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Dear Lewis

A Picture of Health – NHS Lanarkshire NHS Board's Proposals for health and Health Services in Lanarkshire

Thank you for your letter of 21 August 2006 concerning the above matter. This provides welcome confirmation of your approval for the Lanarkshire NHS Board's proposals for the future direction of health services in Lanarkshire, and will enable us to begin to give early and detailed consideration to the arrangements that we need to put in place to ensure that the much needed developments in health services in Lanarkshire, heralded in A Picture of Health, are delivered.

The receipt of your letter was timely, because it enabled your approval, and the conditions attaching to that approval, to be reported fully to the Lanarkshire NHS Board at its meeting on 23 August 2006. That report included a firm commitment to embark on an exercise to define the implementation arrangements. Already, we have put processes in place to ensure that we move to a position of having an implementation plan available at the earliest opportunity. We have established an over-arching A Picture of Health Action Group, at an executive level, with a remit to develop clarity about: main workstreams; leadership arrangements; levels of authority; and capacity planning and redesign support, required to move the A Picture of Health priorities forward, with a particular focus on setting out the critical path and the order of priorities. The early deliberations of this Group will inform discussion at a seminar for the full Board to be held on 21 September 2006, at which the areas for action set out in your letter of 21 August 2006, and the processes to move them forward, will be worked through in detail with Board members, in order that they will continue to have ownership of the delivery of A Picture of Health. We are also committed to the widest possible ongoing engagement with the public and with staff, and we have established a Communications & Logistics Group, with a specific remit to bring forward proposals in this regard. We will also ensure that the Area Clinical Forum and, indeed, each of the Professional Advisory Committees continue to have a key role in the implementation arrangements. We, of course, recognise also the key interest and contribution of our major partners in North and South Lanarkshire Councils and we will be making particular efforts to engage with those authorities, both at an Official and at an Elected Member level. We will also continue our pattern of briefing meetings with Constituency and List MSPs, where the implementation arrangements for A Picture of Health will feature largely in discussion.

In confirming your approval for the proposals, you have, quite rightly, presented the Board with a number of challenges as the process moves forward to the Outline Business Case phase, and further into the implementation phase, and I would wish to comment, specifically, on those issues.

The Board recognises the need to invest heavily in the development of Primary Care premises, across Lanarkshire, but most particularly in the Monklands area. The development of Business Cases for the Airdrie Resource Centre and the Main Street Coatbridge Primary Care Centre, as immediate priorities, is already at an advanced stage, with the aim of achieving the completion and commissioning of both of these schemes by the spring of 2009 at the latest. Indeed, the Outline Business Case for the Coatbridge Primary Care Centre will be considered by the NHS Board at its meeting on 27 September, with the Outline Business Case for the Airdrie Resource Centre coming to the NHS Board shortly thereafter. We will confirm the precise date for this. We also are accelerating the introduction of the remaining primary care developments across Lanarkshire, and we welcome your commitment to bring forward capital funding into 2007/08 to facilitate the earliest possible provision of the Cumbernauld Community Casualty Unit, in particular.

The implementation of action to further improve the provision of community based care in the Airdrie and Coatbridge areas is already underway, through the introduction of more flexible ways of working for primary care professionals, the recruitment of 17 additional community nurses, and the recruitment of a specialist nurse for Long Term Conditions. We see the Prevention 2010 Initiative, covering Coatbridge Airdrie and Wishaw, as a particularly important development, given the acknowledged poor health status in those communities. The arrangements to introduce and roll-out this initiative are well in hand. We welcome the opportunity that the associated Executive funding of £2m presents, through bringing resources to bear on improving the health of some of the most disadvantaged people in North Lanarkshire, with a real prospect of significant change over time. The Board will take a particular interest in the progress of the initiative, both in its early stages and as it becomes established, and will look to the North Community Health Partnership to maximise the efforts to ensure that the investment is used to best advantage for the communities, and that the project aims are delivered. We acknowledge the need to link Prevention 2010 closely to our Long Term Conditions Strategy, and we will ensure that the necessary mechanisms are in place to achieve this, including assessing the impact of the project and of the range of other measures to improve primary care, on accident and emergency attendances, especially in pursuit of our objective to reduce avoidable accident and emergency presentations.

