

A PICTURE OF HEALTH – STAFF MEETINGS**Code**

A.	Hairmyres Hospital	01/02/06 – am
B.	Hairmyres Hospital	01/02/06 – pm
C.	Law House	06/02/06 – am
D.	Law House	06/02/06 – pm
E.	Monklands Hospital	09/02/06 – am
F.	Monklands Hospital	09/02/06 – pm
G.	Wishaw Hospital	13/02/06 – am
H.	Wishaw Hospital	13/02/06 – pm
I.	Central Health Centre, Cumbernauld	15/02/06
J.	Coronary Heart Disease, MCN	08/03/06
K.	Health Promotion Department	17/03/06
L.	Strathclyde Hospital	27/03/06
M.	Board HQ, Beckford Street	28/03/06
N.	Law House	30/03/06

Staff Group Sessions

	Question/Statement	Stated at meeting
	<p><u>Recruitment/Vacancies</u> Recruitment Problems currently exist – is this going to add to it ? How do we resolve this. Staff currently leaving – cannot be sustained. How do we recruit when A4C is not yet assimilated ? How do we attract staff into the service ? Docs & Nurses will leave if site is downgraded.</p> <p>A lot of vacancies in both Acute and Primary Care have been cut back due to this. Will posts still be frozen ? Will reductions in trained staff be brought back up to previous levels, if extra work transpires ?</p> <p>Investment should be made in staff and Consultants, rather than Primary Care.</p>	<p>A,B,C,D,E,F,G,H,I , K, N</p> <p>F</p> <p>A,B,C</p> <p>E</p>
	<p><u>Training/Skill Mix</u> Training issues. Is there enough staff to train & educate others to become specialists ? Training issues – will there be money available and support to take part in the training ? Staff training needed to engage the public Lose training & education status Monklands becomes level 2 How will staff skills be maintained on Level 2 site. Concern about staff skills in ITU</p>	<p>A, C, F, G, H, I, N</p> <p>C E E E</p>

Issues around skill mix on planned and emergency care sites. Specialist roles are eroding jobs for District Nurses. Concern: re training opportunities for CPN's Development of AHP skills needed Care Management Training started – will this continue ?	G F H D D
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Question/Statement	Stated at meeting
<u>Workforce Planning</u>	
Human Resources – how will staff be involved in the process and when ?	A
Workforce planning has to look at present and future	D, E, G, H, L
Staff re-deployment – everyone cannot go to Wishaw or Hairmyres	E
Staff retention ? Once planned care site known.	E, F
Staff involvement and offered attractive rotations on Level 2 site	E
Change is working conditions if staff are moved without consultation. Staff need to have a choice where to work.	G
Video mentioned increase staff – maternity, midwifery. Where will they come from ?	G
If staff specialty moves to another site, how will this affect staff working in this specialty area.	H
Investment in staff needed to deliver planned services	I
Staffing levels too low to support more care in the community. Expertise not available in the community to support discharged patients.	C
Will there be an increase of staffing levels at minor injury clinics ?	D, E
What will happen to staff already working in emergency on planned care site ?	E
Many trained staff are reaching retirement age, has this been taken into account.	G
Will staff have choice to go where the specialty is situated. Will they have to apply for these posts ?	F
Are staff expected to do more in the new system ?	C
Where will staff be located ? Issue currently exists re: premises. Needs to be resolved.	A, I

<p><u>General Feelings/Morale</u> Low staff morale So many changes – everything at once, running parallel, no collective approach. People will feel they have lost their jobs Staff feel more confident about explaining P,O.H. to friends & family. Yes ?</p>	<p>A, D, E, G, H A, E, F M</p>
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Communication & Consultation Process

