours waiting for an ambulance to be transferred to Monklands to see a urologist			*										
If Monklands A&E is to close and the medical staff say the decision is pretty much already taken - has a budget been created to deal with the extra pressure on Hairmyres and Wishaw A&Es. Already Wishaw has regularly had to close it's A&E because of absence of beds. My ideal would be for each of the hospitals to retain the status quo and an impressive amount of money put in to expand the facilities.													*
Why can't you buy more consultants, who have completed their training and what makes you think you will have enough consultants and junior doctors concentrated on the two hospitals.													*
The trouble is that nobody wants to go into hospital but they have to and that's their concern, it may very well be the smallest percent of use of medical funds in this area, but nevertheless people, because its such a chronic and extreme condition that would take you into hospital, people are frightened													*
It strikes me that there has been some lack of planning somewhere to cause these things (WTD) ain't just happen yesterday in relation to the introduction of these directives or reduction in professionals and staff													*
The type of presentation prohibits the whole question of the status quo - I am not getting involved in that type of debate the people of Monklands and East Kilbride are entitled to the same type of service I've got here living quite near to Wishaw													*
The logic you were saying is that increased emergencies eat into planned care, already Wishaw as in most A&Es is under stress. If you close one of the three then there will be increasing stress on Wishaw emergencies - surely that will cut into planned care even more so.													*
Is there a problem with the public differentiating (between major and minor injuries), if there's an ambulance it knows where to go but if its an injury to a child for example you don't always know the implications of that injury and you don't know then where to go - GP surgeries aren't all that welcoming at all times are they													*
You said at the Shotts meeting that 80% of people will go through a minor injuries unit compared to a full A&E but 20% of patients need intensive care going through A&E							*						
We have been told that recently that Stonehouse, which had a minor injuries unit, had to close because of difficulties in treatment that arose there - our concern is that when people arrive at a minor injuries unit that the staff there cannot, or are not equipped to deal with some of the issues that are there							*						
My experience of the Western General in Edinburgh is that some people need admitted even from a minor injuries unit. Are they going to be admitted to Monklands (if it is planned care) or have they got to go to Wishaw or Hairmyres for admission							*						
This promises more than it can deliver. They don't understand that they must have the full co-operation of the nursing and auxiliary staff in order to carry out these changes. At Hairmyres food comes from Manchester - I have no faith in the health service because every time we change we get another tier of administration							*						
You have told me I have to diagnose whether I have got a minor or a major injury. I've got a minor so I go and sit in a minor unit for 4 hours and then I have to go and sit in either Wishaw or Monklands for 19 and half hours because it has been on the news this week.													*
Concern about the ability of Glasgow Royal Infirmary to cope with extra traffic flow if Hairmyres does not have an A&E											*		
2 Monklands should be retained as an emergency hospital	*	*	*	*		*	*	*	*	*	*	*	*
Changes should be based on the needs of the population and population using Monklands have the highest medical needs with mortality 31% above the national average, social deprivation, make greatest use of the hospital and the population is second only to Glasgow in relation to deprivation							*						
Mothers ready to give birth at the door of Wishaw Maternity Unit are getting sent away							*						
Primary care services in the Monklands area are worse than the other two hospitals areas													
Wishaw and Hairmyres hospitals close to emergency admission whereas Monklands does not, if Monklands closed who would guarantee that the other two sites are going to stay open 52 weeks a year			*										
Monklands should be the hospital for the north and Hairmyres for the south													*
There is fundamental problems with the lack of analysis underpinning the decision that Monklands should be the preferred candidate for selection as a planned hospital													*

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One of my constituents had a suspected heart attack and her son drove her to Wishaw and she waited for ages before having to be taken to Monklands as there was no room for her at Wishaw									*				
Figures of 2004/05 show that Wishaw hospital lost most days downtime with 100 days, Monklands lost one. Monklands has a high rate of deprivation									*				
Try getting from Coatbridge or Airdrie to Hairmyres in rush hour. The biggest deprivation area outside of Glasgow is in North Lanarkshire. One of the biggest deprived area is Coatbridge and Airdrie and it has a terrible health record. So the greatest need is there. There is no A&E in Livingston so it is imperative that we take into account usage, geographical area and deprivation before we come to any decisions									*				
Only 15% of Lanarkshire's population use Hairmyres so I would like to make it clear that I support retaining Monklands. There has been a lack of investment and bad management									*				
Monklands is the busiest of the three hospital, most efficient and the longest established in Lanarkshire and is the 6th busiest in Scotland. It is the busiest outwith any major city. For historical reasons constituents in this area suffer from greater ill health than in other areas in Lanarkshire. They are also blighted by the effects of heart disease and stroke and conditions which demand immediate emergency care			*							*			
The Scottish Executive gave Lanarkshire £2.7m just 4 years ago to help with the upkeep of Monklands, the modernisation of the A&E facility. The case made was based on needs, how has this need changed in a few short years										*			
Monklands features prominently in emergency care plans because of its proximity to the M8, so what part did that play in the option appraisal										*			
MP stated he had not met anyone who supports the proposal that Monklands should be bereft of its full accident and emergency unit. The idea that an area of this size should have a unit which is nurse led is not one that appeals										*			
Don't welcome the general impression which is being given about Monklands almost as an ancient Victorian building, its not even 30 years old, there has been investment of nearly £3m of late in the A&E unit. The case for the A&E unit today in 2006 is the same case for opening Monklands in 1977, it is required, a huge population who expect Monklands to be there to serve them. Monklands serves a population which has an industrial past which reflects event today on health										*			
The panel should be taking things on merit and all I have been convinced about is that Monklands also merits, certainly in favour over Hairmyres			*							*			
It took us donkeys years to get Monklands and for you to downgrade it now is absurd.												*	
We in Cumbernauld have been treated as outpost. Cumbernauld is the largest town in North Lanarkshire. Monklands will close because who are the MSPs in the other areas. Lets put up a save Monklands candidate at the next Scottish election. How do you get to Wishaw on a winters day.				*									
It looks decided as though Monklands is the one that is going to close, we are moving from a 10 minute blue light service from Cumbernauld to looking at Glasgow where we've already heard that there is too many people waiting in A&E and we look at Larbert where there are horrendous problems.				*									
Is the panel aware that there is not one baby in Cumbernauld or Kilsyth who has been born in Wishaw. They have been born in Glasgow.				*									
