



Deputy Minister for Health & Community Care
Lewis Macdonald MSP

St Andrew's House
Regent Road
Edinburgh EH1 3DG

Ken Corsar
Chair
NHS Lanarkshire
14 Beckford Street
HAMILTON
ML3 0TA

Telephone: 0845 774 1741
scottish.ministers@scotland.gsi.gov.uk
<http://www.scotland.gov.uk>

13 September 2006

Dear Ken

NHS LANARKSHIRE ANNUAL REVIEW: 1 AUGUST 2006

1. I am writing to summarise the main points and actions agreed during our discussion at the Annual Review and associated meetings in Hamilton on 1 August.
2. I would like to thank you, Tim Davison and the rest of your team for organising a very successful and productive visit. The Health Department team and I thoroughly enjoyed the chance to speak to a range of NHS staff and patients. The constructive nature of our discussions at the various meetings was both interesting and worthwhile.

Visit to the Sinclair Integrated Day Service

3. This was an enjoyable and informative visit to an impressive and successful new service offering high quality support to elderly people. I met with a number of the service's users and was encouraged by their positive feedback. The team was enthusiastic; I enjoyed a constructive discussion with them about service redesign and was pleased to hear about the involvement of frontline staff in this process. It was clear that there was a high level of satisfaction amongst the staff that deliver the service and those that use it. Overall, I found the service to be an excellent example of joint working which is something we want to see more of across Scotland.

Meeting with Patients

4. I wanted to hear directly from people about their experience of the NHS in Lanarkshire and I am very grateful to all those who gave up their time to come and speak to me. The discussion gave me a real insight into what people who use services are concerned about, what they value and what they would like to see happening in the future. We covered a broad spectrum of issues. I was encouraged to hear about positive experiences of NHS 24 and was very interested in the views expressed around how the NHS could do more to promote itself. A number of specific concerns were raised around privacy, dignity and cleanliness which I have already asked you to follow-up.

Area Clinical Forum meeting

5. I had a positive meeting with the Area Clinical Forum. I gained the impression that the group had grown as a body over the last year and found it to be engaged and willing to make a valuable contribution to the work of the Board. The Forum was supportive of the principles of *Delivering for Health* and had a clear interest in the planning and provision of services across Lanarkshire. I was encouraged to learn that it felt it had increased opportunities for engagement as service redesign had progressed and clinicians commented positively around their involvement in *A Picture of Health*.

Area Partnership Forum

6. I had a broad ranging discussion with the Area Partnership Forum and it was clear that there was a strong commitment to partnership working. The Forum spoke about its significant role in taking forward *A Picture of Health* and improvement of services generally. I was encouraged to learn of the effort that had gone into implementing Agenda for Change; the Forum was aware of the importance of meeting targets and there was a clear determination to progress in line with set timetables. I was also impressed to learn of the Forum's involvement in financial management and reducing the Board's deficit. It was encouraging to note that this was being addressed on a system-wide basis as this is an area where strong partnership working is particularly important. As I said on the day, Hugh Sweeney and his colleagues had played an important role in engaging with staff and the Board on a range of key issues.

Annual Review Meeting

7. After I reported back on the above meetings, you presented a helpful overview of key achievements over the last year and some of the challenges for the year ahead. You assured us that that the Board had made good progress in addressing the actions identified at the 2005 Annual Review and you felt the Board had achieved a strong position from which you could move forward with service redesign. However, you fully acknowledged that there was no room for complacency and were fully aware of, and prepared for, the range of challenges that lay ahead.

8. One of the action points from last year was that you would continue to work with other West of Scotland Boards, the Scottish Ambulance Service (SAS) and Strathclyde Passenger Transport (SPT) on transport linkages across the Board area. Issues around transport were also raised at the meeting with patients and I was aware of the many concerns that were raised during consultation on *A Picture of Health*, not only in relation to travel for patients, but also family and friends who would visit patients in hospital. I was keen to hear how you had taken this forward, particularly in relation to the work you had undertaken around your service redesign proposals.

9. Tim Davison commented that transport and access to healthcare facilities across Lanarkshire presented a significant issue now and for the future. Mr Davison explained that while proposals under *A Picture of Health* (including an increased number of Community Casualty Units and better primary care infrastructure) would offer more care closer to patients' homes, the Board was working with its planning partners, especially SPT, to look at how transport linkages could be improved. Mr Davison acknowledged that there were limitations in current services across Lanarkshire, especially at weekends and evenings, and he was hopeful that the new statutory requirement for regional transport partnerships to take account of access to healthcare facilities would facilitate improvements. Mr Davison also told us that the Board was looking at the development of a shuttle bus service between hospital sites. You have since confirmed that this service will be implemented between Monklands Hospital and the other two hospital sites. As stated in my letter to you of 21 August, this should be in place by the time Accident and Emergency provision changes at Monklands Hospital. I would also expect to see the Board continue to work closely with its planning partners to ensure that robust plans are in place to address the needs of patients and their families as service redesign is progressed.