Question/Statement	Stated at meeting
There is a need for communication in a NHSL areas. Not only by email. Need to know what's happening to support colleagues and patients.	A, G, H
A lot of mis-information	A, I
Many had not seen summary document at work or at home before staff meeting.	B
CHPs being organised and conflict over disinformation.	A
People feel decision has already been made	C, D, E, G,H,I, M
Concern that there had been no staff involvement in the process until December meetings.	F
Here a lot about buildings and premises, not a lot about staff increases.	G
Consultation better in smaller groups	G
Speech & Language Therapy not consulted	E
AHPs not considered in Consultation	E
No real mention of Health Promotion in document	C, K, N
How are groups with learning difficulties, poor literacy, sight and hearing impaired being consulted ?	A
A Public meetings going further into the community e.g. lunch clubs, community centres ?	B
POH document too complicated for some people. List of numbers to call for each condition.	B
How were POH documents distributed to the public?	C
Consultation processes are often politically driven and only hostile people ask questions.	C, L
Have relatives been consulted re: old age psychiatry/dementia services ?	C
How much is all the media, leaflets costing ?	C, G
Mental Health not mentioned on the DVD	D
Why did the Board sub divide the options before consultation ?	E
Should the public be allowed to vote on the options ?	E
How was the data collated for this process ?	F
Information a bit wooley – theory does sound good, but needs more detail	G
Is there a POH or similar being implemented in England ?	H
Main drivers for consultation seems to be Consultants – other staff feel peripheral to medical staffing needs.	A
What are the timescales for decision ?	L
What is happening about response letters – are they are standard ?	M

Transport/Parking

Question/Statement	Stated at meeting
<p><u>Staff</u> Increase costs for staff moving across Lanarkshire – may lose staff. Public transport Links for staff getting to work poor.</p> <p>Parking at Acute Hospitals problematic at present, will this be addressed ?</p> <p>All transport issues (public & patient) need sorted out now.</p> <p>How much money is spent on parking costs throughout Lanarkshire</p> <p>Travel expenses for staff need to be considered to maintain people in the community.</p>	<p>A</p> <p>C, F, G, H, K</p> <p>D, F, G, M</p> <p>G</p> <p>H</p>
<p><u>Public/Visitor/Relatives</u></p> <p>Concern that public transport not adequate to get people to consultation meetings.</p> <p>Rural transport poor, especially in evenings. Will this be addressed ?</p> <p>Issues for visitors and carers visiting.</p> <p>Concern re: travel time from Coatbridge & Cumbernauld & Monklands area to Level 3 hospital (if this is not Monklands)</p> <p>Poor public transport system. Time consuming to travel around Lanarkshire.</p> <p>Reduction in visitors will affect rehabilitation potential.</p> <p>Will there be a shuttle bus service or rail link between sites ?</p> <p>Cumbernauld – bus travel one an hour. Needs addressed</p>	<p>B</p> <p>C</p> <p>C, D, E, H</p> <p>C, I</p> <p>D, E, F, H, L</p> <p>E</p> <p>G</p> <p>I</p>
<p><u>Inter-Hospital/Patient /SAS</u></p> <p>People will have to travel further for care</p> <p>Transport issues between hospital sites – difficult to transfer patients</p> <p>Transport times will be longer – not just “slightly” as stated in DVD</p> <p>The first ambulance death will mark public “I told you so”</p> <p>Development & concerns over paramedic services ? Need more information on around SAS and paramedic skills</p> <p>Concern over increased time patients will spend in ambulances.</p> <p>More ambulances needed.</p> <p>Ambulance protocols – nearest hospital or best for the emergency ?</p> <p>Concern over inter-hospital transfers – confusion to where people will go.</p> <p>Increase clinical risk – 30 minutes drive</p> <p>Use of 999 ambulances to transfer and escort patients from hospital to home.</p> <p>Risk assessment been done re: further travel in ambulance to emergency sites?</p>	<p>A, G, I</p> <p>A, B, H</p> <p>A, F</p> <p>A</p> <p>B, C, H, I, M</p> <p>C</p> <p>D, E, H, I</p> <p>E</p> <p>E, H, N</p> <p>E</p> <p>H</p> <p>H</p>

