

## WEST OF SCOTLAND REGIONAL PLANNING GROUP

### A PICTURE OF HEALTH WEST OF SCOTLAND PLAN

#### 1. BACKGROUND AND RECOMMENDATION

- 1.1 In his response to 'A Picture of Health' the Deputy Minister asked the West of Scotland Regional Planning Group to ensure "that the planning, timing and specifications for acute hospitals in Ayrshire and Arran (pending consultation outcome), Forth Valley, Greater Glasgow and Clyde and Lanarkshire are taken forward on a regional basis with the full involvement of the Scottish Ambulance Service. " He went on to ask the Planning Group to produce a plan for him to sign off setting out clearly how this will be achieved.
- 1.2 This paper summarises the principal issues and describes the process of regional planning which has been developed to support an appropriate configuration of emergency hospital provision across the West of Scotland, in line with the aims and recommendations of "Delivering for Health".
- 1.3 The Deputy Minister is invited to consider the paper, to note the detailed planning which has already been done, and to approve its direction as the basis for the development of acute hospital services in West Central Scotland.

#### 2. SCOPE

- 2.1 Although this is a West of Scotland plan, it principally focuses on the impact of changes in hospital configuration in and around Lanarkshire. This is largely explained by Lanarkshire's geographical situation and the relative proximity of alternative hospital provision to communities living in this part of West Central Scotland.
- 2.2 In developing their service strategies, the various Health Boards had each undertaken considerable planning and analysis of the impact of changes on patient flows. In 2005, the West of Scotland Planning Group, through its Service Models Group, undertook a detailed review and analysis of the principal changes to hospital services across the region. This looked at the implications of Ministerially approved strategies in relation to the reconfiguration of hospital services, (Greater Glasgow, Forth Valley) and at emerging options for hospital reconfigurations (Argyll and Clyde, Ayrshire and Arran, Lanarkshire)

- 2.3 A range of scenarios were analysed with some being recognised as involving a greater level of complexity than others. The impact of Lanarkshire’s proposals were particularly complex, largely because of the proximity of alternative hospital provision within reasonable travelling distance for patients and visitors. Detailed planning and analysis of the options in ‘A Picture of Health’ were therefore undertaken on a regional basis.
- 2.4 The principal issues in this plan relate to the impact of NHS Lanarkshire’s approved strategy on patient flows to hospitals in Glasgow and Forth Valley, and refining the potential impact of Glasgow’s hospital reconfiguration on services in Lanarkshire. During its analytical work, the Service Models Group had identified that the risk of additional patient flows between Lanarkshire and Ayrshire was extremely low, potentially involving a very small number of people and with no significant effect on service capacity plans.

### **3. SERVICE MODEL**

- 3.1 The streaming and virtual separation of emergency patients into those with a minor injury and illness, from those requiring more specialised and/or inpatient admission, features in the plans of all Health Board areas. In Lanarkshire’s case, two additional purpose-designed “community casualty” units are planned, one in Cumbernauld and one in Lanark.
- 3.2 One of the key lessons learned from Forth Valley’s experience of concentrating specialist emergency services in Stirling, leaving more limited provision including minor injury and illness services at Falkirk, has been the Board’s ability to build confidence in the model of service delivery. One year on, Falkirk are dealing with at least 60% of the A&E attendances which it previously attracted when it still offered specialist provision. Lessons are being learned from Forth Valley’s experience which will inform other Boards’ management strategies.
- 3.3 Boards are continuing to work together to benefit from shared learning and to jointly agree the key elements of service provision e.g. rapid access to hospital at night services, streamlining the handling of medical admissions and the model and location of rehabilitation services.

## **4. IMPACT**

4.1 By the time the modelling of the impact of hospital reconfiguration was published in April 2006, as part of NHS Lanarkshire's public consultation, the Boards had agreed that hospital services would be sized to take account of three principal criteria:-

- that minor injury and illness services represented the largest majority of people requiring unscheduled care and these would be provided, and enhanced, locally
- Health Boards would provide emergency inpatient hospital services for their own resident populations in hospitals within their own Health Board area, except in those few circumstances where this would involve a significantly greater journey than to a closer hospital in a neighbouring Board
- that hospital services would be designed to achieve a balance of provision, taking account of the efficiency and availability of key clinical services for the whole population

4.2 In relation to the total numbers of people attending hospitals in the West of Scotland, those who will look to neighbouring Health Boards for emergency inpatient services in the future are small, totalling under 3% of the total. In other words, over 97% of people across the Region will continue to be served by hospitals within their own Health Board area.

4.3 The most significant impact will be on the communities of Cumbernauld and Kilsyth (Lanarkshire) who currently look to Monklands, Stobhill and other Glasgow hospitals. The advent of a new hospital in Larbert (Forth Valley) will make that the most convenient provider. In 2004/05, these communities generated 4,700 emergency admissions to hospitals. A much smaller impact of the change to the Victoria Infirmary in Glasgow is expected to increase the flow of emergency admissions from certain parts of South East Glasgow into Hairmyres (Lanarkshire). These areas generated 900 emergency hospital admissions in 2004/05.

## **5. RISK MANAGEMENT**

5.1 Work is well underway to model the risk and consequences of unintended patient flows, using a sensitivity analysis based on the joint report "Modelling the Impact of Hospital Reconfiguration on Cross Boundary Patient Flows for Emergency Inpatient Care between Lanarkshire, Glasgow and Forth Valley" (April 2006), with some of the original assumptions having been refined through joint discussions.

