



**NHS LANARKSHIRE
A PICTURE OF HEALTH**

INITIAL AGREEMENT

**AN INVESTMENT FRAMEWORK FOR IMPROVING
HEALTH SERVICES IN LANARKSHIRE**

**Approved by the Scottish Executive Health Department,
20 March 2007**

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EXECUTIVE SUMMARY

The purpose of this document is to summarise NHS Lanarkshire's planned developments for acute, community and primary care premises over the next eight years and to provide a strategic context for the individual business cases for implementing these plans.

The proposals outlined in NHS Lanarkshire's *A Picture of Health*¹ strategy, which sets a framework for improving health services in Lanarkshire, received Ministerial approval on 21 August 2006.

The strategy describes the overall vision for health services in Lanarkshire of:

A modern and integrated health system to deliver:

- Stronger and more visible primary care services
- More health services provided locally in the community
- Specialist hospital inpatient services organised to provide more rapid access and the best clinical outcomes

The main proposals in *A Picture of Health* cover:

- Health Improvement
- Developing Primary Care
- Supporting and Enhancing Local Services
- Mental Health and Learning Disability Services in the Future
- Modernising Acute Hospital Services

The major capital developments within *A Picture of Health* relate to Primary and Community Care premises, Mental Health, Learning Disability and Acute Hospitals.

In summary, the principal developments are:

Primary Care

New Airdrie Resource Centre
 New Bellshill Resource Centre
 New Carluke Health Centre
 New Hamilton Resource Centre
 New Wishaw Health Centre
 East Kilbride (various primary care schemes)
 Coatbridge Dental and Integrated Resource Centre
 Kilsyth Health Centre additional space and new development
 Cumbernauld and Lanark (development of Community Casualty Units)

Local Services

Learning Disability Assessment and Treatment Centre
 Clydesdale new community hospital with new wards for frail older people

¹ A Picture of Health, A Framework for Health Services Improvement in Lanarkshire, A Consultation Document on NHS Lanarkshire's response to "Delivering for Health", December 2005

Coathill, redevelopment
 Caird House, Hamilton, extension of Mental Health facilities

Acute Services

Monklands	}	adaptation to deliver specialist planned surgery, community casualty unit, mental health unit and cancer centre
Wishaw		expansion to deliver more specialist emergency inpatient services and mental health unit expansion at Hairmyres
Hairmyres		

These developments, together with service improvements in community-based services such as expanded community mental health teams, would enable us to move off part or all of a number of sites that will no longer be required. Income from their sale will help to fund the new developments and the running costs will be reinvested into patient care. The sites, which will be in part or completely surplus to requirements, are:

Kirklands Hospital
 Hartwoodhill Hospital
 Roadmeetings Hospital
 Airbles Road Centre
 Strathclyde Hospital
 Alexander Hospital
 Cleland Hospital

All proposed developments have been or will be developed in partnership with local authorities, patients, service users and staff. There is a huge clinical and other support for improvement to the quality and size of facilities and the range of services available locally.

The proposals outlined in this Initial Agreement are in line with *Delivering for Health* and NHS Lanarkshire's *Delivery Plan*.

A Picture of Health set out the reasons health care provision in Lanarkshire cannot continue to be provided in the same way in future. These drivers for change include:

- A declining population, but one with increasing health needs
- New technologies and more effective medicines
- Improved quality through reduced waiting times for operations, investigations and treatments
- Increasing numbers of emergency admissions
- Workforce changes in training, accreditation legislative requirements
- Clinical benefits of concentrating specialist hospital services

The capital proposals in this Initial Agreement are intended to realise benefits in relation to:

- Better and quicker access to primary care services
- Taking a systematic approach to long-term conditions
- Developing anticipatory care and preventing ill-health
- Supporting people at home

- Preventing avoidable hospital admissions
- More local diagnosis and treatment
- Enabling discharge and rehabilitation
- Improving specific health outcomes
- Improving health and reducing inequalities
- Single system working across Primary and Secondary Care
- Whole system working across Health and Social Care

This Initial Agreement sets out a wide range of capital developments, which taken together will support a major shift in the provision of health care in Lanarkshire. Some of these developments are relatively far advanced through the business case process, but for others detailed planning has still to commence. An overall Programme Plan is being developed that will provide an order for these developments and ensure that interdependencies between projects are identified and managed. An outline of the Programme Plan is attached.

Robust programme, project and risk management arrangements are being established, with enhancements planned to NHS Lanarkshire's internal infrastructure to manage this major agenda of change, as well as external advice being sought on the range and level of required professional input. *A Picture of Health* represents an extremely complex programme of change and a strong, whole-system approach is being adopted to support its implementation.

Significant levels of capital and the associated revenue consequences are required to support the investment in health facilities across NHS Lanarkshire over the coming years. It is an absolute imperative that this investment is set in the context of the overall financial plan for the organisation and in terms of both affordability and value for money.

Scottish Executive approval is now sought to develop the necessary specific business cases, as set out in section 4.1 below, within the context of the overall strategic programme management arrangements in place. This includes:

- Continued development of business cases for investment in primary and community care premises
- Continued development of business cases for investments in Mental Health and Learning Disability facilities
- Development of business cases for extensions to Wishaw General and Hairmyres Hospitals, as well as a business case for a major refurbishment and/or new build of Monklands Hospital

1. TITLE OF PROGRAMME

The title of the overall programme is, “*A Picture of Health, An Investment Framework for Improving Health Services in Lanarkshire.*”

2. INTRODUCTION AND BACKGROUND

2.1 Purpose

The purpose of this Initial Agreement is to give a strategic overview to the capital investments to support the implementation of the *A Picture of Health* programme. *A Picture of Health* provides a single and whole system framework for improving health services in Lanarkshire.

This Initial Agreement summarises the plan for implementing *A Picture of Health* and sets out a portfolio of capital investment, which will be delivered through a range of programmes and projects over the next eight years. It also confirms the expected outcomes, resources assumptions and integrated programme management arrangements.

This document specifically seeks Scottish Executive Health Department approval to proceed with:

- Continued development of business cases for investment in primary and community care premises
- Continued development of business cases for investments in Mental Health and Learning Disability facilities
- Development of business cases for extensions to Wishaw General and Hairmyres Hospitals, as well as a business case for a major refurbishment and/or new build at Monklands Hospital

2.2 Background to A Picture of Health

2.2.1 General Background

The *A Picture of Health* strategy sets a vision of Health Service improvement in Lanarkshire. *A Picture of Health* was subject to full public consultation from January to April 2006 and received Ministerial approval on 21 August 2006.

NHS Lanarkshire developed *A Picture of Health* through a lengthy, complex but dynamic process of review and redesign. This process involved patients, carers, clinicians, the wider public and other partners such as voluntary organisations, the ambulance service, North and South Lanarkshire Councils and neighbouring NHS Boards.

A Picture of Health sets an overall vision for health services in Lanarkshire of:

A modern and integrated health system to deliver:

- Stronger and more visible primary care services
- More health services provided locally in the community

- Specialist hospital inpatient services organised to provide more rapid access and the better clinical outcomes

The main proposals in *A Picture of Health* are:

Health Improvement

- Delivery of evidence-based actions designed to help people improve their health
- Participation of North Lanarkshire Community Health Partnership as one of the five national pilots in the programme of anticipatory care *Keep Well*, formerly known as *Prevention 2010*
- Development of Public Health Teams in each Community Health Partnership locality

Strengthen Primary Care

- Extend the primary care teams staffing, starting in areas of poorest health and highest deprivation
- Invest in excess of £100m in local premises, including new and replacement health centres
- Establish care management pilots
- Design and implement a new model of systematic care for people with long term conditions
- Introduce a new contract for community pharmacists

Supporting and Enhancing Local Services

- Deliver the national targets for waiting times
- Develop the capacity of local services to provide assessment and treatment for people requiring unscheduled minor illness and injury services, including new services in Lanark and Cumbernauld
- Design rapid access to diagnostic examinations and tests, so that more can be done in primary care settings
- Design new arrangements for rapid assessment, diagnosis and rehabilitation of older people who become acutely ill
- Modernise services for older people requiring NHS intermediate and continuing care
- Replace services in more modern settings; disposing of part or all of the surplus hospitals at the Hartwoodhill, Roadmeetings, Airbles Road Centre, Cleland and Strathclyde sites
- Develop and implement a Palliative Care Strategy and invest in an expansion of palliative care services in the community and review the hospice bed requirements

Mental Health Services in the Future

- Replace in modern facilities the services currently provided at Hartwoodhill Hospital and the Airbles Road Centre in Motherwell
- Complete the implementation of the Mental Health Strategy, providing a more appropriate balance of community and hospital based care

Modernising Learning Disability Services

- Continue to develop community learning disability services
- Replace Kylepark at Kirklands Hospital with a new-build, 12-bed, short-stay inpatient Assessment and Treatment Centre.

Modernising Acute Hospital Services

- The status quo for acute hospital services is not sustainable beyond 2010, and Hairmyres Hospital and Wishaw General Hospital will be developed to concentrate on emergency inpatient care, with Monklands Hospital concentrating on planned care
- Beyond 2010, Hairmyres, Monklands and Wishaw General Hospitals should continue to function as local hospitals, providing a full range of outpatient, day case and diagnostic services, including nurse-led accident and emergency departments for minor injuries and illnesses
- Provision of a Cancer Centre for Lanarkshire on the Monklands site

The major capital developments within *A Picture of Health* relate to Primary and Community Care premises, Mental Health, Learning Disability and Acute Hospitals.

2.2.2 Background for Primary and Community Care Premises

In relation to Primary Care premises, NHS Lanarkshire has one of the lowest levels of pro rata expenditure on GP premises². NHS Lanarkshire is well aware of the need to develop modern accessible facilities that are designed for purpose and support the implementation of *Delivering for Health* as well as the objectives of the Joint Future Agenda. The proposed developments have been the subject of lengthy debate within NHS Lanarkshire and with our partner agencies. We are working closely with local authority social work and planning colleagues to develop options that meet the needs of the services and wider community. *Delivering for Health* challenges us to redesign our services to meet the needs of the population, while recognising the growing demand for locally based health care provision for people with long-term conditions. Our existing infrastructure is not sufficient to enable local access to as wide a range of services as we would wish to develop, but these proposals will provide the infrastructure to support the development of locally accessible services. These proposals have been developed in consultation with our GP Premises Team, the Community Health Partnerships and local authority partners.

NHS Lanarkshire is also committed to developing a strategy for improving and modernising its Dental Services and improving the oral health of the people of Lanarkshire.

A Picture of Health also considers the disposal of surplus hospitals and the need to replace some of these with modern facilities. As part of this, it is proposed to replace Roadmeetings and Lockhart community hospitals with a new community hospital in Clydesdale. Other proposals include the redevelopment of Coathill Hospital.

² As calculated from the GMS contract allocation for premises 2004/05

2.2.3 Background to Mental Health Developments

Over a number of years the Mental Health service has been moving away from an institutional model of care towards a community-based model, increasingly delivered on a multi-agency basis, particularly in partnership with local authorities. This direction of travel has resulted in the closure of Hartwood Hospital and the gradual reduction in beds on a number of hospital sites, notably at Hartwoodhill, Cleland, Roadmeetings and the Airbles Road Centre. Acute Psychiatric Units have been established on general acute hospital sites and community services are now based around a Resource Network Model. It is now planned to have two acute inpatient services; one at Monklands Hospital and the second at Hairmyres Hospital supporting the North and South CHPs respectively.

Patients with complex needs are currently accommodated at Hartwoodhill Hospital, Caird House and the Glencairn Unit at the Airbles Road Centre. With the proposed closure of Hartwoodhill Hospital and the Airbles Road Centre, the opportunity has been taken to review the overall bed configuration and to relocate this provision within the communities they serve. This involves an expansion of the Caird House facilities and locating a new unit at Coathill Hospital.