Throughout the consultation on A Picture of Health and in its subsequent deliberations, the Board was struck by the extent to which transport was raised as an issue, and by the strength of peoples' legitimate concerns. These concerns, understandably, were expressed most strongly by residents in the Monklands area, with regard to the prospect of travelling to Wishaw General Hospital and to Hairmyres Hospital. We do not underestimate the importance of this issue. Accordingly, the modelling and costing of options for a limited stop shuttle bus service, plying between the three acute hospitals in Lanarkshire, is already at an advanced stage. In addition, the wider limitations of existing bus routes, infrequency and limited operating hours, are being actively and vigorously pursued by us with the Transport Partnership. We are committed to ensuring that the service will be available for the use of patients, relatives and staff, and that it will be in place by the time Accident and Emergency provision changes at Monklands Hospital.

We share your recognition of the importance of the people of Lanarkshire continuing to rely on a swift and effective response when they call an emergency ambulance, and the importance of ambulance services developing to keep pace with the improvements that the Board is proposing. We therefore welcome the agreement you have made with the Scottish Ambulance Service that they will deploy in Lanarkshire, by the end of this year, an additional 43 paramedic and ambulance technician staff, together with a number of new emergency ambulance vehicles, thereby significantly enhancing the Service's capability and capacity to provide rapid response and full accident and emergency services, to ensure a first class service for Lanarkshire residents. As you know, we worked closely with the Scottish Ambulance Service during the development of our A Picture of Health proposals, and on an ongoing basis throughout the consultation. That dialogue has continued, and we are committed to working closely with the Scottish Ambulance Service to ensure that the additional resources are deployed in Lanarkshire to handle both emergency and patient transport work, before the proposed changes in accident and emergency services at Monklands Hospital take place.

We see the creation of the West of Scotland Transport Partnership, and more particularly the Regional Transport for Health Sub-Group, as being key to the approach to addressing the question of public transport, more generally. We are already well engaged in the Partnership, and we will continue to play a full part in the Partnership's deliberations, along with our transport planning partners, including: The Scottish Ambulance Service; the Local Authorities and Community Transport Providers, in order that we might jointly, and vigorously, pursue the development of innovative, integrated transport solutions that will enable access to healthcare facilities for patients, carers, visitors and staff. We welcome your confirmation that the Executive will be making available ring-fenced funding in the region of £150,000, over 2 years, to enable the infrastructure to be established.

The Board has, for some time now, been concerned at the almost unremitting pressure on Wishaw General Hospital, and we have understood the concerns expressed by people about the capacity of Wishaw General Hospital and Hairmyres Hospital, as the two emergency inpatient sites, to cope with the emergency workload, including emergency GP referrals. As you know, we propose a number of measures as part of the development of accident and emergency services, including: the provision of a new network of emergency services throughout Lanarkshire; the provision of bigger, better resourced consultant-led accident and emergency units in Wishaw General Hospital and in Hairmyres Hospital, for major accidents and emergencies; the introduction of accident and emergency "see, treat and discharge" Community Casualty Units at Wishaw General and Hairmyres Hospitals, at Monklands Hospital, and at the expanded Community Casualty Units in Cumbernauld and Lanark. I would wish to restate that the Unit at Monklands Hospital will operate 24 hours a day, 7 days a week, and that the expanded units at Cumbernauld and Lanark will have extended opening hours during evenings and over weekends. We believe that these measures, and the other initiatives we will take forward in the areas of emergency care and minor illness and injury services, will significantly enhance our capacity and capability to more effectively manage the overall emergency workload. We recognise the need to demonstrate to the people of Lanarkshire, most particularly in the Monklands Area, that that confidence is justified, and we will ensure that the assurances we have given are delivered, particularly through ensuring that the expanded Accident Emergency Services, and the Acute Medical and Acute Surgical Receiving Services, will be in place before the planned changes at Monklands Hospital.