People in Cumbernauld will not use Wishaw or Hairmyres because it takes too long to get there or they can't get there at all. It's decreasing the health care in Cumbernauld and putting the onerous on the other area of Glasgow and Larbert.				*									
My husband has to go for dialysis three times a week. He is not the only one from Cumbernauld. He will have to travel to either Wishaw or the other place. I think it is dreadful. He is 80 years old.				*									
At the Muirhead meeting somebody said Wishaw and Hairmyres had been built in the wrong place, Now you are asking us to take your word as experts. The areas around Cumbernauld are growing we need a hospital in 1077 and we need one now. I don't want my husband going all the way to Wishaw for his planned care, how are we going to visit him. That's all part of people getting well. My neighbour died waiting for an ambulance.				*									
I believe Hairmyres should be downgraded as more people use Monklands than any other hospital. There would be no need to relocate maternity services, there would be less beds built, Hairmyres provides less specialist services.				*									
People in the area (Kilsyth) want to see full emergency services retained at Monklands as well as to retain going to Glasgow - why do we need this change								*					
How can we justify downgrading Monklands A&E when it is the busiest in Lanarkshire and probably one of the most modern as there was a huge investment only a few years ago and it is serving the most deprived communities in Lanarkshire.								*					
What is the justification for closing Monklands when it's the busiest department which doesn't shut to GP referrals whereas the other two hospitals shut quite frequently and Monklands has to receive their patients. Has there been provision made so that these hospitals will be extending their services								*					
Most people in Kilsyth go to Glasgow as it is easier to get to but if you close Monklands then both A&Es are going to be south of the M8 which is totally inaccessible for the people in Kilsyth								*					
I would prefer not to make a choice but tonight I'm compelled to be positive about Monklands because I believe the case for retaining A&E is overwhelming. The Board should consider the industrial history of the area which means we have statistics for heart and lung disease at the very top. My constituents would have to travel in an emergency. I resent that Monklands is being portrayed as a clapped out building. Huge deprivation exists.			*										
The Health Board 4 years ago gave a guarantee that the A&E at Monklands would not shut			*										
We should demand the third option which is to keep all three A&Es open.			*										
You are taking away the only thing that we have got			*										
I can't understand how you can say that a health, affluent South Lanarkshire servicing 15% of the community over unhealthily, much less affluent Monklands and Cumbernauld area serving 45-50% of the community			*										

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We've got a situation in North Lanarkshire, where we've got some pretty poor areas in relation to deprivation.													*
3 Hairmyres should be retained as an emergency hospital					*						*		
East Kilbride is increasing and is a very large area, how the people of East Kilbride can put up with this when it cost umpteen millions of pounds five years ago to open a state of the art A&E department at Hairmyres hospital					*								
If we lose the A&E department surely we will lose the cardiac department. And we have already lost thoracic department, the gynaecology and urology have already moved out of Hairmyres so what are we going to be left with					*								
East Kilbride is the 6th largest town in Scotland. Do you know who the other five are. No, I assume you don't. Well I can tell you that not one of those other five is without an A&E service					*								
The population of this town is still expanding. The demographics in terms of the needs of Glasgow South as well as the economics of the situation is that it will be far cheaper for the health board to invest in Hairmyres than it will be to invest in Monklands and that will mean precious resources will be released for preventative health care					*								
East Kilbride's local plan was released just recently and East Kilbride is exploding towards Eaglesham and surrounding areas. Care homes in East Kilbride are sprouting up like mushrooms. East Kilbride's population is becoming more elderly. For the population of East Kilbride and the age group more consideration should be made that you don't have an option to take an A&E away					*								
The PFI funding that built the hospital has to be paid back as a massive loan					*								
East Kilbride has the fastest growing elderly population in UK, we have got the highest over 80s population in Scotland and to say that we don't need the full range of services is not realistic					*								
We campaigned to build a new build hospital at Hairmyres and at the time for a bigger and better hospital. If we had that bigger hospital we would not be having this debate tonight					*								
When NHS Glasgow looked at acute services it was repeatedly raised about the closure of A&E at the Victoria that Rutherglen and Cambuslang would be able to use the facilities at Hairmyres Hospital. I am now concerned about the possibility of not having A&E at Hairmyres											*		
4 Public's concerns deeply held	*	*			*					*			
No other issue which MPs and MSPs have been contacted so much about	*												
Not talking about the closing of a primary school or a day centre or a public library. It's a situation where its potential life or death	*												
It's very difficult to ask people to appreciate the good of the whole community when locally some are maybe losing or gaining					*								
Running a street stall in Coatbridge to engage with my constituents on this issue and asking them if they want to consider signing a petition which will be put into the consultation process, I have never seen a community so animated about something and so incensed and appalled at the suggestion that Monklands could lose its A&E provision										*			
We are concerned about our fathers, our mothers, our children and our grandchildren because it going to happened to someone, and eventually someone will die. I would rather pay an extra couple of pounds if I thought my kids and grandkids were going to be safe			*										
Get off your high horses for just a second and listen to the ordinary Joe's here who have got brains, who have got fears, everyone here is scared			*										
You are basically putting a death sentence on me, everybody I know that has got asthma, I've got a wee girl who has asthma and people who have heart attacks, overweight or anything	*												
5 Travel	*	*	*	*	*	*	*	*	*	*	*	*	*
There is a relationship between the time taken to get to hospital and survival	*												
It will take about an hour for people in Kilsyth and Cumbernauld to travel to Wishaw or Hairmyres and by that time kids or pensioners will die	*												
Elderly local people do not drive and would be dependent on public transport to visit people in hospitals	*												
What discussions have taken place with the transport authority to ensure there is proper transport facilities particularly in relation to rural communities	*												
Between 7 and 9 in the morning or 3 to 7 at night no ambulance will get from the Hairmyres area to Monklands in less than one hour and twenty minutes					*								
There are some treatments which you need within two hours					*								
Can you assure me that if I have a really bad accident at the Whirlies that you can get me to hospital and I won't be dead on arrival					*								
For anyone to argue that you can get within half an hour from Hairmyres to Wishaw in the middle of winter through Lanarkshire roads is living in cloud cuckoo land					*								
If someone does not have a car and bear in mind the deprivation we are talking about, how can you get from Airdrie to Wishaw or Hairmyres of an evening by public transport								*					
I don't believe that you will ever solve the transport problems								*					
Most people will travel by car but all three hospitals have got inadequate car parking facilities. Is there any provision to extend the car parking facilities at any of the three hospitals								*					