2.2.4 Background to Learning Disability Developments

A Picture of Health also reinforced the plans to continue to increase community learning disability services in line with the National Review for Learning Disabilities document *The Same As You*. A local framework was developed with service users within Lanarkshire (*We want a Life*) to support the modernisation of this service. The framework emphasises a community service through a multi-agency and multi professional infrastructure which will see the decommissioning of Kirklands Hospital, the last long stay learning disability hospital in Lanarkshire. A new 12 bed, short stay inpatient assessment and treatment centre will be built to complement and support the community framework.

2.2.5 Background to Acute Services Developments

In January 2006, NHS Lanarkshire commissioned Currie and Brown³ to consider the capital and logistics implications of the options for re-shaping the hospital provision for acute services within *A Picture of Health*. This paper compared the option of Monklands and Wishaw Hospitals providing emergency services and Hairmyres Hospital providing planned care (Option 2) with the option of Hairmyres and Wishaw Hospital providing emergency care and Monklands Hospital providing planned care (Option 3). The decision of the NHS Lanarkshire Board, which was ratified by the Deputy Minister following the Public Consultation, was that Option 3 should be progressed.

³ A Picture of Health, Capital and Logistical implications of either Option 2 or 3 for the Provision of hospital services as outlined in "A Picture of Health", Currie and Brown UK Ltd, April 2006

In order to move to this new configuration, there will be a process of reviewing all services and specialities in order to develop clinical and service models that support the optimal use of the hospitals. This will require services moving between hospitals, an expansion of Wishaw and Hairmyres Hospitals to support increases in emergency activity, and a major refurbishment and some new build of Monklands Hospital to improve its existing condition, and to move towards a planned care site as well as a location for Lanarkshire's Cancer Centre.

A Picture of Health provides a commitment to invest in the region of £200m in acute services. This was supported by a commitment given by the Deputy Minister of up to £100m in the NHS Scotland capital programme for Monklands Hospital, to ensure that the regeneration can take place. This £100m investment will comprise of £20m to secure the acute adult and old age mental health unit and £80m to develop new facilities for acute services.

2.3 Strategic Objectives

A Picture of Health represents NHS Lanarkshire's response to *Delivering for Health* and our commitment to deliver its recommendations. The Deputy Minister, on 21 August 2006, confirmed that NHS Lanarkshire's proposals were consistent with the principles set out by Professor David Kerr in *The National Framework for Service Change in Scotland* and in the Executive's implementation plan *Delivering for Health*. The Deputy Minister also confirmed that NHS Lanarkshire had adhered to the Executive's guidance on engaging, involving and consulting key stakeholders on major service change proposals.

Delivering for Health concludes there needs to be a shift towards prevention and more continuous care in the community; by targeting resources and through anticipatory care that reaches out to those at greatest risk. Local services should also be strengthened; with more support for self-care, more intensive case management for individuals with complex and difficult to manage long-term conditions, and more capacity for local diagnosis and treatment.

Delivering for Health further concludes the NHS should accelerate improvements in mental health services in line with the policy context set out in the *Framework for Mental Health in Scotland*⁴. This outlines the development of community mental health services and greater specialisation of inpatient services.

In relation to acute hospital care, *Delivering for Health* focuses on waiting times and improved unscheduled care services. It sets out a requirement to organise services to promote the separation of emergency from elective care. It also sets out an aim to make day case surgery the norm and to deliver emergency care services locally in Community Casualty Units, when safe to do so, as well as providing well-resourced emergency centres.

⁴ A Framework for Mental Health Services in Scotland, Scottish Executive, 1997

NHS Lanarkshire's *A Picture of Health and Delivery Plan* emphasise the need for locally accessible services that enable the health service to work with its local authority partners in high quality facilities. *A Picture of Health* gives a commitment to a programme of investment in new health centres and other local community facilities, and identifies the premises that will be replaced or upgraded. The proposals within this Initial Agreement are consistent with NHS Lanarkshire's Property Strategy.

NHS Lanarkshire is committed to implementing *Delivering for Health* thereby shifting the balance of health care from Acute to Primary Care, improving access and recognising the increasing demands for health services from patients with long-term conditions. The development of primary care premises will enable a wider range of services, such as Community Casualty Units, minor surgery and outreach clinics, to be provided in local communities. This will also support the development of community mental health services and enable their integration with primary care teams.

A Picture of Health commits NHS Lanarkshire to a significant reconfiguration of its acute hospital sites and the opportunity will be taken to redesign and separate emergency and elective services and to increase day case rates. This will also lead to some specialist services being concentrated on fewer sites.

2.4 Need for Change

A Picture of Health explains why health care in Lanarkshire cannot continue to be provided in the same way in future. This is not least because of the need to improve Lanarkshire's poor health.

Lanarkshire's population is declining, yet its health needs are increasing. This is partly due to a large rise in the proportion of older people in the overall population, many of who have longstanding illness or disability. There has also been a significant change in the social profile of the older population. For example, the number of people aged over 85 years living alone in Scotland increased by almost 50% between 1991 and 2001.

New technologies and more effective medicines are providing opportunities to deliver health care more quickly and effectively. An increasing range of treatments and procedures can now be provided on a day case basis with better outcomes for patients being realised.

Waiting lists for operations, investigations and treatments are being progressively reduced. New ways are also being developed to speed up the diagnostic and treatment processes.

There has been a rise in the number of people being admitted to hospital as an emergency in recent years. There were 46,801 emergency admissions to Lanarkshire hospitals in 2005/06, despite people preferring to be treated in their home or local community or attending as a day case. NHS Lanarkshire wants to provide more systematic and proactive support for the increasing number of vulnerable people who might otherwise be in and out of hospital on a frequent basis as their health deteriorates.

NHS Lanarkshire needs to provide a workforce of well-trained and supported health professionals with the knowledge and skills to deliver modern and effective services. This means continuously educating staff and working in ways that meet accreditation standards and legislative requirements such as the European Working Time Directive. It also means being able to attract new staff and retaining our existing staff by removing the long-hours culture and improving the work life balance.

Some of NHS Lanarkshire's specialist hospital services are under particular strain; stretched across three general hospitals with limited and often small numbers of specialist clinical staff. If these challenges are not addressed, the demand on these services will increase as the planned national workforce and legislative changes are implemented, and NHS Lanarkshire will not be able to maintain services, or improve the quality of clinical care.

Although progressive changes have been made in recent years to address these challenges, *A Picture of Health* provides the opportunity to draw these strands together and to make a step change in modernising services across the whole system.

2.5 Proposed Outcomes – Benefits to Patients

A Picture of Health was informed by work carried out in Lanarkshire during 2004 with focus groups of members of the public and of community groups. These identified a set of values to underpin the planning and redesign of health services for the future. They said services should deliver:

- Safe, high quality treatment
- Integrated, joined up services
- Comfortable and hygienic accommodation
- Fast access to services
- Improved communication between patients, carers and healthcare professionals and between professionals

In line with *Delivering for Health*, *A Picture of Health* intends to shift the balance of care to more local settings and improve the health of local people by delivering the following:

- Better and faster access to primary care services
- Taking a systematic approach to long-term conditions
- Developing anticipatory care and ill-health prevention
- Supporting people at home
- Preventing avoidable hospital admissions

- More local diagnosis and treatment
- Enabling discharge and rehabilitation
- Improving specific health outcomes
- Improving health and reducing inequalities

Health services are delivered in different locations across Lanarkshire; from a wide variety of premises in terms of size, nature and fitness for purpose.

They include:

- GP, pharmacist, dentist and optometrist (independent contractors) facilities
- Community clinics
- Health centres
- GP and community hospitals
- Small specialist hospitals
- Acute hospitals

Some of these represent “state-of-the-art” facilities that are designed for modern healthcare and provided in excellent environments, while others do not.

This document contains proposals designed to ensure that the right premises and environments are available to deliver new models of healthcare. This will be achieved through a combination of redeploying resources from old, outmoded parts of our estate and new investment in new buildings and equipment. Overall, it is proposed to invest more than £100m in new primary care and community premises developments over the next eight years, funded in part from the disposal of old, outmoded premises, with in the region of up to £200m further new investment in acute hospital and acute mental health services.

The majority of the £100m new investment proposed for primary and community services will be for the expansion of primary care premises, including GP surgeries, new health centres and community clinics. Providing accommodation that is adequate in size for the extended primary care team, social work and other Local Authority staff, and secondary care practitioners will improve integration and the delivery of seamless services. It will also facilitate earlier access to treatment and care and provide the opportunity to work with Local Authorities to streamline local provision.

New premises will also improve physical access to services, both in terms of barrier-free access and central locations that are easily accessible by public transport.

We are also proposing to take advantage of opportunities in places such as Airdrie and East Kilbride, to co-locate patient services with other related public services, principally social services, in order to improve access for service users.

Investment in acute services will include a major refurbishment and new build on the Monklands site, and an expansion of accident and emergency services and acute medical and acute surgical receiving services at Hairmyres and Wishaw Hospitals. These will be in place before the planned changes at Monklands.

Unscheduled care will also be supported by expanded community units at Cumbernauld and Lanark. These will have extended opening hours during evenings and over weekends. A community casualty unit at Monklands Hospital will be integrated with the GP out-of-hours service, operating 24 hours a day, 7 days a week. In conjunction with the two accident and emergencies units, this will provide the people of Lanarkshire with a comprehensive network of emergency services.

The separation of planned and unscheduled care on different sites will support the reduction of waiting times, avoidance of cancellations, and efficient use of staff, theatres and other resources, and support the delivery of greater day case activity. Complex surgery requiring intensive care backup will be provided at Hairmyres and Wishaw Hospitals. This configuration will provide the dual benefit of protecting planned theatre list time and ensuring that emergency cases can be managed in the most efficient way for patients.

Cancer is a major cause of premature death in Lanarkshire. The chances of survival are increased when treatment and care is provided in specialist centres. NHS Lanarkshire proposes that a specialist cancer centre is established at Monklands Hospital. The new Lanarkshire Cancer Centre would consist of a purpose-designed facility for the treatment of the great majority of cancer patients in Lanarkshire. The centre will include:

- Specialist outpatient facilities for all consultant-led Oncology and the majority of consultant-led Haematology services
- A day case facility for Oncology and the major day case facility for Haematology
- A five day inpatient Oncology ward

In addition, 70% of breast surgery for cancer will be undertaken at Monklands Hospital and a Maggie's Cancer Caring Centre will be established at Monklands Hospital.

Nurse-led chemotherapy clinics for appropriate treatments will be extended to all three acute hospitals to maximise local access. Non-malignant Haematology outpatients and day cases will continue to be seen at all three hospitals. Haematology inpatient beds will be at Hairmyres Hospital in view of the highly dependent nature of that small group of patients, and a small satellite day case unit will be provided in association with these beds.

The assessment of the benefits realised will be central to programme and project management when implementing *A Picture of Health*. Evaluation will be built in as standard. It is intended to make extensive use of the LEAP⁵ methodology for evaluation and measurement of outcomes.

⁵ LEAP for health, Learning, Evaluation and Planning. Evaluation Guide and Framework, Scottish Community Development Centre, 2004

3. SERVICE DESCRIPTION

3.1 Primary and Community Care Premises

3.1.1 Current Service

Lack of suitable accommodation in Primary Care and the Community has been a major limiting factor to introducing more general practitioners and services into practices in Lanarkshire.

In general, expenditure on GP premises has fallen behind the rest of Scotland and is well below recommended levels. All the proposed developments are to replace buildings that are a fraction of the size they should be, often 2-3 times smaller than recommended levels. A full survey of premises and their relative sizes has been undertaken, including a comparison of what they should be for current activity and list size. Adding in the potential for joint working, co-location, extended roles and outreach services further emphasised their inadequacies. NHS Lanarkshire has also made a commitment to the provision of improved access to dental services and improved oral health.

3.1.2 Proposed Service

It is proposed that a number of Primary Care Resource Centres are developed, each one designed to accommodate the range of services and staff appropriate to the level of local need.