- 5.2 This confirmed that the largest number of patients who are admitted to hospital are referred by a GP, by NHS24, by Out of Hours Services, and/or are taken to hospital by ambulance. A smaller proportion arrive at the Accident and Emergency Department without first having contacted the NHS. This has led to joint work being undertaken and is still ongoing with the relevant Health Boards, NHS24 and the Scottish Ambulance Service aimed at defining new catchment populations and then ensuring that, in the future, patients are directed to the appropriate hospital accordingly. Agreement has been reached between NHS Lanarkshire, NHS24 and the Scottish Ambulance Service that patients will be directed in the future in line with these revised catchment areas, and detailed protocols will be developed during the planning phase so that they are in place in advance of any of the service changes. Contingency arrangements to redirect patients to alternative hospitals will be developed in a similar way to the arrangements which are currently in place and have operated effectively for many years. Work to deliver the protocols will be undertaken by the WoS Regional Planning Group for Ambulance Services recognising that workforce developments within Scottish Ambulance Service have around a 2-3 year planning lead time where the enhanced use of paramedics is required.
- 5.3 The fact that 100% of the capacity required to deal with the demands of the total populations in these areas will be provided by the combined capacity of the redeveloped/new hospitals means that contingency arrangements can be put in place which optimise the use of the combined hospital capacity. In other words, if there is additional demand from one area to a particular hospital (e.g. Coatbridge to Glasgow Royal Infirmary) “directable” patients from another area will be referred to the quieter hospital (e.g. Rutherglen to Hairmyres Hospital). In this case, capacity and demand will be rebalanced, optimum use made of total hospital capacity, and patients will not be left to suffer delays or overcrowding.

## **6. MAIN AREAS OF RISK**

### **6.1 Cumbernauld and Kilsyth**

- 6.1.1 Although the new Hospital when it is built at Larbert will be significantly closer to these communities than the alternative emergency hospitals (Wishaw, Hairmyres, Glasgow Royal Infirmary) there is a small risk that self-referring patients will not go to Larbert when Monklands is no longer designated to take emergency admissions. For historical reasons, some self-referrers may arrive at Glasgow Royal Infirmary, although this is likely to be a smaller number than currently attend Glasgow hospitals from Cumbernauld and Kilsyth.

- 6.1.2 Detailed discussion with GPs in these communities, including NHS Greater Glasgow and Forth Valley, are currently examining the risk of planned (non-emergency) referrals going to Larbert, so that strategies can be developed to ensure they continue to flow to Monklands or an alternative NHS Lanarkshire hospital, or, in the case of Kilsyth, to Glasgow.
- 6.1.3 The planning process for the changes to Monklands role is being dovetailed with the commissioning programme for the new Hospital at Larbert. This will ensure that the Larbert service for emergency inpatient admissions is available before any switch of services out of Monklands. These are currently anticipated for after the Autumn of 2010.
- 6.1.4 At its meeting on 24<sup>th</sup> January 2007, NHS Lanarkshire formally approved in principle the provision of emergency inpatient services at Larbert for the populations of Cumbernauld and Kilsyth, to enable NHS Forth Valley to finalise the Full Business Case for the new Hospital. The precise size of the inpatient and associated provision is being planned through the Joint Planning Steering Group and will be subject to the detail of the clinical model arising out of a service redesign process.

## 6.2 South East Glasgow

- 6.2.1 For certain communities in South East Glasgow, Hairmyres will offer a more convenient alternative to the new South Glasgow Hospital, or Glasgow Royal Infirmary, when the role of the Victoria Infirmary changes. Work is continuing through the Joint Planning Steering Group to plan for this and discussions are taking place with GPs in Cambuslang and Rutherglen about future referral arrangements.

## 6.3 West Monklands Area

- 6.3.1 Under the new catchment arrangements, people living in Coatbridge, Viewpark and Birkenshaw will be directed to Hairmyres Hospital for emergency inpatient services. In view of the geographical proximity of Glasgow Royal Infirmary detailed discussions are taking place with local GPs to develop a management strategy to minimise any patient flow to Glasgow from these communities.

6.3.2 Since the redevelopment of Glasgow Royal Infirmary is not now expected to be completed before 2014, which is 3-4 years after Monklands is scheduled to become a planned care hospital, it will be particularly important to manage patient flow from these areas to Hairmyres, since the hospital capacity will not exist in Glasgow.

## **7. OTHER MEASURES**

7.1 Management strategies will be developed to minimise unintended patient flows. These will include:-

- wide ranging information/marketing campaigns involving every household affected by the hospital changes;
- development of jointly agreed protocols between the Health Boards, NHS24 and the Scottish Ambulance Service to ensure patients are directed to the hospital designated to serve them;
- improvement in transport infrastructure to support visitors (as well as patients) including point-to-point shuttle buses between the three main hospital sites within Lanarkshire.

## **8. NEXT STEPS**

8.1 Formalised joint planning structures have now been established to ensure that services which could have an impact on other areas are not being planned or provided in isolation. The joint planning work being taken forward to deliver this plan includes:-

- defining and sharing the risks inherent in service change strategies, through a risk management approach
- development of handling strategies which will be reflected in business cases
- sharing of business cases at a stage of development
- engagement with clinical colleagues to determine clinical models of care in relation to emergency admission and rehabilitation
- further development of appropriate contingency planning arrangements

## **9. RECOMMENDATION**

9.1 This plan and the direction set out has been endorsed by the WoS Regional Planning Group and is recommended to the Deputy Minister for approval

**OUTLINE TIMETABLE**

Early 2009	Ambulatory Care and Diagnostic Centre Developments completed at Stobhill and Victoria hospitals
Late 2009	New Larbert begins phased commissioning
Late 2010	Emergency Services at Larbert Hospital open
Early 2011	Wishaw and Hairmyres deliver expanded emergency services and Monklands changes to planned care facility
Late 2011	New children's hospital completed
Mid 2013	New South Glasgow Hospital completed
2014	Redevelopment of Glasgow Royal Infirmary completed