Can you explain the obligation the passenger transport side has to focus on health needs								*					
Transport home from hospital is not always available at short notice and at particular times of day								*					
How many patients will die in transit as a result of these planned changes								*					
What is being done about transport between hospitals								*					

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What arrangements would be put in place on transport and with regard to the ambulance service, concerns have been expressed about their ability to cope										*			
Saying to people in the Northern Corridor that they are going to have two emergency hospitals closing, cause you are going to close Stobhill in 2007 and you're going to close Monklands as well, so what's the alternatives. How the hell do people get to Hairmyres and Wishaw, you tell me you get to Wishaw without transport										*			
It is simply isn't true that in half an hour you can reach any of the three hospitals. It is very very difficult to get from Kilsyth or Cumbernauld to Wishaw and a damn sight more difficult to get to Hairmyres										*			
Nobody has looked at transport. You try getting from Cumbernauld for example to Wishaw during rush hour with a sick kid or a sick relative or sick yourself. Impossible. You will be dead before you get there if there is anything seriously wrong with you.												*	
Have you spoken to the bus companies? Will the shuttle bus be 24 hours?												*	
We have one bus to Monklands it runs every hour. How do we get to Wishaw. There isn't a bus there isn't a train. It will cost you £9 to get to Monklands in a taxi and £22 to get to Wishaw.				*									
The Scottish Executive have not issued guidelines or instructions to the health boards in relation to transport facilities and the integration of them. The Scottish Executive are working with the health council to sort out transport so you haven't done a proper transport impact assessment which is going to be a statutory requirement for any changes to configuration of health services.				*									
It said the health board will lay on the services from hospital to hospital. The problem isn't primarily hospital to hospital, the problem is getting to the hospital in the first place. What is the cost of that service and what other budget is it coming out of.				*									
Of the 8 times you have been asked not one of you have answered how far is it from here to Wishaw, how far is it from here to Hairmyres.				*									
They can bear on SPT to make the transport facilities more user friendly. There is a large elderly population in Biggar and many people have to rely on public transport.		*											
I live in Symington and unfortunately when we get to hospital we cannot park and this can adversely affect our blood pressure. Monklands is even worse than Wishaw.		*											
Is there any chance that we could get the 190 bus service to Lanark extended to Wishaw so we could get just one bus from Biggar to Wishaw		*											
What plans do you have to improve the transport links for Kilsyth							*						
To what extent are ambulances compromising the survival or improvement by moving the A&E facilities further away. You've got to go further to them							*						
Have you thought about all the stresses that would be involved in people travelling say from here to Wishaw - you can't get parked at Wishaw. There is no proper public bus service. The best road is through the former Ravenscraig Steel Works and North Lanarkshire Council intend to build another massive shopping mall there that will attach traffic			*										
Someone said journey times being a bit longer - journey times in North Lanarkshire and other parts of Scotland, it's an absolute disgrace - we have very very poor infrastructure and public links													*
Transport largely is not under your control and the major problems in Lanarkshire with transport whether or not you have had discussions with the transport service and private transport which is there for profit and not for need. At least twice a day it would be a major problem with a crisis getting to Wishaw													*
I have elderly parents and last year my father was in hospital for a week. They don't have access to a car. If the operation had taken place under the planned care situation and the planned hospital was Monklands she would have struggled to get there twice a day							*						
If you provide transport (shuttle bus) who covers the cost of that because that must come out of the health care budget - this should go on health care							*						
My concern is the haematology new service or a service which is going to planned - if the service moves from Wishaw to Monklands then this a concern to me as a carer about travel there on a regular basis.							*						
There have been no talks with SPT as I have found out as yet		*											
When you are in hospital the things you forward to is the visits. Now if it means you come from an area where it is very, very difficult to get to a hospital because of the public transport that is a big issue		*											
I have talked to people on the streets and villages and outlying areas of Airdrie and the concerns of the people in the villages is travelling		*											
Concerned about travel times during football traffic											*		
Transport is a very big issue, yesterday we had a transport meeting in here and it was almost packed. So this is a very important thing tonight and there are only just a few here											*		
6 The decision about general hospital services all about cost and Private Finance Initiative (PFI)	*	*			*	*	*					*	*
Why did the Board let Monklands get into the state it is in the first place	*												
The two PFIs are Hairmyres and Wishaw, now they get their money whether a single patient goes through those hospitals, can NHS Lanarkshire categorically say this isn't having any influence over its decision	*				*	*							
PFI is the real issue here. The PFI at Hairmyres and at Wishaw is draining the money from the NHS across Lanarkshire. Backdoor privatisation	*	*										*	
How confident you are in squaring the circle here, you say you are doing it deliver all these promises in a few years time so to what extent are the costs going to be a burden on the taxpayer in the future								*					
Hairmyres and Wishaw are PFI hospitals would it not be better for NHS Lanarkshire to invest in its own hospital Monklands rather than give the money to a private company									*				

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Issue	A	B	Co	Cu	E	H	K	L	Mo	Mu	R	S	W
Wouldn't it be the case that if we cut down on the money we spend on administrators and employ more doctors and consultants that we might get somewhere and we could have consultants were we need them in every hospital.												*	
What percentage of the budget of NHS Lanarkshire goes back to paying back the rent to the two PFI hospitals.												*	
You are putting 100 million of capital investment. Glasgow, same population size, is putting in over 600 million. So lets not pretend 100 million is a lot of money. Lanarkshire has been underfunded at least since 1999 of 40 million.				*	*								
PFI sucks resources. Prior to the establishment of two PFIs what was the proportion of your budget spent on staffing in comparison to the money that you spent on servicing the PFI contracts.				*									
There are too many chiefs and not enough Indians. So why don't we sack half these well paid management and clinicians.				*									
If it is PFI that is not value for money. I think it's 30 years we will be paying for a hospital and come the end of that we won't own it so how can that be better value.			*			*							
What concerns me as someone who is trying to ensure full emergency services are retained at Monklands is that Hairmyres is a step ahead of us because it is a PFI hospital and it would be a financial decision that the board would take based on the financial implications rather than the health needs of the area							*						
You are locked into PFI and the consultant issue, whether we like it or not is the decision process we are going through a resource driven issue. Is there a plan for when the resources isn't there and will be hived off to the private sector							*						