NHS Lanarkshire's GP Premises Team has adopted criteria to consider proposals for new premises. These are:

- Compliance with statute e.g. Disability Discrimination Act
- Support meeting the targets of *Delivering for Health* and shifting the balance of care from Acute to Primary Care settings
- Area in use for General Medical Services compared with that recommended in the Statement of Fees & Allowances
- Feedback from the Annual Contract Review
- Opportunities (e.g. retirements, availability of sites)
- Deprivation
- Affordability and value for money

Both the Premises Team and the Primary Care Operating Division reviewed the existing and potential proposed developments and agreed an order of priority for key developments over the next eight years. This was endorsed by the Board through its local Capital Investment Group and by the inclusion of the proposals in *A Picture of Health*.

The proposed developments are:

Airdrie Resource Centre
Bellshill Resource Centre
Kilsyth Health Centre

Carlisle Resource Centre
Hamilton Resource Centre
Wishaw Health Centre
East Kilbride Civic Development
Coatbridge Dental and Integrated Resource Centre

NHS Lanarkshire has four community hospitals at Kilsyth (Victoria), Lanark (Lockhart), Biggar (Kello) and Douglas (Lady Home). The community hospitals provide an alternative for some patients who would otherwise require admission to a general hospital. The new primary care out-of-hours service presents opportunities to develop the role of the community hospitals in providing a minor injuries and illness service to the rural communities of Lanarkshire. This would require enhancing staff skills, and providing additional diagnostics and telemedicine technology.

Proposals are also being developed for a **new community hospital in Clydesdale**, which will replace the existing Lockhart Hospital in Lanark and Roadmeetings Hospital in Carlisle. This would enable the further development of GP beds; Old Age Medicine continuing care beds; palliative care and a range of outpatient and day hospital services. Community Casualty Unit for Lanark and Cumbernauld will be developed on the sites of current health centres.

The Coatbridge Dental and Integrated Resource Centre will establish a state-of-the-art dental outreach facility that will provide educational facilities to a range of dental practitioners. By locating the facility in Coatbridge, NHS Lanarkshire will enhance the dental services in an area of high need. Once trained staff from the centre will be encouraged to work in the Lanarkshire area.

The above developments represent large-scale developments involving multiple GP practices, a wider range of other health services and social work services. In addition, a number of GP premises require upgrading or replacement, and practices at the following locations in particular will be encouraged to develop proposals via the GP Premises Group:

- Uddingston Area
- Shotts
- Kirkmuirhill Area
- Motherwell Health Centre
- Newmains Health Centre
- Harthill
- Holytown Area
- Bellshill Area
- Carnwarth Health Centre
- Blantyre Health Centre
- Condorrat Health Centre
- Lesmahagow Area

3.2 Mental Health Services

3.2.1 Current Services

Approximately 140,000 people in Lanarkshire will have a mental health problem at some time in their lives. Around 5,000 have a severe and enduring mental illness and may require support from specialist mental health services. The vast majority of those with a mental health problem will not need to be referred to specialist Mental Health Services, but will instead be seen by primary care staff such as GPs, Health Visitors, and School Nurses etc.

The partner agencies in Lanarkshire are committed to the development of locally based services that:

- Centre on the needs of the person using the service.
- Promote recovery and social inclusion.
- Are community-based, using hospital care only where there is no safe or effective alternative
- Deliver a range of accessible services offering treatment and care appropriate to needs

Over a number of years the health service has been moving away from an institutional model of care towards a community-based model - increasingly delivered on a multi agency basis. This direction of travel has resulted in the closure of Hartwood Hospital and the gradual reduction in beds on a number of hospital sites, notably Hartwoodhill, Cleland, Roadmeetings and the Airbles Road Centre. Acute Psychiatric Units have developed in acute hospitals and community services are now based around a Resource Network Model, in which there has been considerable investment and expansion in recent years. A major modernisation process has been underway for some time in Mental Health with many changes already implemented or planned, including the proposed closure in May 2009, of Hartwoodhill Hospital after re-provision of services in smaller more modern community-based units.

3.2.2 Proposed Services

Adult Acute Services

Each CHP locality will have an integrated health and social work Community Mental Health Team that provides interventions for people with a range of mental health needs. The quality of interventions will be promoted and monitored through use of integrated care pathways. Partnership with other statutory and voluntary providers will enable the wider range (housing, educational, occupational and leisure) of people's needs to be met within the locality. Co-ordination will be through care management.

There will be clear criteria for acute hospital admission as part of a person's care. The risk to health or safety of self or others will be the main determinant in the decision to admit. A person with complex needs requiring intensive assessment may also benefit from admission to enable early treatment. Some treatments such as Electroconvulsive Therapy, the changing of complex drug regimes, and complicated drug and/or alcohol detoxification may also require hospital admission.

Admission should be seen as a short-term intervention to re-establish safe community care as quickly as possible. In consideration of this model as well as the medical manpower issues, it is proposed that there should be two Acute Inpatient Units, both based in acute hospitals, and between them having 142 beds. One will be located in South Lanarkshire at Hairmyres Hospital and one in North Lanarkshire at Monklands Hospital. Within this bed complement there will be dedicated Intensive Care provision for the most acutely ill patients, including those forensic patients who need a 24-hour medical input.

Adults with Complex Needs

The aim of this service is to provide intensive community care and treatment for people with severe and/or complex mental illness, including those with a forensic profile. Many of these patients have difficulty accessing or accepting services, and effective interagency working is crucial. We will build on the joint working which already exists between the Resettlement Team and the current Forensic Team, particularly for those patients who require a long period of rehabilitation based on a Care Management model. This model will provide access to a range of interventions, including daytime activity, crisis intervention, education and recreation.

Currently, inpatient beds are provided at Hartwoodhill Hospital, Caird House and the Glencairn Unit at the Airbles Road Centre. With the proposed closure of Hartwoodhill Hospital and the Airbles Road Centre, the opportunity has been taken to review the overall bed configuration and to ensure that inpatient beds are located within the communities they serve. Two new inpatient units will be built at Caird House and Coathill Hospital with a total of 55 beds.

Brain Damage with Psychiatric Disorder

The current service accommodates patients in a continuing care ward at Hartwoodhill Hospital. This ward originally had 24 beds, but has now reduced its bed complement to 16 beds and currently is home to 11 patients. These patients do not require specialist psychiatric treatment and their needs could best be met through a Nursing Care model. It is proposed that patients will be assessed and provided with individual packages of care in appropriate care home settings across Lanarkshire.

Addictions

NHS Lanarkshire's three Community Addiction Teams have merged with the Lanarkshire Drug Service to become the Lanarkshire Alcohol and Drug Service. This is an integrated health service for patients with alcohol and drug problems that provides both primary and specialist interventions.

In the North Lanarkshire CHP there will be two integrated teams, each serving three localities and each with a wider network of resources. In the South Lanarkshire CHP there will be a single integrated team, which will also offer services across localities. These teams will integrate with Local Authority Substance Misuse Services to form joint multi-agency teams.

Currently approximately 15 beds are used from within the existing three Acute Inpatient Units. In future these beds will be managed as a specialist unit on the Monklands site, rather than as part of a larger acute ward and will result in better clinical outcomes for patients.

Eating Disorder Service

At present, Monklands and Cumbernauld provide a service to patients with an eating disorder with the rest of Lanarkshire relying mainly on Community Mental Health Teams with occasional use of specialist clinics out with Lanarkshire. It is proposed that an agreed tiered model of service should be developed across Lanarkshire to meet needs locally wherever possible.

Where local inpatient admission becomes necessary, the use of an Acute Medical bed may be more appropriate than a Psychiatric Admission bed. Patients will require inputs from both Physicians and Psychiatrists. The development of specialist beds on a regional basis is being considered nationally and regionally.

Perinatal Beds

A specialist inpatient unit is now available on a regional basis and where appropriate, Lanarkshire will refer patients to this unit at the Southern General Hospital.

Liaison Psychiatry and Psychology

Currently the Liaison Service consists of approximately 16 WTE nurses across the three acute sites that focus on patients presenting at Accident and Emergency Departments with a possible psychiatric condition. However, there is clinical evidence to suggest that psychiatric input also helps a significant number of acute hospital patients, particularly those with unspecified conditions. Approximately 25% of patients with a diagnosed medical condition will also suffer from depression and, in addition, rates of alcohol and drug abuse are high within hospital inpatient populations. The national recommendation is that every Board should have a basic Liaison Psychiatry and Psychology Service in primary and secondary care. The main priority for NHS Lanarkshire will be to maintain a team at Wishaw Hospital, as this site will not have inpatient psychiatric beds.

Old Age Psychiatry

This service will continue to modernise, moving away from institutional care to community-based services, supported by a smaller specialist inpatient provision. Working in partnership with local authority and voluntary agencies, the service has increasingly been delivered locally from the Elderly Community Mental Health Team. Single shared assessments have been introduced and integrated models of working in community and day hospital care have been developed.

Wherever possible, patients will be cared for at home or as an outpatient, with suitable specialist care available as required.

Community services will be strengthened with the development of locality-based Community Mental Health Teams for older people; the further development of Liaison Community Psychiatric Nurse services; the provision of day hospitals in day care settings, with closer integration with local authorities. This will reduce the need for inpatient beds over time.

Acute Assessment is currently undertaken in a range of ways on five sites. This will be brought together into the two inpatient units on acute hospitals.

For older people with complex needs, many of whom have and will “graduate” from the adult service, it is proposed that the ward currently at Hartwoodhill Hospital is closed and moved to alternative accommodation.

The continuing care dementia beds, at Cleland, Hattonlea and Cumbernauld nursing homes will reduce over the next five years releasing resources for other developments.

Closure of Hartwoodhill Hospital

A key feature of modernising mental health services is the closure of Hospital and this is planned for 2009 to coincide with the opening of the new facilities at Coathill Hospital and Caird House. This is in advance of some of the other acute bed reconfigurations, which will take place by May 2009. In view of this, the critical path to enable closure of the hospital by 2009 is as follows:

- Brain Damage and Psychiatric Disorder patients (Harris Ward) will transfer to nursing home settings that suit their individual needs.
- Adults with Complex Needs patients (Gigha and Iona Wards) will transfer to a new unit at Coathill Hospital and Caird House.
- Old Age with Complex Needs patients (Tiree Ward) will transfer to community-based facilities.
- In redeveloping inpatient accommodation and as part of the overall review of office accommodation, clinical and non-clinical staff will be relocated as appropriate.

Other Estates Issues

Planning work is underway to replace the accommodation at Torrance House (Community Mental Health Team, Adult Psychotherapy and Addiction Services) in view of the imminent end of the lease agreement and the inadequacy of the accommodation.

The development of the new accommodation at Caird House and Coathill Hospital will contribute to the closure of the Airbles Road Centre. Planning is underway to relocate the remaining clinical and support services, enabling the closure in line with the commissioning of the new unit at Monklands.

3.3 Learning Disability Services

3.3.1 Current Service

The current service framework concentrates on the development of a multi-disciplinary, multi-agency infrastructure. Kirklands Hospital has 14 residents remaining with the planned discharge programme advanced to completion by early 2008. The community service model has implemented an in-reach service to the current assessment unit within Kylepark cottage and this will be developed further with the commissioning of the new Assessment and Treatment Centre. Patients are benefiting from the multi-agency Community Learning Disabilities Teams and the services they provide either within the patients home, community based day services or as an outpatient.

3.3.2 Proposed Service

Integral to the Learning Disabilities Community service will be the provision of a 12 bed short stay inpatients facility supported with a limited range of therapies and outpatients clinic services. Long stay inpatients services will not be required.

Partnership working with both local authorities has seen the development of an infrastructure providing and supporting independent living for people with learning disabilities and giving local access to a range of rehabilitation, therapy and educational facilities. This model supports the level of inpatient provision.

Partnership developments will continue to be proactively pursued to increase the services and facilities provided at a local level and co-location of staff will continue to further enhance the links of clinical and care teams. The short stay of care is dependant on the prevention of admissions where possible and continuity of care during an inpatient stay through community in-reach and planned early discharge.