Acute Services – Planned/Emergency Care Sites

Question/Statement	Stated at meeting
Monklands would need rebuilding work Why in such a state when only a 30 year old building ?	A
Acute – Consultants can see more people on one site than in the community.	A
“Super Hospital” – don’t want to have any regrets at not having a “Super Hospital”	A
Limits on amount of patients – will take a ‘hit’ from Glasgow patients if Hairmyres holds Level 3 A&E	A
2 hospitals in North, none in South – public happy ?	A
Concern re: heart attack in Airdrie, dies on the way to Wishaw or Hairmyres.	A
Monklands population in greater need – high poverty	A, E, G, M
Is there scoring system in place to determine what option will be chosen, if so will you tell us what it is ?	A
Specialising in Acute Hospital will mean care is further away. Senior Medical staff will go to bigger units.	B
<u>Planned Care Site</u> Planned care – will it need HDU/ITU ? Planned care – see as downgrading, might not attract clinicians Will Hairmyres be big enough for planned care site ? How many elective operations can be done safely on one site without an ICU ? Planned hospital good idea to protect beds – but simple operations can become more complicated and this is affected by no ICU . Planned care site good – concern over elderly people distinguishing between planned and emergency minor/major care. Minor injury site – 24/7 ? No information on what a Level 2 site would look like Day Hospital services – Level 2 site A&E minor injuries – what about self referrals ? If Monklands becomes Level 2 – what is the impact on waiting times at Wishaw ? What procedure will be planned – can be no major surgery if no ITU on level 2. Not much left for Level 2 to do. General public do not know there will be no emergency physician on level 2 site. What staff in Level 2 site over night. What will be emergency cover What level of medical support will be available on planned care site ? What else is going to be lost apart from A&E on Level 2 site ? Minor operations only on planned care site – will people then have to be transferred ? Will NHS 24 direct patients to minor injury centres	B, E, G B B B, E B B, C, D, E, H D D, E E E E F F F F F, H F G D
Will there be mini A&Es in all hospitals ?	B
How many beds will there be on each site ? Are stroke beds going to increased across sites ?	B, G, H, I H

Question/Statement	Stated at meeting
Why services being changed so soon after building new Hairmyres & Wishaw ?	C
What will happen to emergency care in Clydesdale ?	C
Waiting times issue already. What plans are being made to reduce trolley wait ?	C, D, H, I
Will ICU beds be reduced since only on 2 sites ?	C
Need comprehensive plan to ensure specialist units are not swamped by minor injury patients. Need to educate and change culture of public who traditionally present at A&E instead of local clinics.	C
How will decision be made on 2 nd Level 3 site ?	C
Can we build a new single hospital ?	D
Like the re-design – can't argue against most of it. A&E big issue. Generally agree with logic for two emergency hospitals. Would like 3, appreciate not sustainable. Appreciate need for change & personally support proposals. Would prefer to have staff who are professional and not tired.	D E, K I
Can two emergency care sites cope with activity ?	D, E, F, M
Is this a plan to close Monklands ? Services slowly disappearing. Is it being run down to invest in other two sites that are overspent ?	E
Wishaw Maternity should not be used as a good example of specialist centre on one site. Centralisation of maternity services very positive – increased number of home birth deliveries.	E H
Out of hours service – how will these changes impact this ?	E
Monklands has biggest A&E – “can do” attitude at Monklands Bad publicity around Monklands A&E	E H
When will we find out about services as well as Level 2/3	E, K
Has work been done: self referral rates to casualty for each hospital	E
State of the art renal unit at Monklands which will be disbanded Renal patients often need admitting to ITU from planned attendance. Relocating renal – unsure if support services will go with it. Dialysis will need to be available on emergency site. What happens to renal patients who require surgery major surgery. How will three units be staffed ?	E F
No CT scanning facilities if Monklands becomes Level 2 ?	E
Concern re: paediatric attendance at minor injury unit when Paeds is at Wishaw General. Have better service, but no increase funding.	D, E
What criteria used to determine Wishaw as a Level 3 hospital ?	E
Will it be seen as politically unacceptable to make Hairmyres a Level 2 hospital ?	E
Concern re: out of hours, patients directed to other sites.	E
Is it up to patient to decide if their illness/injury is minor or major and decided where they should do ?	F