This has more to do with the 30 year PFI contracts than Monklands			*										
Are you trying to save money by changes in A&E services			*										
Have the funds at Monklands been mismanaged			*										
It will take £30m more to keep Monklands A&E open and it doesn't take a rocket scientist to work out the real reason for saving Hairmyres is and it's not about health			*										
The only way for them to get private money and private finance into Monklands Hospital is by creating centres of services for operating on hips and cataracts and they will take the easy work and cut the waiting lists but everyone here will have to pay for it. They can't get near A&E to privatise it or they would			*										
Lanarkshire Health Board have been overspent by about £48m as quoted. You're talking about requiring another £100m odd for your proposals, where is the money coming from to get rid of the deficit and the new proposals which may not be effective.													*
Where are you going to recruit staff in the future if you can't break even and why are you targeting Monklands when you spent a fortune upgrading the A&E department 2-3 years ago													*
I question your planning skills as Wishaw is a brand new hospital and yet it is working to the extremes (no beds). Hairmyres and Wishaw are PFI financed - it is those people who own the two hospitals that I believe will have major influence over all the decisions that you make and they are missing from here tonight													
Your deficit is £20 million but I know since 1999 you have been inadequately funded on a cumulative basis and probably before that as well. I have information this is £40 million - this is more than enough to build your hospice. Why are you not demanding from the Scottish Executive to get the money that you are due. The people of Lanarkshire are paying the price						*							
In your statement why is the investment that you say you have to put in Monklands jumped from £30 million to £50 million. You should have issued these figures instead of relying on us having to go look for those figures	*												
Labour is now demanding money comes back on health and the reason is the Iraq war	*												
7 Loss of accident and emergency would lead to the hospital closing completely	*	*	*							*			
Would seem to be death by a 1000 cuts	*												
If the A&E goes from Monklands it will undoubtedly lose other services, so can you tell me, is this a precursor to the closure of Monklands	*									*			
What is the future of Monklands hospital and A&E if that is the site which is going to have reduced capacity								*					
We're really talking about closing all of a hospital. Now surely if one has to get closed the sensible answer is to have the two outside hospitals open.				*									
Like me, my constituents see the loss of A&E as death by a 100 cuts			*										
If we lose the fight on A&E the next thing will be that the hospital itself because these proposals are not driven by the health needs of the people of Lanarkshire they are driven by the needs of clinicians			*										
8 Comments on the consultation process	*	*	*	*	*	*	*	*	*	*	*	*	*
Should have made sure there was greater input from the public on the DVD	*												
Why does the Scottish Executive not take the decision about general hospitals	*												
Why are MSPs not acting on the public's behalf	*												
Consultation has been a sham - health board members have already made up their minds	*												
Why doesn't NHS Lanarkshire give the public a referendum	*												
Only got a copy of this document this evening when they came in and therefore it is extremely difficult to be ready through a document in five minutes and then look at the DVD and think of things to ask					*								

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There has been an absolute paucity of information whether it is about the resources being developed in the ambulance service, whether it is about staff and modelling, whether it is about finances. So how can you expect the people of Lanarkshire to make informed decisions					*								
I feel that it is done and dusted					*								
The leaflet has not been delivered to a lot of homes in Lanark													
How will NHS Lanarkshire decide which option they are going to put out to the Health Board for these consultations- I don't think there is consensus opinion arrived at these public meetings								*					
There is not a lot of detail in this document and is this no just opening a "bun fight" between East Kilbride and Monklands								*					
Unfortunate that the whole of Picture of Health exercise, which is very laudable, aim and objectives in terms of health promotion and preventative measures has been complete overshadowed in the community by the threat to Monklands										*			
At Stobhill as well you have made up your mind before the consultation has even started. The kind of ire that was resonant at a meeting in Airdrie made it pretty obvious to me that there is resounding no to the proposal to consider the closing of Monklands as an accident and emergency										*			
We have very important MSPs who are executive members of the Scottish Parliament between the two Lanarkshire hospitals, it just so happens on of them is the Minister for Health in whose constituency is Hairmyres, and I wonder cynically how much does that support the argument that Hairmyres might be the one that is retained as an accident and emergency										*			
In the DVD, see a future health service which has been approved by consultants, those who work in the health service, with very very little say to patients, their carers and their families										*			
General feeling in the community that these sorts of meetings are a bit of window dressing. Will the board decision meetings be open to the public										*			
To Broadcasting Business - Your company made the DVD, you are involved in this up to your neck, your company have helped other health boards to close down hospitals and you were paid £35,000 for the privilege of doing so.												*	
You people are total incompetent. I think the politicians should remove you and if the politicians wont remove you from your positions we should remove the politicians at the elections next year.												*	
I would consider this Picture of Health a wish document. In that document they talk about money, they don't talk about dates, they don't talk about delivery, they don't talk about anything. If you went to a bank with this as a business plan you wouldn't get a meeting.												*	
I would like to hear from someone in this community rather than somebody outside because our remit (Shotts Healthy Living Centre) is bringing people from this community to these consultations. So I would like them to be given a the chance. Part of our remit is to try to improve the health and well being of the people in Shotts by encouraging them to do things properly to stop them going through the A&E doors and improve their health. I think what NHS Lanarkshire are going to do works better.												*	
Lets have a referendum across the whole of Lanarkshire asking the people with the status quo being an option.												*	
I am just a general member of the public. No political interest in this meeting at all. But if there was a referendum it would not work because there is general apathy.												*	
What concerns me is about the consultation because normally a lot of the issues contained within this consultation would be separate consultations within themselves and I am really concerned that the information and the participation of the people of Lanarkshire has been undermined because it is so vast.												*	
Why is there no A&E consultant from Monklands on the panel.				*									
Where are the staff who disagree with these proposals because I know they exist. This is absolutely loaded with propaganda				*									
In terms of the summary document that you have posted out would it not have been more useful to have given us more facts and figures and more information prior to this meeting. Its great to say go to a website. I don't know how many people have internet access. It would have been ideal if you could have given us lots of good examples.				*									