10. I was also keen to hear how the Board had worked with neighbouring Boards in the West of Scotland to ensure a joined up approach to service redesign across the Board areas. Mr Davison responded that a great deal of planning had been undertaken on a regional basis. In looking at proposals for Accident & Emergency services, he explained that the Board had worked with NHS Greater Glasgow & Clyde, NHS Ayrshire & Arran and NHS Forth Valley on a thorough analysis of patient flows and ambulance and car travel times to define geographical catchment areas, crossing Board boundaries where necessary, with access to A&E facilities within around 30 minutes.

11. With regard to Healthcare Associated Infection (HAI), you spoke about a range of activities that are being pursued to tackle the causes of HAI and promote better awareness of hygiene across both staff and the public. You commented that you were making steady progress towards compliance with NHSQIS standards on infection control. You hoped to achieve outstanding targets this year and plan to meet with NHSQIS to ratify this. You assured us that you would continue to drive forward improvements in this area and that you were fully aware that continued vigilance was vital to reduce the incidence of HAI.

Health Improvement and Tackling Inequalities

12. I opened this area of the discussion by acknowledging the challenges faced across Lanarkshire in terms of social deprivation and emphasised the importance of having good health improvement practice in place. I was interested to hear how you were addressing the healthy life expectancy gap between affluent and deprived areas. Dr Dorothy Moir explained that while life expectancy was increasing the Board was fully aware that there was still a significant gap between deprived and affluent areas. Dr Moir assured us that the Board was committed to tackling this and was putting emphasis on addressing the major causes of death which include cancer, coronary heart disease and smoking.

13. I was encouraged to hear that you were putting an emphasis on smoking cessation and asked how the Board had responded to the implementation of the smoking ban; in particular, what increased cessation measures were in place. Dr Moir replied that the Board's smoking cessation strategy had been implemented and Colin Sloey commented that the number of people from deprived areas seeking support to quit smoking was good. Mr Sloey added that it was important to take a system-wide approach to promoting smoking cessation and that the Board was investing in training for all staff to reinforce the message. I emphasised the importance of meeting smoking cessation targets and asked you to ensure that complete data would be entered on the national database.

14. Dr Woods asked about the Prevention 2010 project approach and what the Board was doing to engage the more difficult to reach populations. Mr Sloey responded that additional capacity was being put in place to make direct contact with, and screen, those most at risk to help prevent ill health from occurring. He explained that investment was being made in teams to work outside normal working hours and health premises to engage with people that would not normally approach the health care system until they needed emergency assistance. These teams would provide on the spot advice but would also be able to refer patients to GPs for further help. Pam Whittle commented that the Board was at the forefront with regard to Pathways to Work and asked whether there was any crossover with Prevention 2010. Mr Sloey explained that this involved supporting people in receipt of incapacity benefit back to work. It was being funded by the Department of Work and Pensions and NHS Lanarkshire had been commissioned to provide a 'Condition management Programme'. A Project Director had been recruited and a dedicated team would be put in place in each Community Health Partnership to implement the programme. Each individual would have a tailored action plan reflecting their physical and mental health needs. Mr Davison added that workplace initiatives were also significant in promoting and supporting healthy lifestyles at the workplace and that around 142 companies were involved in the Scotland's Health at Work Scheme (SHAW). I was encouraged by this and echoed the importance of promoting SHAW.

15. On sexual health, I noted that you had made progress on reducing teenage pregnancy rates in line with the national target and asked what progress was being made towards recruiting a GUM consultant and commissioning accommodation for an integrated sexual health team. You explained that you were looking to provide services under one roof and possibly from Hamilton Resource Centre in the medium term. In relation to recruitment, you explained that you planned to address this on a regional basis. I was also interested to hear what more you could do to improve breastfeeding rates. Dr Moir commented that the Board had a number of initiatives in place which were beginning to achieve results, such as in Airdrie where rates had increased by around 5%. However, you acknowledged that there was still much progress to be made. In response to Kevin Woods' question on how you were progressing your pandemic flu plan at an operational level, you assured us that you had done much work on prioritisation and that primary care in particular had taken forward a significant amount of work around profiles.

Shifting the Balance of Care to the Community & Service Redesign

16. You began by describing the aims of *A Picture of Health* as providing more local, preventative care closer to home by strengthening primary care and enhancing local community and mental health services. Mr Sloey added that the publication of the Kerr report and *Delivering for Health* make it an exciting time to work in primary care. In shifting the balance of care to the community, he explained that the Board needed to ensure that the capacity was in place as well as the necessary skills and competencies. This would be achieved through sustained investment and he explained that the Board planned to invest over £100million in primary care infrastructure and building up the community nursing workforce.