3.4 Acute Services

3.4.1 Current Services

The three acute hospitals in Lanarkshire at Monklands, Wishaw and Hairmyres, have evolved over many years to provide a wide range of services, including on each site a mix of:

- Outpatient and diagnostic investigations
- Accident and Emergency, and minor injury and illness assessment and treatment services
- Day surgery and other short stay procedures on a planned basis
- Inpatient investigations and specialist treatment on a planned and emergency basis

Although the majority of patients attending these hospitals live in the catchment area, an increasing number of specialist inpatient services are provided on one of the three sites, serving the whole of Lanarkshire. These include:

Dermatology	Monklands	
Ear, Nose and Throat	Monklands	
Infectious Diseases	Monklands	
Gynaecology	Wishaw	
Interventional Cardiology	Hairmyres	
Maternity	Wishaw	
Ophthalmology	Hairmyres	
Oral Maxillofacial Surgery	Monklands	
Paediatric Medicine	Wishaw	
Renal Dialysis	Monklands	
Renal Medicine	Monklands	
Rheumatology	Wishaw	
Thoracic	Hairmyres	(moving to Golden Jubilee late summer 2007)
Urology	Monklands	

The number of cases dealt with in these hospitals during the year from April 2005 to March 2006 was as follows:

Service	Hairmyres	Monklands	Wishaw General
Planned inpatients	4,091	5,964	2,634
Emergency inpatients	13,720	17,775	15,306
Day cases	11,926	12,094	13,823
A&E attendances	50,356	61,938	61,435
New outpatients	38,841	33,470	37,566

Maternity and Special Care Baby (Wishaw General only)

Maternity and Special baby care inpatients	11,703
Maternity day cases	2,603
New maternity outpatients	4,683

Approximately 65% of patients who attended Accident and Emergency were treated for a minor illness or injury and did not require the inpatient or specialist services provided elsewhere in the hospital. The remaining 35% of patients did require these specialist services and were often referred by their GP or the Scottish Ambulance Service, though a significant number self-referred.

Although the vast majority of people who attend the hospitals do so as outpatients, or come in for investigation and treatment and go home the same day, it is the inpatient beds that take up most of the space and employ most of the hospital resource. As at April 2006, the three acute hospitals have a total of 1,422 staffed **acute** beds (excluding paediatrics and mental health) between them, distributed thus:

Hairmyres	427
Monklands	478
Wishaw	517

A similar number of acute beds are required for Lanarkshire in the future, but we need to consider how they can be better used and located in order to improve the quality of care and deliver faster access to services.

3.4.2 Proposed Services

It is proposed that in future:

- The Monklands area will have a local hospital as well as enhanced primary care services. The local hospital will provide specialist services on an outpatient and day case basis, together with minor injury and illness assessment and treatment and extensive diagnostic investigations. It will provide a specialist planned inpatient and day case centre for the whole of Lanarkshire as well as the location of the Lanarkshire Cancer Centre with a linked Maggie's Cancer Caring Centre. It will also provide an inpatient services for ophthalmology and dermatology
- The Hairmyres area will have a hospital as well as enhanced primary care services. Hairmyres Hospital will act as a local hospital, providing specialist services on an outpatient and day case basis, together with minor injury and illness assessment and treatment and extensive diagnostic investigations. It will provide accident and emergency services and specialist emergency inpatient centre for just under half of the population of Lanarkshire. Some specialties will focus their inpatient provision at Hairmyres Hospital. These include: interventional cardiology, renal medicine, vascular and specialist haematology.
- Wishaw area will have a hospital as well as enhanced primary care services. Wishaw General Hospital will act as a local hospital, providing specialist services on an outpatient and day case basis, together with minor injury and illness assessment and treatment and extensive diagnostic investigations. It will provide accident and emergency services and specialist emergency inpatient centre for just over half of the population of Lanarkshire. Some specialties will focus their inpatient provision at Wishaw General Hospital. These include: maternity, neonatal, paediatrics, gynaecology and ENT.

The hospital emergency services will be part of a network of emergency services provided by pharmacists, GPs, ambulance services, community services, Local Authorities and the community casualty units in Lanark and Cumbernauld.

It is proposed to separate the organisation of planned and emergency services. The benefits of doing this will include:

- Fewer cancelled operations for patients. At present, planned theatre lists are disrupted because of the need to respond to unforeseen emergencies
- Shorter waiting times for patients
- More certainty and less disruption for specialist and other staff

Following the comments and advice received during the *A Picture of Health* consultation period, careful consideration has been given to the proposed configurations of the emergency and planned care hospitals. The principal reasons for people suggesting changes to the proposals made in *A Picture of Health* were concerns about patient safety and the desire to retain appropriate inter-relationships between particular specialties on the same site.

As a consequence and taking into account the other supplementary advice notes, the revised proposals would lead to the following configuration of services:

Table 1: Acute Configuration of Services			
Services	Hairmyres	Wishaw General	Monklands
Outpatients and Day Care Services	Full diagnostic outpatient and day care facilities Major and Minor Injuries and Illness Services Primary Care Out of Hours Services Nurse-led chemotherapy Satellite haematology day case unit and non-malignant haematology outpatients and daycases Renal Dialysis	Full diagnostic outpatient and day care facilities Major and Minor Injuries and Illness Services Primary Care Out of Hours Services Nurse-led chemotherapy Non-malignant haematology outpatients and daycases	Full diagnostic outpatient and day care facilities Minor Injuries and Illness Services Primary Care Out of Hours Services All consultant led oncology and the majority of consultant led haematology specialist outpatients Day case facility for oncology and the major day case facility of haematology Nurse led chemotherapy Renal Dialysis Maggie's Cancer Caring Centre
Inpatient services	Emergency Medicine Acute assessment and rehabilitation of older people including stroke Interventional Cardiology Renal Medicine Emergency surgery and trauma Consultant-led intensive care, coronary care and high dependency Major planned surgery requiring intensive care including - orthopaedics - general surgery - vascular surgery Specialist haematology Acute adult psychiatry Acute old age psychiatry	Emergency Medicine Acute assessment and rehabilitation of older people including stroke Emergency surgery and trauma Consultant-led intensive care, coronary care and high dependency Major planned surgery requiring intensive care including - orthopaedics - general surgery - ENT - gynaecology Maternity services Paediatrics	Planned surgery not requiring intensive care, including - general surgery - breast surgery - ophthalmology - urology - orthopaedics Nurse-led high dependency Five day oncology ward Dermatology Rehabilitation Services for Older People including Orthopaedic Rehabilitation Continuing Care of Older People Acute adult psychiatry Acute old age psychiatry

Although the entirety of these changes will not be completed for some years, it is intended to move towards reconfiguration through a phased programme. In this way, quality improvement benefits will be realised on a specialty-by-specialty basis as detailed redesign is completed and opportunities are created to deliver the necessary changes as quickly as possible. Care modeling and service redesign will increasingly lead to some hospital based services being provided in Primary Care and Community.

3.5 Transport

A key issue arising from the public consultation on *A Picture of Health* was access to services; particularly transport links to the major hospital sites as services are redesigned and relocated.

NHS Lanarkshire has proactively responded to this public concern and a commitment has been given to work with the new Regional Transport Partnership to enhance public transport access to health provision, as well as develop a shuttle bus service between the three acute hospitals prior to Monklands Hospital becoming a planned care site. A commitment has also been given to invest in the Scottish Ambulance Services to ensure that, before the proposed changes to Accident and Emergency services at Monklands Hospital take place, additional ambulance staff will be deployed in Lanarkshire to handle both emergency and patient transport work.

4. CURRENT STATUS OF MAJOR BUSINESS CASES UNDER DEVELOPMENT AND CAPITAL OPTIONS

The options below have been developed, ensuring that no better use could be made of the existing estates in relation to achieving the objectives of *A Picture of Health*.

4.1 Current Status of Business Cases

Table 2 identifies the capital business cases associated with *A Picture of Health* and their current status.

Table 2: Capital Business Cases

Title	Current Status
Airdrie Resource Centre	FBC to December 2006 NHS Board
Coatbridge Dental and Integrated Resource Centre	OBC has been forwarded to Scottish Executive
Kilsyth Health Centre	Initial agreement currently being developed
LD Treatment and Assessment Centre	FBC submitted to NHSL CIG October 2006
Bellshill Resource Centre	OBC approved
Wishaw Health Centre	Early scoping work being done to identify sites
Carluke Resource Centre	OBC approved by NHS Board
Hamilton Resource Centre	Accommodation scoping underway
Cumbernauld Community Casualty	SBC being developed
East Kilbride Civic Development	Accommodation scoping underway. Joint working opportunities to be advanced
Mental Health modernisation	
Adults with complex needs units <ul style="list-style-type: none"> • Caird House • Coathill 	OBC being developed SBC developed
Acute Psychiatric Admission Units	Feasibility work being undertaken to inform OBC
Acute hospital modernisation	High level care and service models being developed and tenders being constructed for legal, financial and technical advice

4.2 Development of Clinical and Service Models

A Picture of Health was developed using a clinical redesign methodology based on developing care pathways from a patient perspective. This has been key to the whole system of care approach used in Lanarkshire, which has considered the patient journey across Primary, Community and Acute Care. This has enabled an emphasis on shifting the balance of care into Primary Care provision and to creating clinically sustainable services.

The approach to redesign based on care pathways will continue as part of implementation. The business cases developed for Primary, Community and Acute Care will be built on a foundation of whole system redesign of clinical and service models. This process has commenced with a series of stakeholder events planned in early 2007.

The key principles that underpin this approach to redesigning clinical and service models are:

- Whole system approach, based upon effective engagement of Primary and Acute Care, to deliver sustainable system wide outcomes
- Effective engagement of patients, carers, community and wider stakeholders in the progressive development of the models, using a range of methods, including group participation, patient narratives and involvement in workshops
- Clinically led process, with clinicians at the heart of the change process and, supported by change agents, leading groups to develop the clinical and service models
- Incorporate and build on the learning from the collaboratives and change programmes, using the tools and techniques available. For example Lean Thinking and Theory of Constraints
- Focus on key deliverables: workforce sustainability; the balance between shifting the balance of care to Primary Care, local access and sub specialisation; financial sustainability; translating emergency to proactive planned care; and the separation of emergency and elective care
- Incorporate the key principles from *Delivering for Health* and *A Picture of Health*, including national and local delivery plan targets
- Clinical models will inform the development of the service models options for delivery, and be flexible enough to respond to external and internal influences such as interim changes and pilots to test new models

4.3 Primary and Community Care Premises

A standard or full business case will be produced, as appropriate, for each proposed development. The schemes are at various stages of development and detail. The following summary is indicative only of the likely solution.

A full and robust analysis of each proposal will be undertaken and this might result in some changes e.g. to the preferred site or exact detail of services provided from a particular site. The opportunity will be taken, as part of all of the schemes below, to consider whole system redesign of care; moving services from an acute setting to Primary care.

At present the likely proposals are as follows:

4.3.1 Airdrie Resource Centre

This will be a joint development with North Lanarkshire Council and will accommodate social work staff and a social work day care unit for frail elderly and dementia, as well as a range of health services. The resource centre will accommodate 10 GP practices, the extended primary care teams, the Community Mental Health Team, the Addictions Team and Child Health. It will replace the existing Airdrie Health Centre, Adam Avenue Clinic and a number of small GP practices.

The current accommodation is grossly inadequate in size: it does not enable Health Visitors, District Nurses and other staff groups to co-locate with GPs; it does not in some locations comply with the Disability Discrimination Act, and in some premises each GP does not even have their own consulting room.

The preferred solution is a town centre site in Airdrie, adjacent to new Social Work offices and close to public transport routes.

4.3.2 Bellshill Resource Centre

This will replace the very antiquated facility in the centre of Bellshill with new clinic accommodation in close proximity to two of the three Bellshill GP practices. As well as replacing the accommodation for Child Health; Allied Health Professions; Antenatal clinics; Well Woman clinics; Psychiatry and Dental services, it will also enable the integration of the Community Mental Health and Addictions Teams.