In 30 years of chairing meetings, including school closures, I have never seen a consultation meeting where I did all the talking and deliberately until people started to leave the hall.				*									
We went through the consultation process for the school closures in Cumbernauld. There were mass meetings, the unanimous view was that no school should close. The schools closed. If you are genuine about consultation are you going to go away from this and say that yes three hospitals staying open is an option				*									
I am disappointed the way this meeting has gone. I encouraged a lot of people to come along, ordinary people have not been able to put their points tonight and get answers. I think we should think about having another meeting here in Cumbernauld, perhaps breaking into smaller groups where you could really let people have their views heard.				*									
Page 14 of your consultation document has four options . Option one you are saying is definitely out the window, listening to the DVD tonight option 4 is out the window so before we even start consulting you have ruled out 50 % of your options. So are we wasting our time sitting here or do you really want to know what we've got to say								*					
The First Minister's constituency is Wishaw, the Health Minister's constituency is Hairmyres and we are keeping those two open and we are talking about closing Monklands. Is it politically motivated, it is all carved up and cut and dried								*					
The Board only makes it recommendation to the Scottish Executive. So if we cannot get change at the level of the Lanarkshire Health Board we have got to mount a massive campaign to persuade the Scottish Executive that it would be absolute lunacy to agree to either of the two options				*									

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Your choice of venue (Coatbridge) is an absolute shambles, people can hardly hear what is going on			*										
People are waiting on replies to letters we have wrote into you so why are you giving these people questionnaires to tell them that you will give them a written response. That is a load of crap	*		*										
Who made the decision to go ahead with a PFI hospital in Wishaw. Political influence. Wishaw being Wishaw geographically some strings have been pulled. This is a charade the decision has already been taken to close Monklands. Watch out because it is an Executive decision, I won't waste anymore time on meetings because we should be getting together, go out and fight			*										
Why are the Board members at the meeting not on the panel - I am sure when it comes to voting at the Board meetings, the clinical staff unless they are on the Board will not vote.													*
How many people from Larkhall are here tonight. Have you learned your lesson about communities in Lanarkshire. Larkhall people will not turn out to meet in Hamilton						*							
Can you tell me why in Monklands there is a petition saying save our hospital. If you are talking about three hospitals why is one of these three hospitals for a petition					*								
What is the NHS Lanarkshire's debt if there is one. What has this whole exercise cost in terms of printing the literature, distribution the literature and number of personnel who have been involved in preparing it and presenting the meetings, hiring the hall and making the film					*								
I am involved in Lanarkshire Disability Forum and we are getting very tokenistic invites to on or two general meetings but we want to get down to the nitty gritty - how do I get as a patient on the haematology redesign group					*								
I'm appalled at how Labour are selling the jerseys and are playing a north / south Lanarkshire game over something that is life or death					*								
What we should be doing here is getting together and just making the gentleman and ladies up here as well meaning as they are that it is up to the politicians in Edinburgh and tell them we are not going to stand for it	*												
I would like to extend an open invite to everyone here tonight to two public marches that Lanarkshire Health United as organised .	*												
Do we get feedback having come to this meeting											*		
There is an overwhelming number of NHS here tonight. We don't seem to have a fair number of people represented from Rutherglen and Cambuslang											*		
Not everyone has a website and my neighbours here didn't even receive the booklet											*		
9 Medical staffing	*	*			*	*	*	*	*	*	*	*	*
Why can't NHS Lanarkshire not get consultants from Poland and other areas	*												
Planning was needed here, increases in the number of medical students, funding packages and so on					*								
The Victoria is closing surely to goodness you have spare staff already					*								
Why is Lanarkshire not seen as attractive for these staff, Lanarkshire is a lovely place							*						
The WTD which is certainly a consideration which has been around since 1993. We have had 10 years to plan for and it seems a last minute reaction								*					
The working time directive is a big issue here, they don't have the hours, they don't have the funds. Since 1993 Brussels has been banging on about the WTD and you have had since then to do something about it. You have twiddled your thumbs and you are using this as excuse right now. There is sabre rattling going on										*			
We have known about (the WTD) since 1993. Medical school are regularly oversubscribed and you say that you have not enough doctors. I think that proves once again he total incompetence of you people sitting there.												*	
The WTD is part of European Union - Britain is the only country paying any attention.												*	
How many consultants have been allowed to walk away from Monklands hospital over the last year or two i.e. how many have been given redundancy packages.												*	
Has the health board thought about approaching the Home Office and ask how many consultants are in the country currently awaiting asylum who could be working the NHS and could be providing a valuable service because if you refer back to the paediatrics ward at Monklands when it was closed we were told there was no paediatricians available an we know fine that there were ones in this country awaiting asylum.												*	
My dad when he came back home from overseas at the end of the war worked 7 days a week, every day of the year, single handed in a great big practice.				*									
The WTD is talked about as if it is something new but we have had 13 years so far to fall into line with and more doctors should have been trained. I believe if you did have a choice you would want to retain the status quo. There are some things you just have to afford and surely this is something that all of you as consultants are concerned about because your job is saving lives.						*							
Look at yourself and look in the mirror as to why we have got so many vacancies, the health board that is running this blinking system		*											
Why does Lanarkshire use the premium retention that other areas used to entice doctors in		*											
Medical staff are being paid off in their thousands down in England. There is bound to be hundreds of them at least gagging to get a job up here so that is no excuse. Your health board is one of few without any vacancies. I checked out yesterday with NHS Scotland themselves. The reality is Labour's privatisation agenda means as quick as they are flinging in money it is coming out the other end		*											
How can you develop the services without more medical staff throughout the whole organisation also in Saturday's independent newspaper it said that 4000 junior doctors qualified last year and couldn't get a job and are trying to go overseas													*

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Can you confirm that you are employing the maximum number of junior staff that you're allowed to employ in each of your hospitals													*
I want information about the extra hours and extra quality of care that we have got for the consultant contract					*								
10 Concerns about the option appraisal	*		*	*	*	*				*			*
The case is made that consultants can't be attracted but there is one accident and emergency vacancy at Monklands and three at Wishaw	*												
Why was Wishaw taken out of this equation. So who decided that Wishaw was going to be spared					*								