We recognise that, during the consultation, doubts were expressed about the validity of separating planned and unscheduled care on separate sites. We firmly believe that the delivery of major planned surgery, requiring intensive care, at Wishaw General and Hairmyres Hospitals, with the overwhelming majority of planned care being delivered at Monklands Hospital, will bring important dual benefits, through the opportunity it presents to carry out complex surgery requiring ITU back-up and protecting planned list time, ensuring that emergency cases can be managed in the most efficient way for patients. We recognise the importance of communicating these changes clearly and effectively, so that these principles, and the benefits that patients can expect in terms of shorter waits for planned elective care and higher quality emergency care, are readily understood.

We also acknowledge the concerns expressed to us about the ability of neighbouring Boards, most particularly Greater Glasgow and Clyde and Forth Valley, to absorb any increased demand as a result of the implementation of our proposals. Arrangements are already in place to strengthen the role of the West of Scotland Regional Planning Group, to ensure that the planning, timing and specifications for acute hospitals within Lanarkshire and in neighbouring Board areas, are taken forward on a regional basis, with the full involvement of the Scottish Ambulance Service. The specific means by which this will be achieved will be reflected in a carefully worked out plan which the West of Scotland Regional Planning Group will produce, and this will be submitted to you for sign-off.

We readily acknowledge that local people need reassurance that Monklands Hospital will continue to provide them with a full range of appropriate services into the future. That commitment was given in the Board's A Picture of Health consultation document, and we believe that it is further reflected in the planned investment in Monklands Hospital, to secure its regeneration and renewal. We welcome your reinforcement of that commitment, and the prudent step you are taking of ensuring that up to £100 million is provided for in the NHS Scotland Capital Programme, to ensure that the regeneration and renewal of Monklands Hospital can take place by 2010. That substantial investment will secure the 112 bed acute adult and old age psychiatry unit, and the development of new facilities for acute services. We are committed to taking forward at the earliest opportunity, the detailed planning for these developments, and we will ensure that the progress of these plans is clearly communicated to the local community, in order that they might begin to see the benefits of this investment.

At its meeting on 27 June 2006, the NHS Board did not conclude consideration of the A Picture of Health proposal to locate specialist inpatient cancer services at Monklands Hospital, because it was felt that there were a number of important aspects of this issue that would benefit from further dialogue with patients and staff. We recognise the importance of cancer services for individuals, and we wish to take the time to have the fullest possible engagement with interested parties, so that when the Board meets to consider this issue, it will be in the best possible position to make the right decisions for the people of Lanarkshire. We wish to ensure that Cancer Services are provided as locally and accessibly as possible, while working with other Boards and the Beatson Oncology Centre, and the cancer clinical networks, to ensure these highly specialised treatments are delivered when patients need them. Since receiving your letter on 21 August 2006, specific discussions have already taken place with Haematology Medical and Nursing staff, with input also from Oncology Medical Staff, to clarify a number of aspects of the siting of inpatient cancer services. Further work is continuing, to provide evidence of those issues, including the identification of the support needs of the service. This will be followed by detailed discussions, involving appropriate specialties, to inform a robust view about the most appropriate location for those services. The decision-making process will include a Haematology/Oncology workshop, involving all stakeholders, including patients and the public, which will be held on 20 September 2006. This will build on work undertaken at a previous haematology workshop in August 2005, and will be aimed at further clarifying the optimum model of care for cancer patients right across Lanarkshire. A paper on cancer services will be taken to the NHS Board in October, outlining the progress made in considering the siting of the Lanarkshire Cancer Centre, including inpatient beds. If a conclusion has been reached by that date, a recommendation to you will be made by the NHS Board. In the event that a conclusion has not been reached by October 2006, discussions will continue, towards ensuring that the right conclusion can be reached as soon as possible thereafter. We will keep you fully informed of progress.

I, and my fellow Board members, were greatly encouraged by your letter approving the Board's A Picture of Health proposals. We are eager to see progress in the implementation of the proposals, and we have already put in place mechanisms to ensure that plans to progress the key priorities are brought forward at the earliest opportunity, and that they are communicated widely to staff and to the public. We fully understand the magnitude of the task that the Board now faces in delivering the proposals, and we are firmly committed to responding to that challenge, as we seek to transform health services and the health of the people of Lanarkshire.

Yours sincerely

Ken Corsar
CHAIRMAN