The current accommodation is far too small and very out-moded, with some disabled access issues that cannot be resolved in the existing structure.

4.3.3 Kilsyth Health Centre

The proposal is to redevelop the health centre, which is currently about a third of the required size and which does not have disabled access to the community dental facility located there.

The new facility would significantly increase the size of the health centre. The site of the existing health centre is too small for redevelopment and a new site is required.

A bid for funding has been approved from the Primary and Community Care Modernisation Fund.

4.3.4 Carlisle Primary Care Resource Centre

This development would replace the existing health centre, which is pro rata the smallest health centre in Lanarkshire - a fifth of the size required. The development of a Primary Care Resource Centre will enable co-location with the Community Mental Health and Addictions Teams. It will also improve facilities and availability of a range of services in Carlisle.

An Outline Business Case was approved by NHS Lanarkshire Board in November 2005 and subsequently also approved by the Scottish Executive Health Department.

4.3.5 Hamilton Resource Centre

At present, community nursing, Child and Adolescent mental health services, Addictions; the Community Mental Health Team, Community Dentistry and Allied Health Professionals; out patient rehabilitation and Child Health services are spread across five different locations in the Hamilton area. Most of these premises are inadequate in size, accessibility and quality.

A new Resource Centre is proposed in the heart of the town centre to co-locate all community services along with social work services. This will also provide outpatient clinic accommodation to improve the accessibility of secondary care.

The development will be part of a wider redevelopment of the town centre. The scope of the project is currently being confirmed and discussions are underway with South Lanarkshire Council to secure a site in the middle of a redeveloped shopping area in the town centre.

4.3.6 Wishaw Health Centre

This proposal would replace the existing health centre and co-locate it with the Community Mental Health Team. Discussions will take place with North Lanarkshire Council to identify the extent to which they would co-locate services in the new Health Centre.

The existing premises are out-moded and far too small, with practices closing or limiting their list sizes, as there is no space for them to expand the number of GPs. There is virtually no car parking and both internal and external areas are very congested.

Early discussions with the Council have identified several options for new sites, which will be explored in the development of the business case.

4.3.7 East Kilbride Health Centre

Hunter Health Centre in East Kilbride is also far too small, to the extent that some members of staff are being decanted out to other premises to ease pressure on the available accommodation there. This is detrimental to integrated working. Health workers are already located in three different premises in addition to the health centre.

Working with South Lanarkshire Council, a proposal is being developed to co-locate Council and Health services in the town centre. The timing of this is determined by a wider project to reconfigure and upgrade the shopping centre.

4.3.8 Coatbridge Dental and Integrated Resource Centre

This resource centre is being developed in partnership with North Lanarkshire Council, NHS Education for Scotland, the University of Glasgow, Edinburgh Dental Institute and Coatbridge College and will provide a modern, purpose-built dental and primary care centre on Main Street, Coatbridge.

The new centre will accommodate a dental education hub for West of Scotland dental students, nurses and therapists, and will be the first of its kind to provide training in a community setting and as part of a primary health care development. In addition, the centre will offer specialist training for general dental practitioners.

The centre will include an outpatient service for patients with specialist dental needs such as restorative dentistry and oral surgery, the community dental service, two GP practices and the community mental health team.

The development will be co-located with a range of North Lanarkshire Council services; enhancing joint working between NHS Lanarkshire and local authorities.

The current health premise on Main Street Coatbridge, which accommodates the Community Mental Health Team, is an old-fashioned building with poor use of space and limited disabled access.

This building land-locks a disused swimming pool and North Lanarkshire Council is keen to work with NHS Lanarkshire to redevelop this area to provide a district court, social work offices and a service point.

4.4 Mental Health Services

4.4.1 Adults with Complex Needs – Caird House

A Standard Business Case for the development of the Caird House facility on the Beckford Lodge site in Hamilton for Adults with Complex Needs was prepared some time ago.

However, on the basis of recent, detailed discussions with the Project Team and the Design Team, it was established that the premise in the Business Case to extend Caird House would not achieve a design that was considered 'fit for purpose' by service users.

A number of alternative options were explored. These centred on retaining the Caird House facility on the Caird House/Beckford Lodge site, on the basis that it was the preferred site in the Business case. This option was supported at the Capital Investment Group on 4 August 2006.

The resultant preferred option was to retain the Caird House facility, but to demolish the remainder of the accommodation occupying the Beckford Lodge site, and to build a new facility. The architects have demonstrated that:

- The site would provide sufficient space for a building that would meet the requirements of both client groups.
- Clear separation between the two patient groupings could be achieved
- The low secure accommodation could be located on the site such as to provide protection and separation from the public edges
- The amenity of the Caird House site would be retained

Based on the indicative diagram prepared by the architects, the construction cost is now estimated at £4.5m - a reflection of the unit being totally new build and comprising a larger footprint, producing an overall project cost in the region of £6m. These costs are still estimates until more detailed work on the design is complete.

It is currently estimated that the site review and the delayed planning process now gives a revised completion of May 2009.

4.4.2 Adults with Complex Needs – Coathill Hospital

The Standard Business Case proposed locating the development on the site of vacant Wards 2 and 3, which are to be demolished. An agreed layout was prepared and costed. However, the internal arrangement and size of the building precluded it from being successfully converted for complex needs. It is located very close to the site boundary with the rear of the building almost bounding the stone (boundary) wall, from which there is a significant drop to the ground below.

Service users in discussions with the design team raised the proximity to the boundary, with very little external space being available and the risk associated with the significant drop to the adjacent site.

Due to the clinical risks, consideration was given to an alternative site at Coathill. The alternative site proposed meets the needs of this client group.

It is also the view that the alternative option makes a better long-term use of the hospital site and should be confirmed as the preferred option.

The construction cost is now estimated at £2.75m, which represents an increase of £190k or 8% over the original option. A revised total project cost based on the alternative option is £3.8m.

A completion date of May 2009 is still achievable.

4.4.3 Acute Psychiatric Admission Units

Within the consultation process around *A Picture of Health*, it was proposed that NHS Lanarkshire would proceed with two acute psychiatry units, one on the Monklands Hospital site and one on the Hairmyres Hospital site. Given the constraints of the current layout of the facilities on the Hairmyres site and the topography of the land, it is clear that a specific piece of work is required to progress these proposals to develop the Outline Business Case. This would include:

- The bed configurations on each site for adult acute assessment and treatment beds and old age psychiatry assessment beds
- An assessment of how this would impact on patient flows to the North and South Lanarkshire sites, together with the workforce implications that would arise from this e.g. consultant job plans, medical rotas, nursing staff and Allied Health Professionals staffing, all of which require to be underpinned by a financial framework

In recognition of the need to deliver against the overall *A Picture of Health* timetable, an overarching project group and local project teams have been established to progress this work.

Timescales for completion is achievable.

4.5 Learning Disability Services

In August 2005, NHS Lanarkshire Board approved an Outline Business Case for the provision of a new fit for purpose Learning Disabilities Assessment and Treatment Centre, which will provide 12 short stay inpatient beds, and a limited range of therapies and outpatients clinics, where these are not able to be provided in community settings and it is in the patients best interest to attend the centre for these services.

The service will not provide any long stay inpatients facilities, with the service model being based on a Community Learning Disability Service providing in-each support to the inpatient short stay service.

Inpatient assessment and treatment will be required for some patients as a consequence of changes related to their learning disability, the complexity of their needs, and for many the dual diagnosis of learning disability and mental illness.

The Outline Business Case identified Strathclyde Hospital as the preferred site through a process of stakeholder consultation and scoring of benefits criteria. The full Business Case presented to NHSL Capital Investment Group in October 2006 identified further opportunities to review the design, reduce the capital cost which had increased from £4.5m to OBC stage to £6.85 m at FBC, and further the development of co-location of learning disabilities community teams with local authority care teams.

The design team is proactively working with learning disabilities clinicians and managers, to provide a redesign which ensures the delivery of a clinical service model in a high quality designed environment. The design review has also afforded the opportunity, through changes in treasury guidance on the retention and disposal of NHS properties, to now consider the best site location of either Strathclyde Hospital or Kirklands Hospital sites.

Locating the Learning Disabilities and Treatment Centre with other clinical services and clinical teams will enhance the links the service will have with other Primary Care Services.

4.6 Acute Services

The *A Picture of Health* consultation paper produced in December 2005 included two options for the provision of acute inpatient services. These options were selected following an independently facilitated option appraisal in November 2005 that considered a wider range of options. These were developed through considerable discussion with clinical and other professional staff, service users and carers about how best to organise the hospital services.

The option appraisal in November 2005 involved a range of stakeholders, including service users and carers as well as professional staff and other interested organisations. It outlined three broad alternatives for how services could be provided:

- Status quo
- Concentrating emergency inpatient services in two hospitals and planned inpatient services in the third

- Concentrating emergency inpatient services in one hospital and planned inpatient services in the other two

The status quo, while considered not able to continue beyond 2009, remained the standard against which the pros and cons of other options were measured. It was considered possible, to continue to deliver outpatient and day case services in all three hospitals, which represents more than 80% of all current hospital attendances.

Of the three broad alternatives outlined, concentrating all emergency inpatient services for Lanarkshire on a single site was not considered to be deliverable for a number of reasons:

- Of the 1,625 beds, about 1,300 would have to be located in the emergency inpatient hospital, making it extremely large, posing design and logistical challenges and certain diseconomies of scale
- None of the existing hospitals is sufficiently central and convenient to the bulk of Lanarkshire's population, which means a completely new, very large site would have to be found and purchased, design and planning requirements met, and construction completed. This would not be achievable within the timescales
- A hospital of that size would cost in excess of £400m, with additional revenue costs of £40m per annum. This is not affordable, nor would it be considered good value for money given the other hospital provision available within Lanarkshire.

A sub-set of that alternative, suggested by a number of people, was to build a new emergency inpatient hospital to replace Monklands on a new site located between Monklands and Hairmyres or Monklands and Wishaw. It was considered that this was also not affordable.

This left the provision of emergency inpatient services in two hospitals and planned inpatient services in the third hospital as the best alternative. The option appraisal process next considered the role of each hospital could best play, recognising that there are three possible configuration options to be considered against the status quo (Option 1):

Table 3: Summary of Acute Services Options

Option	Emergency inpatient hospital	Emergency inpatient hospital	Planned inpatient hospital
Option 2	Wishaw	Monklands	Hairmyres
Option 3	Hairmyres	Wishaw	Monklands
Option 4	Monklands	Hairmyres	Wishaw

Criteria were developed, against which the benefits of each option were measured and scored. These were:

- Quality of Care
- Access
- Workforce

- Regional Impact
- Flexibility

The outcome of the option appraisal, which was provided in the independent Health Economists' analyses, indicated that the preferred option was Option 3, where Wishaw and Hairmyres Hospitals would provide emergency inpatient services and Monklands Hospital would concentrate on planned care.

NHS Lanarkshire Board considered the outcome of the option appraisal in December 2005 and decided:

- Option 1 (Status Quo) should be rejected as not being sustainable and not able to deliver the necessary quality of care to patients
- Option 4 (Monklands and Hairmyres as the emergency inpatient hospitals, Wishaw as the planned care hospital) should be rejected as offering fewer benefits at the highest cost. Consequently, Wishaw should be developed as one of the two emergency inpatient hospitals in Lanarkshire beyond 2009
- Option 2 (Wishaw and Monklands as emergency inpatient hospitals and Hairmyres as the planned care hospital) or Option 3 (Wishaw and Hairmyres as emergency care hospitals and Monklands as the planned care hospital) could be adopted in Lanarkshire beyond 2009
- Views on Options 2 and 3 should be sought through a process of public consultation

NHS Lanarkshire Board also commissioned work from Currie and Brown in respect of the capital costs and logistics of re-shaping the hospital provision for acute services to inform the public consultation. Currie and Brown produced the report *A Picture of Health, Capital and Logistical implications of either Option 2 or 3 for the Provision of hospital services as outlined in A Picture of Health* in April 2006. This report is appended as Appendix 1. This report examined the capital costs and logistics of each of the two consultation options.