Why was Wishaw not included in the consultation. Would the closure of Wishaw A&E be allowable under the PFI deal and how does Hairmyres fit into that as well										*			
Has the outcome of the option appraisal actually decided that Monklands is the preferred option, is that more about the commitments to the 30 year PFI deal										*			
How did the people feed into that option appraisal, how many were from North Lanarkshire, how many from South amongst the lay people										*			
Who were the lay element of your previous consultations										*			
The consultation is a sham because the people involved in the early part of the proposals were people who had no right to represent the people of Lanarkshire. 70 people took part in the decision to boil it down to two options which was basically a Hobson's choice. Forth Valley has been mentioned as if it is an icon of the way to do things. The result in Forth Valley has been a total mess.				*									
Looking through the option appraisal many of the contributions in it are not impartial and the patient contributions certainly seem more weighted towards Hairmyres and Wishaw. If difficult decisions have to be made they should reflect the fundamental principles of the NHS and be weighted to their impact on reducing social and health inequalities. How important to the Board are issues of deprivation and health needs			*										
Are you starting with a level playing field on the options or are you really just going through the motions and you'll be ploughing ahead with your preferred option													*
11 Primary and community care	*	*	*	*	*	*	*	*		*			*
Politicians and public have been arguing for an Airdrie Resource Centre for seven years	*												
Proper investment in public health is essential to improve the situation but this is 20 to 30 years down the line - people need services now	*												
I am very saddened about the deterioration of the health service over 30 years especially primary health care					*								
GPs are working less hours than they have ever worked before. Now surely what is more important is that the GP gets there 24/7 to the person's home -not the A&E department. NHS 24 is an unmitigated disaster					*								
What is the timescale regarding the other A&E units that are being set up locally for minor injuries, will they be in operation before the A&E unit close in the other hospital. Will they be open 24 hours a day. Will that be in one of the current units in Lanark								*					
Care in the community does not have enough resources. Are there plans to put more resources and staff to help carers care at home with care packages								*					
Are you confident that you will have resources to cope with devolving work to GPs, health practices, transmitting x-rays and community care in general								*					
Lack of information about primary and community care services for Northern corridor										*			
When I came out to Cumbernauld at first I thought that we were going to have more facilities in the town. We are moving away from the town so it is harder for the people of Cumbernauld to get to Wishaw or Hairmyres				*									
Cumbernauld is the second largest town in Lanarkshire. North of the A80 there are approximately 1500 houses will be built. At the moment we have one health centre north of the A80 whose books have been closed for three years. The developments in the booklet do not include Cumbernauld.				*									
Why of the 11 proposed primary care developments that you have in your programme not one of them is in Cumbernauld.				*									
I would like to praise how improved Biggar Health Centre and the office in particular have improved over the last year. We hear about increased facilities you are proposing putting in throughout Lanarkshire and we think about Kello and it would be nice to have an x-ray service where we have to travel distances	*												
Is there going to be an extension of the hospital (Kello) to deal with minor illnesses and injury services. Will there be a transfer of resources from secondary to primary care with the shift from that kind of service. GPs will need a lot more help and backing.	*												
Lanark is not exactly local to Biggar. We are in the middle of an agricultural community - one of the most accident prone industries. There is no development really going to happen here in Biggar. Why can't we have more facilities here. If you are able to fund Lanark for x-ray why not Biggar	*												
The minor injury service at Kello should be available at weekends	*												
I am very concerned about seeing children with obesity problems and dental problems. And I just want to know where the money is going to be spent locally to try to improve the long term health of families	*												
In relation to CHPs, joint workings of health and social services did not work in Enfield due to different approaches to accountability and not dividing up the cake in the same way	*												
There is only one domiciliary physiotherapist based at Roadmeetings for the whole of Clydesdale. I am hoping that as part of your partnership with social services you might think about introducing a rapid response service and improving domiciliary physiotherapy.	*												
There is an awful feeling of lack of training and equipment they require at Kello. A recent meeting at the health centre was wondering about expansion plans as it is bulging and you can see that the staff need extra room. Would it be an idea to try to link Kello hospital and health centre together.	*												
The Lanark Health Centre, state of the art building and I just wondered what the facilities were because it just seemed to be an out of hours referral centre	*												
Does Lanarkshire have the problem that other parts of Scotland are facing in the shortage of NHS dentists	*												
Is there a possibility that a 24 hour doctor cover could run from Biggar because it is a massive area from Crawford and it takes an hour to Wishaw	*												

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What are the proposals that will see improvements to Kilsyth Health Centre so that we can enjoy consult lead clinics. There is talk about closing the Victoria Memorial Cottage Hospital - that would be unacceptable to the people of the Kilsyth area.							*						
Kilsyth Victoria Cottage Hospital is an acute hospital for the elderly and held in great esteem. You mentioned the Victoria does not provide single facilities. Why do you need single suite facilities in an acute hospital							*						
The Kilsyth health centre is bursting at the seams, the dentists are on the first floor, no easy access. Could you put a bit more meat on the bones. What sort of services do you want to bring to the health centre and how can the people of Kilsyth influence this future shape of services							*						
The Monklands primary care services are poor, the Airdrie health centre is 15 years too late, GPs in this area are not motivated			*										
What elements are you going to put into prevention			*										
It will take a while for primary care sector to catch up, won't it. All that subsidiaries stuff that has to be done to take away accidents and emergencies from the main hospitals, like whatever 24 hour nursing or minor injuries facilities all that should really be implemented first before you consider closing any one of the three A&Es													*
What is going to be different about Wishaw Health Centre when it's rebuilt when at the moment it is getting more and more difficult to get an appointment with a doctor													*
Is this a consultation as GPs have visited the hospital and are undertaking training already in minor surgery													*
Is there a problem with recruitment of GPs in the area													*
Why is there no new health centre for Larkhall. £100m spent in the whole of Lanarkshire						*							
We support your proposals on primary care but the impact of these will take a considerable time to kick in						*							
How is this going to effect me when I go to my local GP. Hamilton does not even have a health centre, I understand that was because the local GPs did not wish to have a health centre some several years ago. I think it is invidious that GPs can take that decision on the patients' behalf						*							
12 Concern about cross boundary flow	*		*			*				*			