17. Mr Sloey went on to acknowledge that there was a legacy of outdated, institutional mental health facilities across the Board area and that NHS Lanarkshire had developed proposals that would see more mental health services delivered in a community context. He explained that the Board had a clear partnership agenda in place with Local Authority colleagues to provide a range of joint initiatives, including multi-disciplinary drug and alcohol services. Pay modernisation had also led to a number of extended roles which were enabling more services to be transferred from the hospital setting to the community and Dr Moir described community vascular clinics as being a successful working example of this.

18. Moving on to dentistry, Kevin Woods spoke of the challenges the Board faced in improving oral health across Lanarkshire and we were interested to hear your plans to achieve this. Mr Sloey reported that an additional 11 dentists have been recruited and there had been an increase in registration rates for both adults and children. You had invested significantly in dental out-of-hours services and preventative measures through work with schools and nurseries and I welcomed the work you were pursuing on outreach training with Glasgow Dental School. On delayed discharge, I was keen to hear how you planned to sustain the good progress you had made. Ian Ross commented that there is commitment across the system and that while this presented a challenge, you were confident that the Board would meet future targets.

19. I asked about your plans for the future of acute service provision and how you would ensure that you met the needs of the more socially deprived areas. You were clear that, under your proposals for service change, there was a role for all 3 hospitals with each one providing a comprehensive range of diagnostic and outpatient services for its local community. The two emergency centres would also have capacity for major, complex surgery backed by intensive care facilities. Mr Davison explained that the Board proposed to provide a single Lanarkshire acute service across three sites with as many services provided as locally as possible while highly specialised services, such as cardiothoracic services, would be delivered better by bigger teams which allowed sub-specialisation. Mr Davison commented that this model already existed across Lanarkshire with a number of specialist services provided on one site, such as, urology, gynaecology,

renal services, maternity, infectious diseases and paediatrics and the Board planned to build on this. Mr Davison went on to add that the Board's proposals were supported by major capital investment, including around £100million at Monklands.

20. With regard to deprivation, Mr Davison explained that tackling the health inequalities associated with this was at the heart of *A Picture of Health*. Dr Moir added that the Board had looked closely at deprivation and access to healthcare as it had developed its service redesign proposals. The Kerr report identified that ninety percent of all healthcare is delivered in the primary care setting and Mr Davison commented that strengthening health improvement activities, enhancing primary and community care services, and developing earlier intervention and preventative care strategies would improve access to healthcare in deprived areas. I thanked you for this explanation and commented that it would add to my considerations of your *Picture of Health* proposals.

21. While Dr Woods acknowledged your significant achievements in reducing waiting times, it was important to be aware that there were further challenging targets ahead and we sought assurance that you were on track to meet these. Mr Ross responded that the Board was fully aware of future challenges and he felt the system was moving in the right direction towards meeting these. He added that the Board was confident of meeting the 18 week target for outpatient and inpatient/daycase treatments and would achieve its phase out plan for ASC codes. With regard to cancer waiting times, Mr Ross acknowledged that further progress was needed. He explained that in order to get this right, it was vital to understand the complexity of the patient's journey. The Board was undertaking work to track patients to identify and rectify any problem areas. This was being supported by appropriate IT systems, additional staff and a dedicated senior manager for cancer services. Mr Ross assured us that no patients referred after 3rd July will have waited longer than 62 days for the four main cancers: breast; ovarian; lung; and colorectal. I acknowledged the progress already made and look forward to seeing further improvements.

Resources: Finance and Workforce

22. I was interested to hear how you would further develop your workforce plan and Mr Davison told us that it would continue to be refined as it was taken forward. With regard to vacancies, Mr Davison commented that the Board is confident solutions would be found through further regional working. Dr John Browning added that the Board has the highest percentage of consultant vacancies in Scotland and difficulty in recruiting is exacerbated by the Board being within easily commutable distance of 2 major teaching centres in Edinburgh and Glasgow. This made it more difficult to attract clinical staff to Lanarkshire. Dr Browning told us that the Board is actively looking to recruit from abroad as well as locally. He added that the Board expects service redesign to help in the longer term, citing the recent redesign of urology services as an example where new opportunities for sub-specialisation had resulted in a large number of vacancies being filled very quickly.