In undertaking this exercise, Currie and Brown assumed that two 650-bed Level 3 hospitals and one 300-bed Level 2 hospital would be provided. The work excluded the Mental Health and Continuing Care beds, as these would be provided in accordance with the Mental Health Strategy and the Older People's Services Strategy. It was noted that the exact bed numbers were likely to change as detailed clinical models are developed.

The Currie and Brown's work included a compilation of the Clinical and Non Clinical Key Issues Schedule and from this Schedules of Areas were generated, which enabled indicative costs to be established. The Schedule of Areas and costs for Wishaw and Hairmyres were shared with the respective PFI providers at Wishaw and Hairmyres Hospitals to facilitate their input on the capital costs and to identify future revenue costs.

The outcomes of this report were noted to be very indicative and based on parameters and assumptions outlined in the report. Risks were also identified and information was utilized from previous Currie and Brown reports on the status and renovation of Monklands Hospital.

The report concluded with a broad commentary and order of costs for the options proposed under *A Picture of Health*, which Currie and Brown identified should be refined, but it was not anticipated there would be any major issues that would generate a significant movement in the cost differential between the options.

The total costs identified for each option were:

Option 2 (Wishaw and Monklands Hospitals as Level 3)	£174m
Option 3 (Wishaw and Hairmyres Hospitals as Level 3)	£134m

The report highlighted that careful and detailed planning will be required to ensure that, as far as possible, ongoing health service provision is protected and potential risks minimised when working in fully operational environments. This is particularly applicable in the case of the development of Monklands Hospital where there are major logistical difficulties associated with the condition, configuration and servicing capacities of the existing estate.

The public and other stakeholders' response to *A Picture of Health* during the formal consultation focused primarily on the options for reconfiguring acute services. NHS Lanarkshire Board considered these views very carefully as well as the additional evidence presented in relation to the sustainability of the current configuration of acute services. At its meeting on 24 May 2006, the Board re-affirmed its earlier decision that the status quo would not deliver the necessary quality of patient care and was not sustainable in the longer term.

At the same meeting, the Board approved a set of criteria, which it determined should be taken into account when considering the choice between the option of Monklands or Hairmyres as the second hospital, along with Wishaw, to be developed as an emergency inpatient hospital. These criteria were based on those used during an earlier option appraisal exercise, but amended in the light of responses received during public consultation, including specific stakeholder events held during April 2006. As a result, it was agreed that greater prominence should be given to consideration of the issues of access for people living in areas of deprivation and access for older people.

Given the strength of view (not only among Board Members, but also from the wider consultation) that quality of care was the most important determinant, the Board was keen to ensure its choice delivered the greatest benefit to patients and the highest quality of clinical outcomes. It was acknowledged that quality of care had been the main reason for discounting the status quo, regardless of financial consideration, but that matters of cost needed to feature as one of the criteria in choosing between the remaining options.

At a whole-day seminar and workshop attended by all NHS Lanarkshire Board Members on 7 June 2006, detailed consideration was given to each of the options in relation to approved decision criteria. The findings of the Board Members was summarised and presented at the June Board Meeting⁶.

⁶ Modernisation Acute Hospital Services, Supplementary Advice Note on the Consideration of Options, NHS Lanarkshire Board Paper, 24 June 2006

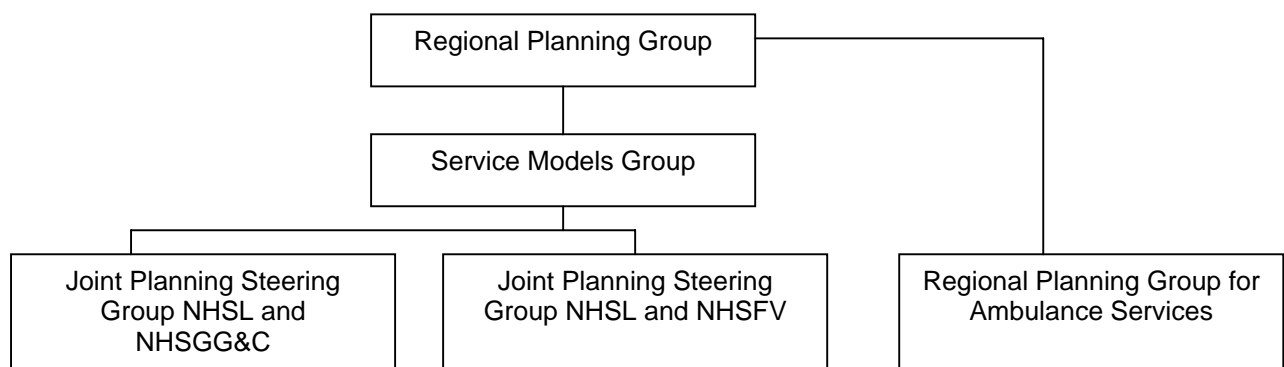
The Board decided to recommend Option 3 to the Deputy Minister i.e. Wishaw and Hairmyres Hospitals as emergency care hospitals and Monklands Hospital as the planned care hospital. This recommendation was agreed by the Deputy Minister on 21 August 2006 with conditions in relation to ensuring primary and community capacity were in place in the Monklands area prior to the change, the development of additional capacity at Hairmyres and Wishaw General Hospitals and investment in ambulance services and a shuttle bus service.

NHS Lanarkshire will develop three separate business cases for Hairmyres Hospital, Wishaw Hospital and Monklands Hospital.

4.7 Managing Patient Flows

In determining the Board's strategy, evidence was gathered in relation to access, travel and transport issues, particularly in relation to access to an emergency hospital by patients as well as visitors. This work recognised the reconfiguration of acute hospitals in neighbouring NHS Boards and studied travel times and distances.

Both NHS Greater Glasgow & Clyde and NHS Forth Valley are progressing their own Ministerially approved programmes of strategic change, and the impact of these, together with NHS Lanarkshire's proposals, were jointly assessed through effective Regional Planning. A strategic plan for sizing the hospitals in this part of West Central Scotland is being prepared by the Regional Planning Group for agreement by the NHS Boards and the Scottish Ambulance Service prior to submission for Ministerial approval early in 2007. This has been supported by establishing the following planning arrangements:



In summary, Lanarkshire residents in Kilsyth and Cumbernauld that currently use Monklands Hospital and Glasgow hospitals for Level 3 inpatient emergency services, will in future be accommodated at the new Larbert Hospital. Hairmyres and Wishaw General Hospitals, depending upon proximity and access, will serve the remainder of the Monklands current catchment population for Level 3 inpatient services.

Detailed risk modelling of how patient flows will be managed, and the requirement to synchronise timing, are being progressed through a formally recognised joint planning structure. This has demonstrated that the number of people affected by these hospital changes is relatively small.

The following table sets out the total number of emergency admissions to hospitals in the four Health Boards in 2004/05 together with an approximation of the numbers expected to be affected:

	Hospital admissions		Admissions affected
	2004/5	2013	%
Lanarkshire	53,362	49,562	-7%
Forth Valley	24,035	28,735	+19%
Glasgow	128,154	127,254	-1%
Ayrshire& Arran	37,325	37,325	0%

There are essentially three main areas of risk arising from the modelling - one in relation to the flow of Lanarkshire patients into the new Larbert Hospital, a second in relation to potential flows from Lanarkshire into Glasgow Royal Infirmary and a third in relation to the potential flows of Southeast Glasgow residents into Hairmyres. The timing of the proposed changes is a key factor and the main risk period has been identified as running from 2010, with the emergency service changes at Larbert, and the Lanarkshire Hospitals, through to 2014 when the Glasgow changes are aimed to complete.

There is agreement between Lanarkshire and Forth Valley Board to further develop a model which sees increased use of the local community hospitals within Forth Valley for intermediate care for rehabilitation patients thus delivering improved capacity at Larbert within the existing healthcare strategy. This should enable patients from Cumbernauld and Kilsyth to be treated at the new Larbert Hospital. Work is continuing between these two Boards to agree rehabilitation and interim care models for this group of patients.

Work between Lanarkshire and Greater Glasgow and Clyde Boards has centred on agreement that both Boards will work to ensure that patient flows are contained within existing Board areas as far as possible. The two Boards have identified the need to have discussion with GPs in Rutherglen and Cambuslang regarding any potential changes in referral patterns which may occur following reconfiguration of services on the Victoria Infirmary site but the current planning assumption is that many of these patients are likely to continue to access alternative emergency services within Glasgow.

The main sources of emergency admissions to hospital are regarded for risk management purposes as either "directables" i.e. patients who are directed to a particular hospital by a GP, NHS24 or Out of Hours Service, or by Scottish Ambulance Service, or "non-directable" i.e. patients who refer themselves to a hospital without having made contact with the NHS. The risk management strategy has focused initially on actions to secure the high-level agreement of GPs, NHS24 and the Scottish Ambulance Service to direct patients in the future in line with the revised hospital catchment arrangements required to support the agreed strategies.

Actions will be taken to minimise unintended patient flows including a major information (marketing) campaigns involving every household and arrangements to transfer or redirect patients to the appropriate hospital, where it is in the interest of the patient to do so.

4.8 Risks

NHS Lanarkshire recognises the need to put in place a structured process of risk assessment, risk evaluation, risk monitoring and risk management to support the implementation of the changes proposed in *A Picture of Health*. To assist with this, a high-level assessment of risks related to the implementation of the proposals was commissioned from Tribal Group in June 2006⁷.

The key high level risks identified in this report were:

- The capacity to establish robust project arrangements to deliver the various strands of the project within the projected timeline
- The organisational capacity to manage change, given the need to maintain business continuity whilst bringing about major change
- The clinical sustainability of services if change is not achieved within the timeline envisaged
- The ability to harmonise and synchronise a single system approach to the integration of services across sectors
- The lack of detailed service and capacity plans at the time of the assessment that will require significant resources to prepare, within a relatively short timescale, to ensure that the overall timeframes for development can be achieved
- Financial risk around affordability and value for money arising from the development of detailed service plans, capacity plans and revised capital plans
- Financial risk around double running and transitional costs
- The reorganisation and redeployment of staff to support the revised configuration of services
- The management of patient flows in line with Regional Planning agreements, given major developments in the NHS Greater Glasgow and Clyde and NHS Forth Valley
- The impact of “political” responses to the decision on the configuration of acute services

In order to address these and other identified risks, NHS Lanarkshire will adopt the key principles of risk management as part of the project arrangements and each Business Case will identify the particular risks associated with each proposal. Action has already been taken to respond to the highest risk identified, that of robust project arrangements and organisational capacity to manage change. A range of new appointments are being made to enhance NHS Lanarkshire’s capacity for project management and implementation. This includes an A Picture of Health CHP Delivery Manager, a Change and Innovation Manager focusing on catchment management and cross boundary flow, two senior capital managers, a financial project manager, three project officers and two support staff.

⁷ NHS Lanarkshire, A Picture of Health, Risk Management, High Level Risk Assessment, Tribal, June 2006

An assessment has also been undertaken by Currie and Brown of the capital planning and project management capacity required, and proposals are set out in Section 6 on programme and project management.

A risk register for the implementation of *A Picture of Health* will be developed and overseen by the NHS Lanarkshire Risk Management Committee. This will be supported by an additional dedicated risk management resource.

5. PROGRAMME COSTS

5.1 Overall Affordability

Significant levels of capital and the associated revenue consequences are required to support the investment in health facilities across NHS Lanarkshire over the coming years. It is an absolute imperative that this investment is set in the context of the overall financial plan for the organisation, in terms of both affordability and value for money.

The NHS Board was presented with the Five Year Financial Plan for 2006/07–2010/11 at its meeting in February 2006. This identified an underlying recurring deficit of £21.659m as at 1 April 2006, with a forecast year end recurring shortfall of £9.359m, offset by £9.480m on a non-recurring basis to achieve in year financial balance. At that time, recurring financial balance was forecast to be achieved by the end of 2007/08, assuming full delivery of £10m recurring savings during 2006/07 – 2007/08 and £6.3m additional resources through the Arbuthnott increase are targeted at the bottom line financial position.