Monklands was built to meet the needs of the local population, before it was built people used to travel to Glasgow and if the service is downgraded people will start to go back to Glasgow	*												
How much will NHS Lanarkshire have to pay if people have to be cared for by Great Glasgow Health Board	*												
Larbert has not been designed to take patients from Monklands area	*												
The closure of Victoria and the changes that are taking place in Glasgow. What is the impact going to be on South Lanarkshire if we did not have a level 3 hospital					*								
What discussion has taken place with surrounding health boards, including Ayrshire and Arran since if Hairmyres closes presumably Crosshouse is quite close to a lot of people who live in that area										*			
Glasgow Royal Infirmary is not coping with the emergency service, they are sending patients to Stobill as we speak										*			
We have no costings and figures relating to the patient flow and to not consider cross boundary flow when Glasgow is downsizing is ludicrous			*										
Glasgow is going down to two major trauma units. They will run down the Victoria and then say to the people from Cambuslang, Rutherglen they really do need a hospital - Hairmyres. But Coatbridge really needs our hospital it was built 30 years ago because it was required			*										
You also talk about negotiations not within you own area but with Glasgow, with Forth, with Stirling to solve the problems of A&Es. But all these areas are cutting their A&E services as well and the equation just does not add up													*
13 Concern about providing elective care at the planned care hospital without intensive care service	*			*				*				*	*
Will the clinicians be happy to deliver oncology, haematology, vascular surgery, breast surgery etc without the backup of intensive care	*			*								*	*
You have given the impression that all planned surgery would take place at Monklands and there would be none at Hairmyres and Wishaw - is this the case								*					
Will the planned care site take any accidents at all. Will it deal with any degree of injuries. Can you define minor injury								*					
Why are the people of Lanarkshire not been given the choice to keep elective and emergency care in any site in the whole of Lanarkshire. The whole question of the geographical separation of emergency and planned care definitely doesn't have the research base or evidence base. Indeed the evidence from England is very worrying indeed.				*								*	
If you in a planned hospital, is there not going to be some kind of ITU, do things not go wrong in planned surgery.				*									
You state that in the planned hospital. You have been less than honest in telling people that they are going to have breast surgery and orthopaedic surgery when all you'll be able to do is just things like varicose veins and minor procedures like that.				*									
I am concerned about lack of co-ordination. About 6 months ago I had a heart attack. I had various test done but they decided after about a week that they were going to give me an operation - would this be planned or an emergency. I finished the operation at about half past five, I was still lying on a trolley until midnight. The hospital repeatedly asked the ambulance service to uplift me													*
If you are going to have certain hospitals that are going to deal with elective and emergency care might this gentleman's (above) case be dealt with in just one hospital													*
How many staff will there be on the planned care site and what will their experience be, what will be their hours						*							
I am concerned as I have been in hospital more than twice having an operation which was not considered to be life threatening and ended up with post operative complications that very much needed intensive care - so you can see why I am not convinced about the planned care hospital						*							

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What kind of planned surgery is Monklands going to have without an intensive care facility - the only operations you will be able to do are fairly minor ones. There will be even heavier workload, stress and delays at the emergency hospitals	*				*								
14 Ambulance service is not able to provide the services required	*	*	*	*	*	*	*	*	*	*	*	*	*
Coatbridge ambulance service does not access to Thombolysis or telemetry	*												
Ambulance staff at Coatbridge do not support change to Monklands and believe their families are in danger - be afraid	*		*										*
Ambulances don't have satellite navigation, they don't radio control, they're using mobiles. So the idea that all is well is clearly not acceptable					*								
Will ambulance services be increased					*				*				
Why is there, on quite a few occasions, only one ambulance on in the night in East Kilbride. How will an inadequate ambulance service cover the extra pressure put on by the closure of Hairmyres for the people of East Kilbride and huge surrounding area					*								
This is huge impact on the ambulance service both for acute emergencies and also for out-patients. I just want to be assured really that there will be some investment made here								*					
I would like to applaud the ambulance service because I saw them in action last Thursday and they spend half an hour in an ambulance before they took a lady to hospital and her son tells me that she is doing well									*				
Why are we relying on ambulances for transport when they are not even wheelchair accessible									*				
The ambulances we were told last week, their all fine they are all stacked with equipment. Now I have spoken to ambulance drivers and they are not stacked with equipment. I have yet to see the figures that give the massive training expenditure that is needed for nurses in these A&E units or wherever the minor injuries one is going to be and for the paramedics									*				
Where is the ambulance service based in Lanarkshire. We have the M8 in the Muirhead area, we have the M73, we have the A80, we have the M80 bypass and you're saying about how quickly the ambulance can get to the patient. Do you have enough ambulances in this area to get to the patient who is needing immediate A&E care. Particular concerns about the amount of major roads and the amount of road works										*			
Local Gartcosh GPs have been informed by Glasgow Health Board that in the event of emergencies, heart cases, stroke cases etc, that within rush hour, that between eight and half past nine and four pm and six thirty pm, that they have to instruct ambulances crews to go to Monklands and not to attend to go to Glasgow because of traffic congestion										*			
In order for people to get to Wishaw or Yorkhill in an emergency situation they need ambulances to do that and from what I can gather from talking to paramedics there is not enough ambulance cover over the weekend (Cumbernauld).				*									
Am ambulance gets to us in 8 minutes but do we get to hospital within 8 minutes, is that not the priority. If you look at the meeting tonight the majority of people are older people, people who can't drive because of their health.				*									
There are only two ambulances in Cumbernauld - have you got ambulances and if somebody else phones up wanting an ambulance is it going to take you longer to Wishaw.				*									
How long will ambulances take - you don't know. How many paramedics are there going to be - don't know.				*									
A complaint we receive time and time again is one ambulance turning up with one driver or one paramedic and having to wait about an hour for the second ambulance to appear to give them a hand.	*												
There has been a chronic lack of staff, ambulance based staff in Biggar for years now, there has been on several occasions single crewed staff attending and unfortunately our nearest next resource a team from Douglas to arrive and people are waiting a long time on ambulance cover	*												
Where this hospital in Lanark was, I have never heard of it.	*												
Concerned about the degree of permanency about this plan. Can we be reassured of the timing of the new hospital in Lanark and any proposals that might be approved in Biggar that we are likely to see it happening in the near future or relatively near future and it won't be overtaken by further reorganisations	*												