Question/Statement		Stated at meeting
	Will A&E on emergency sites be expanded to cope with increase numbers.	F, K
	Some Dermatology patients require ITU.	F
	Who decides which site is best for the patient ?	F
	What is the cost of extended PFI Hairmyres Hospital ? PFI – how will additional running costs for Hairmyres and Wishaw be managed ?	F E, L
	Proposal to move day services for older people onto Acute site are welcomed.	E
	A&E Services at Monklands is the biggest in Lanarkshire and second biggest in Scotland. View that lives will be lost if this service is not available.	E, M
	What will happen to Rapid Response Team	F
	Will all maternity services stay at Wishaw ?	G
	What ITU/HDU services will be provided at Wishaw ? What will happen to Cardiology Services ?	G
	What intermediate care and rehab services will be available ?	H
	POH seems to be Acute focussed.	I

Cross Boundary Flow

Question/Statement		Stated at meeting
	How will Glasgow situation impact Hairmyres ? Due to Victoria closing, E.K residents would have to travel to Wishaw or Southern General.	A
	Patients who previously went to Stobhill may now be going to Monklands – where will they go if Monklands A&E closes.	C
	Is someone speaking for Glasgow and Forth Valley about the changes and impact on services ?	E, I, L
	Can North Lanarkshire patients choose to go to GRI e.g. chest pain, rather than Hairmyres or Wishaw	F
	Costs – is money going to other Health Board areas outside Lanarkshire. If people go to Glasgow or Larbert will there be cross boundary charges.	F, N
	Some people from Cumbernauld/Kilsyth area use Larbert because of better public transport links.	I

Community Services

Question/Statement	Stated at meeting
Primary Care mentioned in DVD, but focus mainly on Acute Need to encourage people to consider primary care services.	A, L
£100m not a lot of money to extend services. We can't at present offer a basic service in some areas due to staff shortages.	A
Money for resources and staff need to be invested in community – historically this has not happened.	A, K
Community Pharmacies are a good idea	A
Will blocked posts in Primary Care be released to improve services in the community.	A
Need more community staff. Do not exist at present	D, G
Community Expansion – unclear as to what is development of existing services and what is new. Has this been costed ?	B, C
How will NHSL support patients who need intensive rehab at home ?	C, H, I
Will proposed new health centres have adequate facilities for group activities, events etc.	C
How will clinic staff be supported to answer public questions on POH	C
Concern over ageing population, chronic illness – changing roles required e.g. pharmacy, case managers.	D
Lanark new build – will there be x-ray facilities and will nursing staff be able to hold clinics ?	D
Need more information on new hospital in Lanark.	D, H
Why not reuse William Smillie building instead of building new hospital in Lanark.	G
Will there be a minor injuries unit at Cumbernauld ?	E
Primary Care Infrastructure requires to be looked at.	E, F
Is Speech & Language Therapy Services going to be carved up ?	E
Airdrie Resource Centre will be a real benefit.	F
Cynicism that new community developments are only there to put a positive gloss on the Acute changes.	F
Why have they increased the management structure in Primary Care after having reduced it ?	G
Community Addiction Services – not enough community services and long waiting lists for people with alcohol liver disease	H
Gap between District Nursing and Homecare staff in their ability to provide services at home – will this be addressed ?	H
Need to address continuity of care for patients in the community – see different nurses.	H
Good partnership working already exists in Cumbernauld/Kilsyth – needs to be recognised.	I
People with long term conditions – suggestions fairly well established – just need to be built on. Need more information	A, I
Little input re: children's services. Not mentioned in the proposal	I
Will primary care changes be in place before changes made to A&E	M