In order to assess the overall affordability of *A Picture of Health* the current five-year financial plan was extended by five years to 2016 to cover the timescale for full implementation of the proposals. This plan, set out in the *A Picture of Health* document and considered by the NHS Board on 27 June 2006, maintained the assumptions within the current approved five year financial plan, which included an initial £17m revenue to support delivery of the strategic plan. Beyond 2010, it was assumed that the annual uplift from the Scottish Executive will be reduced to 4.5%, pay, prices and service pressures/developments will equate to 4.5%, and a recurring savings target of 0.5% will be required throughout the planning period.

Based on the estimated revenue costs of the *A Picture of Health* proposals (further details of which are outlined in section 5.2 below) and their associated timelines, the financial modelling showed financial balance will be maintained until 2015, with a £5m recurring gap thereafter.

Given the imperative to deliver *A Picture of Health* whilst maintaining financial balance, the recurring gap must be capable of being closed to give the Board assurance of overall affordability. Options to address a financial gap of £5m were thus considered as part of the financial appraisal exercise for *A Picture of Health*. To date a range of potential savings and cost benefits have been identified.

These include:

- The redesign of clinical services that will be facilitated by the implementation of *A Picture of Health*
- Capital charges savings on existing premises due for replacement
- Estate rationalisation
- The use of capital grants which do not attract capital charges
- Elements of refurbishment available for VAT reclaim
- A robustly managed procurement process to minimise “optimism bias”.

Given the high level nature of the financial analysis that has been completed at this stage, the above savings and cost benefits can only be estimated at between £3m and £5m. Closing the remaining financial gap must be considered in the context of the opportunity costs of this investment. This means that the Board will need to consider the additional costs as either a choice between Acute Services and Primary Care Community Services or as one which is between assets i.e. buildings or services such as staff, new drugs, new technology. Either way, at the time of business case preparation, the preferred option must be delivered in a way that maintains financial balance.

Work is now underway to develop the Five Year Financial Plan for 2007/08–2011/12. The assumptions set out in the earlier financial analysis will be tested and revised accordingly, in light of such factors as changes in the likely uplift from the Scottish Executive, pay uplifts and savings targets.

5.2 Capital Costs

The capital costs and procurement route for each scheme within the *A Picture of Health* proposals will be firmed up through a robust Business Case process, in conjunction with the Scottish Executive Health Department.

5.2.1 Acute

The projected capital costs for the investment in acute services were highlighted in section 4.4 above. These costings reflect the work undertaken by Currie and Brown, as detailed in their report from April 2006.

Recognising the impact of the timings of the proposed developments on the actual capital costs involved, further discussions took place with Currie and Brown in May 2006, to consider the likely timelines for the development of the acute sites. These timelines took account of the procurement and preconstruction work required and the expected construction period for the new build and/or refurbishment required, and were used to estimate the phasing of capital spend across the period, taking account of inflation on the original capital costs

A summary of the estimated capital costs is set out below:

Table 5: Projected Capital Investment with inflation – Acute (per Currie and Brown)

	£m	% movement
Hairmyres (Level 3)	49.536	18
Monklands (Level 2)	109.618	37
Wishaw (Level 3)	<u>13.436</u>	18
	<u>172.590</u>	

Figures include Equipment at 5% for Wishaw and for Hairmyres and 15% for Monklands, VAT @ 17.5%, Contingencies @ 10% and Optimism Bias @ 20-24%

5.2.2 Primary and Community Care

Major improvements and enhancements planned to primary and community care facilities over the coming years require a significant level of capital investment.

The table below provides a high level summary of the proposed capital investment, taking account of inflation on individual schemes where the detailed capital costs and timelines are known.

	Total £m
Airdrie Resource Centre	24.500
Bellshill Resource Centre	4.600
Carluke Resource Centre	8.395
Hamilton Resource Centre	6.000
Wishaw Health Centre	6.200
East Kilbride Resource Centre	14.265
Coatbridge Dental and Integrated Resource Centre	9.396
Learning Disability Assessment and Treatment Centre	4.800
Adults Complex Needs Ward – Coathill	3.600
Adults Complex Needs – extend Caird House	4.600
Reprovide Torrance House	1.990
Kilsyth Health Campus	12.500
New Build Clydesdale Community Hospital	5.000
Other	<u>4.628</u>
Primary Care Capital Expenditure	110.474

5.2.3 Mental Health

As part of the wider review of mental health services there is a requirement to reprovide the acute mental health services in a new build facility at Monklands and to refurbish the existing facility at Hairmyres, as highlighted in section 3.2 above.

The likely capital costs of these investments are:

Mental Health	£m
142 bed refurbishment	15.000
112 bed new build	<u>20.000</u>
Mental Health Capital Expenditure	35.000

5.2.4 Sources of capital funding

NHS Lanarkshire receives an annual capital allocation of circa £30m from the Scottish Executive Health Department. This will be utilised to support the developments within *A Picture of Health*, as well as the replacement of existing equipment, statutory building works and further investment in new equipment and Information Technology.

Through the *A Picture of Health* approval process, a firm commitment was made by the Deputy Health Minister to provide £100m to support the regeneration of Monklands. The impact of this will be explored through the business case process, and the value for money test for public procurement/private finance options.

The implementation of *A Picture of Health* will also result in NHS Lanarkshire benefiting from the sale of surplus to requirements buildings and land, and the capital receipts from these disposals will further support the new investment across the area.

Considerable work will be required to manage the capital investment programme around both Hairmyres and Wishaw, as existing PFI hospitals. The relationship of new investment to existing contracts, particularly in relation to the length of the contract will be taken forward through the business case process. This may not impact directly on the capital investment programme in terms of public capital funding.

The Hub Initiative will require consideration in relation to the developments in primary and community care premises. The impact of this funding and procurement process is not yet fully known, however, it must be recognised as a potential route for the joint projects with our local authority partners, such as Resource Centres being developed in several areas across Lanarkshire.

The use of Capital Grants will be explored in detail, with advice sought from both the Scottish Executive Health Department Technical Accounting Team and our external auditors, Price Waterhouse Coopers. This funding mechanism is appropriate where a third party is involved in the development or improvement of a facility for NHS patients. There are revenue benefits to be gained from funding capital schemes through this route

5.3 Revenue Costs

Through the *A Picture of Health* financial appraisal work undertaken prior to the Board meeting in June 2006, detailed financial modelling of the revenue impact of the capital investment required to deliver either option for Acute services, together with mental health, primary and community care services was carried out. This was based on a number of key assumptions:

- Price base for capital costs first quarter 2006 plus 5% per annum, based on BCIS
- Projected PFI costs based on experience of a number of small and large schemes and assumed level of investment required
 - Unitary charge includes financing charges, lifecycle costs, SPV management, insurance and profit
 - PFI projection assumes that the unitary charge will be approximately 10% of the capital cost to cover the costs described above
 - Life cycle costs equate to approximately 35% of the capital costs over the contract term
- Capital charges for public sector options assume a 60 years life for new building, a 30 years life for refurbished buildings and a 10 years life for equipment.

- Investment at both Wishaw and Hairmyres Hospitals is assumed to be PFI finance, under either option

A summary of the indicative revenue costs (based on the approved option for acute services) is detailed below:

Table 8: Total Indicative Revenue Cost	
	£m
Acute	
- Hairmyres	5.754
- Monklands	8.214
- Wishaw	<u>1.561</u>
	<u>15.529</u>
Primary Care/Mental Health	8.654
Total	<u>24.183</u>

The capital and revenue costs set out in the preceding tables are for indicative purposes only at this time. It is essential to note that these will be reviewed as each development is progressed. Further robust and detailed financial planning will be undertaken on both the revenue and capital impact of the various proposals under *A Picture of Health*. This will be the focus of attention during the Business Case process for each development, and will link to the ongoing refinement of the Five Year Financial Plan for 2007/08–2011/12.

Given the number and size of developments being taken forward within Primary and Community Care and the complexity of bringing about change to existing PFI buildings, it is evident that close involvement of the Scottish Executive Health Department and external expert financial, legal, and property advice will be necessary.

5.4 Value for money

Value for money is an important concept, particularly for a public service such as the NHS where the demands for new investment are ever increasing and the public's expectations of the Service continue to rise. In general terms, value for money needs to be demonstrated by maximising the funding spent on direct health care services, particularly on health care staff, rather than on bricks and mortar.

The economic test of value for money is a requirement for all business cases. Although many components of the *A Picture of Health* proposals are not yet at business case stage, it was recognised in the early financial appraisal work that this test is equally valid in assessing options at a strategic level.

The economic analysis undertaken earlier this year and included in the formal *A Picture of Health* paper presented to the NHS Board in June 2006 indicated a net present value of £238.217m for all of the investment across Acute, Primary and Community Care and Mental Health services.

Clearly, each individual business case developed will consider the value for money aspect in greater detail.

6. PROGRAMME AND PROJECT MANAGEMENT

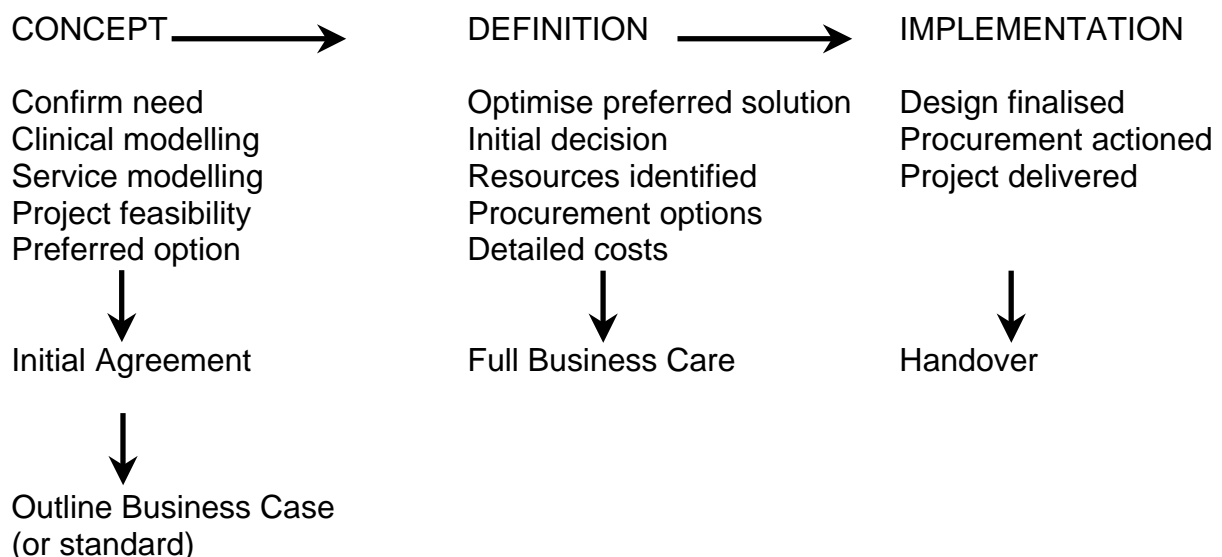
6.1 Overview

A Picture of Health generates a large and complex portfolio of change so a strong, whole-system approach is being adopted to manage implementation. The importance of the interdependencies between particular projects and work streams is such that a cohesive and well co-ordinated system of planning and project management is essential to deliver effectively; from strategy to detailed planning, and through procurement to operation.

The management structures and approach described in this section have developed from discussions with key stakeholders, and involve changes and enhancement of current capacity. They recognise the guidance contained in *Improving Delivery through Programme and Project Management* (Health Facilities Scotland) as well as the requirements of the *Scottish Capital Investment Manual* and the OGC “Gateway” process.