23. Dr Woods moved on to thank the Board for its recent assurance that it had arrangements in place to ensure continuity in delivery of services during the implementation of Modernising Medical Careers. He also acknowledged that the Board was making good progress with regard to pay modernisation and asked whether you could describe any benefits which had arisen from the new consultants' contract. Dr Browning responded that the Board had linked job planning to capacity planning and that benefits so far included an increase in endoscopy sessions, additional capacity for mental health planning, and a conversion of more consultant time to direct patient care.

24. Alex Smith opened the discussion on finance and efficiency by acknowledging the Board's good record of achievement against the efficient government target and asked how the Board planned to build on this. Susan Goldsmith responded that the Board was fully aware of the challenge this presented. She added that there was an awareness of the importance of good financial management across the Board and the system would work together as a whole to identify savings where possible. We agreed that partnership working was very important in this area. Mr Smith went

on to ask whether the Board was on track to achieve financial balance in 2006-07 and Ms Goldsmith assured us that the Board was confident of this. She added that this depended on the sale of Law Hospital and while this was a complex process with a number of challenges, the Board was on track to complete the sale during 2006/07. Mr Smith agreed to keep in close contact with you on this and also asked for an assurance that the Board would seek to reduce reliance on non-recurring savings in the future. Ms Goldsmith commented that this was something that the Board monitored very closely and that where non-recurring savings were made, the Board needed to ensure that these could be supported on a recurring basis.

Local Service Issues

25. You explained that the Board was very aware of the importance of making best use of Information Technology (IT) and that NHS Lanarkshire had made good progress in this area. Mr Sloey went on to describe how this translated into patient benefits by using the Community Health Index (CHI) as an example. It allowed quicker access to test results and helped prevent duplication of tests where patients accessed care on more than one site. I congratulated the Board on its work in this area and agreed that it was important for all Boards to ensure that they were making good use of IT to support patient care.

Conclusion

26. I commented that this had clearly been a busy year for the Board. Good progress had been made towards achieving challenging targets around waiting times and delayed discharge. The Board had exercised sound financial control and had made significant progress towards achieving financial balance. The Board's performance was even more impressive in that this had been achieved while taking forward significant work on *A Picture of Health*. I agreed that the Board had achieved a strong position from which it could move forward. I was also encouraged to hear positive feedback from both the Area Clinical and Area Partnership Forums on their involvement in developing service redesign proposals. It was clear that partnership working was embedded throughout the system and my visit to the Sinclair Integrated Day Service had provided an excellent example of the patient benefits that could be achieved through this.

27. Looking forward, I encouraged the Board to continue applying the principles of *Delivering for Health* as it progressed with service redesign. It would be important to make further progress in delivering care closer to home and away from acute hospital settings where appropriate. As you were aware, preventative care would be especially important and given Lanarkshire's poor health status in comparison with the rest of Scotland, it was vital that you continue to drive forward the health improvement agenda as a priority. I wanted to see continued evaluation of these initiatives to ensure that the right investment is targeted at the right areas for maximum results. If the Board got this right it would achieve a significant step towards increasing healthy life expectancy. I was satisfied that the Board was fully aware of the challenging waiting times targets that lie ahead and you are fully aware of the importance of continuing to make good progress towards achieving these. In particular, the Board needs to ensure it has robust plans in place to reduce cancer diagnosis and treatment waiting times. This should be addressed as a priority and I would hope to see improvements soon. You would continue to refine your workforce plan and would pursue innovative solutions to recruiting to vacant posts, working with neighbouring Boards on a regional basis where necessary. Finally, on finance, we agreed that you would keep in close contact with us about your progress towards achieving recurring financial balance.

Yours sincerely

Lewis Macdonald

LEWIS MACDONALD

NHS LANARKSHIRE ANNUAL REVIEW

ACTION POINTS

Board to:

- **Continue to work with your planning partners to strengthen transport linkages and access to healthcare facilities across Lanarkshire.**
- **Continue to work closely with neighbouring NHS Boards to ensure planning of major service redesign is undertaken on a regional basis.**
- **Continue to scrutinise progress and improve performance against targets for healthcare associated Infection.**
- **Continue to evaluate the impact of health improvement interventions to refine practice and enable better targeting of investment.**
- **Continue to develop innovative approaches to make contact with, and meet the needs of, hard to reach and deprived communities.**
- **Ensure that complete smoking cessation data is entered on the national database.**
- **Continue to strengthen primary and community care services and shift the balance of care away from acute settings where appropriate.**
- **Continue to sustain performance against current waiting time targets and make progress towards achieving future waiting time targets and elimination of Availability Status Codes in good time.**
- **Reduce significantly cancer diagnosis and treatment times.**
- **Continue to refine your workforce plan and consider innovative solutions to recruitment and retention.**
- **Maintain sound financial management and keep in close contact with us as you continue to strive towards achieving financial balance.**
- **Reduce reliance on non-recurring resources.**