Are there any plans for helicopter ambulance service in Lanarkshire given that there might be a major accident on the M74 down at Crawford or Elvinfoot	*												
The assumption here is there is a surplus of ambulances that can take people to further care provision. But at the moment the ambulances have got real shortages as well so how are you going to cope with all the extra phone calls that you are going to get.							*						
How does the ambulance service decide which A&E facility to use if you are going to have Glasgow and Larbert							*						
Coatbridge ambulance station is the busiest in Lanarkshire.		*											
View from a paramedic that there is a golden hour most of which is taken up before we get a patient to hospital. This is the time that provides the most survival for the patient. The ambulance service works with the three Ps. Promote recovery, preserve life and prevent deterioration. Can you tell me closing an A&E can be best practice for my patients		*											
The ambulance service keeps throwing forward thrombolysis, but that is a very small proportion in life critical injuries and diseases. I am under no illusions that we have minimal drugs compared to a hospital and equipment. I am only buying time for the doctors		*											
I am concerned about the ambulance cover - there are demographic changes and new houses being built, more people coming in													*
I am sure you will talk to the ambulance service and they will do their best but someone in their employment was saying that it is difficult and there will be problems of DOA either by the time the ambulance gets to the incident or gets to the hospital													*
Are ambulance services being included in the modernisation and the concerns of the paramedics transferring patients from the likes of Auldhouse to Monklands					*								

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It was in the papers that someone had a baby in the house waiting for the ambulance to turn up	*												
I had a angina attack and it was only when I got to the hospital that they were able to say that yes I had had a heart attack because the equipment that they had in the ambulance wasn't able to actually diagnose my condition	*												
In case of dealing with sudden emergencies in an ambulance, sudden stoppage of the airway, would the paramedics be able to carry out a tracheostomy											*		
15 Palliative care			*		*	*					*		
There is dearth of hospice beds in Lanarkshire. Why if that magnificent campaign has raised such a large amount of money to help fund that new hospice are there no place for a dedicated hospice on this side of Lanarkshire					*								
The board have not come to any agreement with the Kilbride Hospice Appeal Fund					*								
If you have ever had to look at your parents and the tiredness and the tears and know that all they wanted was a week even in a hospice					*								
Everyone is giving money willingly and happily for a hospice to be built in South Lanarkshire because we have no beds in South Lanarkshire and only 20 beds in North Lanarkshire					*								
You have put a hold on Kilbride Hospice Trust who were meant to be building a palliative care hospice up at Hairmyres.			*										
As a friend of the Kilbride Hospice I have been involved in a bit of fundraising. North Yorkshire has 20 beds. I have spoken to someone whose uncle did not want to die in hospital but was refused a bed because there were no beds available. How can the panel say that they do not see a need for palliative care beds in a hospice for which £1.4m has already been raised.					*								
The newspapers have said you would like to have £500K off the £1.4m to sponsor beds in a unit at Hairmyres. How much palliative care is NHS Lanarkshire giving in the community as it would seem to me that the Marie Curie and McMillan nurses do the NHS's job					*								
If you recognise that there is a need for beds in a hospice why are you not prepared to look at the issue of a hospice until 2009					*								
In the £100m I don't see any development for palliative care.											*		
16 Mental Health	*				*	*	*	*					*
Can you tell me where the NHS day hospitals for older people with mental health problems will be and how they are going to be set up and will you consult local views								*					
Is there provision for one or two assessment beds for assessment for people with dementia here for the people of Clydesdale								*					
What is happening to the psychiatric beds at Wishaw								*					
Lanarkshire Links worked with the board in developing a mental health strategy up to 2005 so why is this not part of A Picture of Health and why have we been not been involved in the process of developing mental health services									*				
What is going to happen with acute psychiatric admissions is there is going to be one unit for the south and one unit for the north and that subject is one in four people in Scotland will suffer from mental ill health at some point in their life. That is very, very concerning. Most people who use Wishaw come from the south and its a four hour bus journey from Biggar to East Kilbride and back unless you want to go on at the weekend when you can't get at all	*												
I wondered do you have any plans to provide care for people with altzheimer's in the area (Kilsyth) because the services are extremely poor.						*							
I work in the NHS. Airbles Road Centre is going to be taken away in 2008. People are concerned about all the places shutting and quite a lot of people are quite upset about maybe losing their jobs. Where will the services at Airbles Road go													*
Will any of the people who are in Hartwoodhill or Airbles Road lose their jobs													*
Has any decision been made yet on wards 1,2 and 3 psychiatric units at Wishaw and the day care. People need reassurance, they need confidence that when they go back there they are probably seeing the same faces and know that they are going to be well looked after. The day care was originally set up to stop people from going back into hospital. People in hospital maybe see a consultant once a week. There are not enough consultants or clinical psychologists													*
Will there be better funding for mental health. Will there be more community measures put in place, 24 cover of CPNs. Also I would like to see a separate admissions unit set up centralised somewhere in South Lanarkshire instead of having people with addictions in admission wards					*								
I am lead to believe Airbles Road mental health day centre is closing - if you are trying to advance care in the community why is it closing. What do you classify as an appropriate site (for the re-provision) because as far as I can understand the nearest one in that area is going to be Hairmyres which for people in Airdrie is quite far away					*								
17 Promises were made that paediatrics would come back to Monklands were broken	*	*				*				*			
Everything is not rosy at the paediatric unit	*												
Is the consultation real, unlike the one on the paediatric which followed on from misinformation, said it was a temporary move and it was permanent and that scenario served to destroy the trust of constituents in NHS Lanarkshire						*				*			
People are sceptical about the consultation because of paediatrics			*										
I had the misfortune of dealing with your Board when they decided to close the paediatric unit and you told us no it was only for 3 months. You lied then and I think you are doing the same now			*										
18 Other issues	*	*	*		*	*	*	*	*	*	*	*	*
Neurological services have been overlooked. There is quite a big need, a growing one with the ageing population for more patient led services for people MS sufferers, Parkinson disease					*								

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On the news there was story of an old lady discharged from hospital and nobody informed the next care group down the line - presumably that is what you hope won't happen								*					
Staff moral is already at an all time low and with the changes ahead how do you propose to deal with staff morale								*					
Are maternity wards at Wishaw being used for other surgical or medical patients making it difficult to admit maternity patients								*					