<p><u>GP Services</u></p> <p>How will GP's be encouraged to do more ? What do GP's think about PoH proposals ? GP patterns of referral needed Public's lack of faith in GPs in Monklands area. GP's attached at present, not certain this will continue. Will there be zones rather than being attached to a GP practice Will GP appointment times be compromised further ?</p>	<p>A, E, M A, G E E F F A</p>
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<p><u>Health Promotion</u></p> <p>Changing healthcare provision, but can't yet prove it will improve health of the people of Lanarkshire.</p> <p>Need to improve health prevention.</p> <p>No real substance about this in the document</p> <p>Money for health promotion/improvement – how will this be invested?</p>	<p>A, B</p> <p>B, E, K</p> <p>C</p> <p>E, F, K</p>
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<p><u>Older People's Services</u></p> <p>Needs more resources – improvement of service welcomed. Need for more sheltered housing for people not ready to move into nursing homes – gap in service. What will new Hamilton Resource Centre be used for ? Are premises which are closing being renovated or replaced ?</p> <p>No mention of Red Deer Centre in document</p> <p>Is the Udston Hospital move a short term option ?</p> <p>Important to keep older people in the community</p> <p>What is long term plan for Care of the Elderly in Lanarkshire ?</p> <p>Older people's nurses in Cumbernauld – unique. Where do they fit in</p> <p>Concern older people do not understand changes – need better communication, use Post Offices, Libraries, Churches etc.</p>	<p>A</p> <p>B</p> <p>B</p> <p>B</p> <p>D</p> <p>I</p> <p>D</p>
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<u>Mental Health & Old Age Psychiatry</u>	
Not enough beds for long term patients. Need to re-organise to reduce backlog.	C
Concern regarding splitting Old Age Psychiatry service into 2. Defeats purpose of its intention.	D
Caird House – Local Authority did not know of these plans before consultation. Need to be kept informed.	D, H
Community Mental Health will improve. Concern re: support from in-patient services.	D, H
Not enough about mental health in consultation document.	A, D, H

<u>Learning Disability Service</u>	
Not enough community training	C
Where do people who have learning difficulties that are ill go to. Will there be community support ?	I

<u>Finance/Costs</u>	
Contradiction - £100million widen the spread of Community Services, but not in Acute – if you have that money, why not invest as opposed to change ?	A, C, N
Overspend – will money simply be used for this ?	A
How much capital investment ? Where from ?	A, D, N
Where any health impact assessment tools used ? (in reference to Monklands being preferred option for planned care site)	C
Want a breakdown of the funding.	H

<u>Cancer Services/Palliative Care</u>	
Palliative care – mainly South Lanarkshire focus – need equitable service across Lanarkshire.	A
Cancer Centre – one unit on one site is not practical.	
What OPD will support this.	A
Will this be on site of planned care hospital	
Oncology & Haematology may need access to ICU	
Will Maggie Centre be re-located if Wishaw not the location of cancer services ?	A, D
Cancer Centre is excellent and long overdue.	B
Is this viable given the numbers and types of cancers. Should be not just send patients to the Beatson ?	C
Clinicians not on board with this on planned care site, increased clinical risk.	C, D
What will Lanarkshire provide to complement centralised cancer services at new Gartnavel West of Scotland Cancer Centre ?	D

Other Comments

Question/Statement	Stated at meeting
The Working Time Directive has been known about for nearly ten years, yet the NHS has not enabled more staff to join or encouraged them.	B, C
NHS cannot afford more staff, so are looking for cheaper option.	B
Loss of on-call, loss of salary.	E
Effective team working well known in Monklands. Change to planned care site will split this up.	F
Will all staff comments be separated by areas, or all joined up together ?	I
When/if government changes – will we need to change again ?	A
In favour of any initiatives that improve patient care.	A
If Consultants and Surgeons so busy, how can they do private work?	D
How will we develop better links with NHS24 to ensure people directed to appropriate services ?	G
Concerns over local media and lack of promotion of changes. More media coverage would be helpful of SAS changes and developments. Public will be more informed	M