6.2 Project Stages

Although many of the projects are at different stages (see section 7) they share a common life cycle process. The various phases in a project life cycle require different inputs, with the lead emphasis in capital investment projects in particular, changing from service planning and redesign through to capital project management once the OBC has been developed. This can be represented thus:



Whilst the business case process is often perceived as a focal point with regard to the capital development aspects of projects, it is imperative that there are parallel processes in place to complete the detailed service and clinical system redesign (including staff restructuring, training and development) in readiness to deliver the new service when the capital development has been commissioned. All of this needs to be an integral part of the overall programme and project management arrangements.

The above will be reflected in the project management arrangements for capital projects, which will be organised so that there is:

- A service and planning lead with technical support during the development of the concept (initial agreement and outline or standard business case)
- An appropriate lead will be identified from the service leaders, planners and capital experts during the definition stage (from the development of the outline business case to full business case). This will be in accordance with the requirements of the specific project
- A capital expert lead for the implementation phase

Technical and operational commissioning will be incorporated within each project plan. The need to ensure suitable competencies and resources will be addressed within the overall project management arrangements and individual project teams.

6.3 Structure

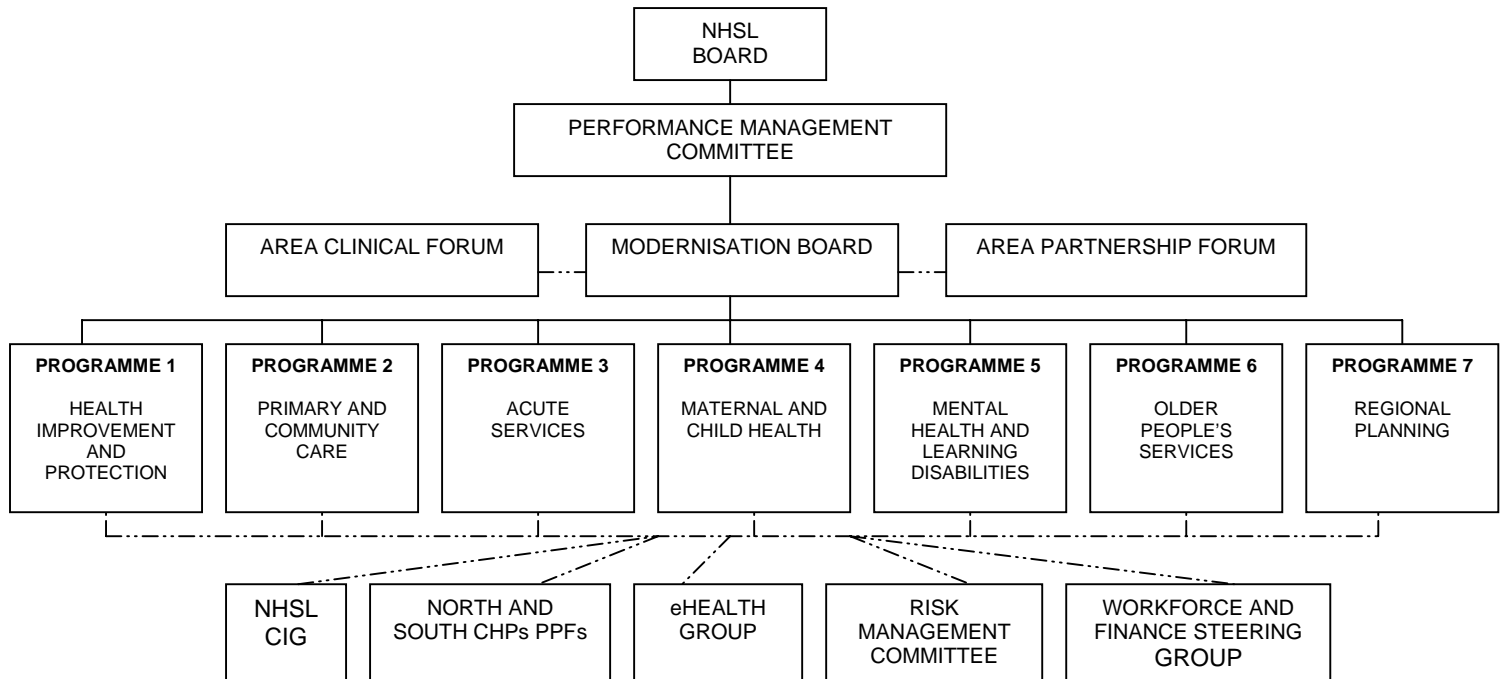
A Modernisation Board has been established for directing and overseeing the work of strategic planning and redesign, and for ensuring coherent input into community and regional planning. It also oversees the systems and arrangements for implementing *A Picture of Health*. The Modernisation Board reports to a Non-Executive Performance Management Committee of the Board.

The substantial range of projects and work streams generated by *A Picture of Health* collectively represents a PORTFOLIO. Within this is a range of PROGRAMMES consisting of related PROJECTS, which require co-ordinated and robust management supported by well-defined processes.

This will be facilitated by the system of matrix management adopted by NHS Lanarkshire that enables Executive Directors, Senior Managers and Clinicians to provide leadership and accountability for whole-system areas of work as well as defined responsibilities within divisional line management structures. The matrix management system is reflected in the programme and project management structure.

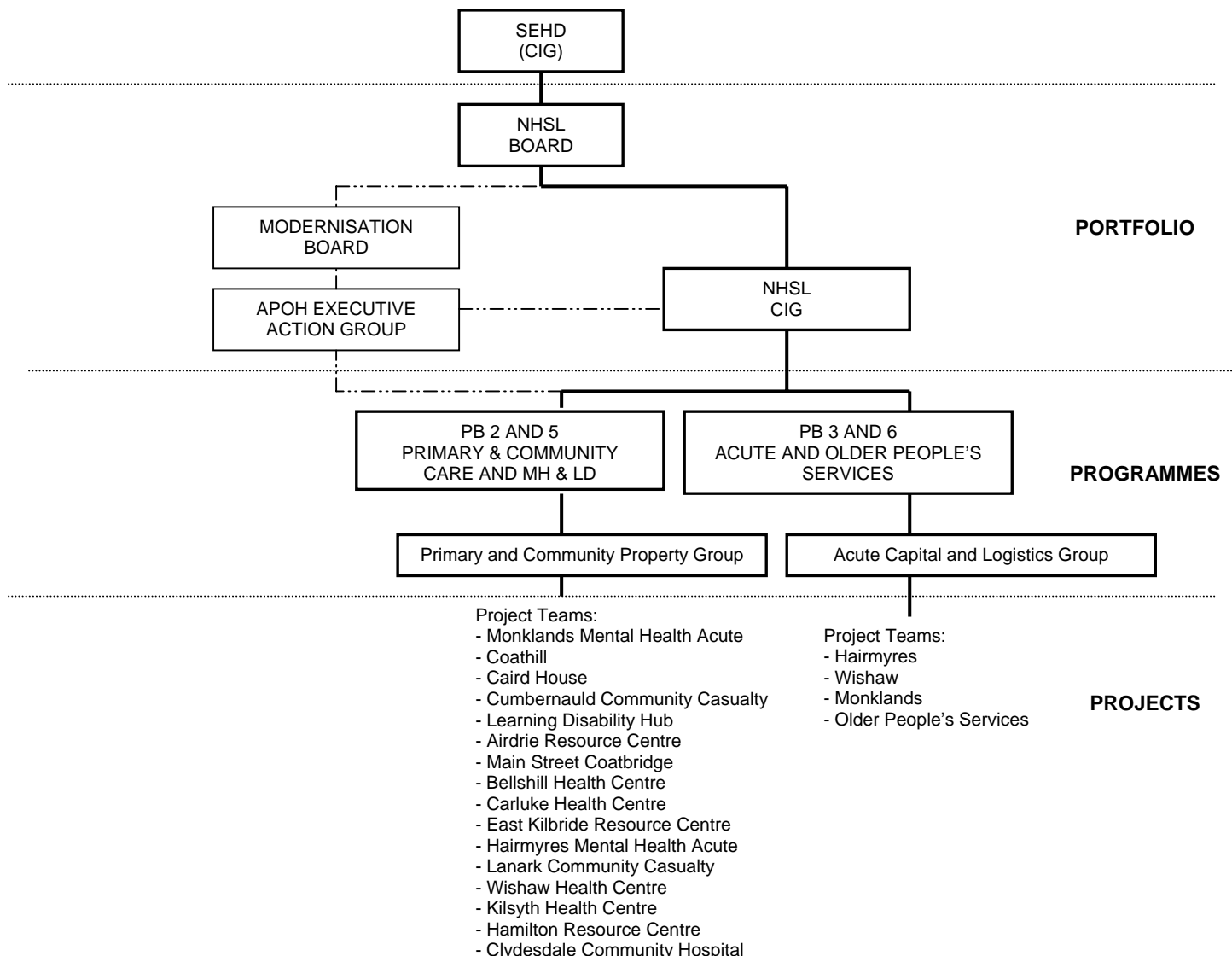
In view of the scale of strategic change, a Director of Strategic Implementation, Planning and Performance will have overall accountability of the implementation of the *A Picture of Health* Portfolio. The delivery will then be managed through seven Programme Boards, each led by an Executive Director. The Director of Strategic Implementation, Planning and Performance will line manage a team of resources who will work across NHS Lanarkshire supporting the Programme Directors to implement change.

The overall structure of the implementation of *A Picture of Health* is set out below:



----- Supported by

Programmes 1, 4 and 7 will not directly involve capital investment within NHS Lanarkshire facilities. The parts of the Modernisation structure most concerned with delivering the capital development programme, are summarised thus:



6.4 Portfolio Management

The NHS Lanarkshire Board undertakes the role of “Investment Decision Maker” and is the final approving body for all strategic and procurement decisions relating to the implementation process. The NHS Lanarkshire Board will be supported in this function by a robust structure shown in 6.3 above. The table below, summaries the main functions for the major groups within the structure. Further details on the roles of the groups and individuals are given following this table.

Table 9: Main Functions of Groups

Function	Modernisation Board	APoH Executive Action Group	Capital Investment Group	Programme Board
Strategic vision and planning leadership	✓			
Ensure Programmes are in place, agree deliverables and evaluate outcomes	✓			
Formally approve clinical and services models	✓			
Responsively address problem interdependencies between Programmes and resolve issues promptly		✓		
Manage the capital programme			✓	
Support Programme Boards to develop business cases			✓	
Approve business cases for submission to NHS Lanarkshire Board			✓	
Appoint advisors, short list bidders, award contracts / financial close			✓	
Ensuring a robust legal framework			✓	
Ensure compliance with SEHD, Gateway and NHS Lanarkshire procedures and related audits trails			✓	
Develop clinical and service models				✓
Develop business cases				✓
Manage the interdependencies between Programmes and Projects				✓
Achieving financial benefits from implementation				✓
Ensures a framework for clinical advice is in place				✓
Ensures a framework for engagement, involvement and communication is in place				✓
Ensures a framework is in place for robust risk management				✓

The Modernisation Board provides strategic vision and planning leadership for NHS Lanarkshire for health improvement and health services, including corporate governance for the implementation of *A Picture of Health*. The seven Programmes formally report to the Modernisation Board, with the Modernisation Board having strategic responsibility to ensure the Programmes are coordinated and the vision set out in *A Picture of Health* is adhered to. The Modernisation Board has representation from the Area Partnership and Area Clinical Forums.

The Director of Strategic Implementation, Planning and Performance chairs the Modernisation Board. This Director will provide the function of Portfolio Director for *A Picture of Health* implementation. Although the new Executive Director post will fulfil the professional role as the Board's principle strategic planner and manager of its corporate performance management systems, its main focus will be on delivering change and improvement through the implementation of *A Picture of Health* for NHS Lanarkshire.

The role of the Modernisation Board includes:

- Providing strategic vision and planning leadership for NHS Lanarkshire for health improvement and health services
- Ensuring Programmes are in place, operating effectively and to a consistent (PRINCE 2) methodology to develop strategic plans and deliver priorities for strategic change
- Agreeing deliverables with each Programme Board and the inter-programme linkages between them
- Signing off strategic plans for submission to NHS Lanarkshire Board
- Receiving progress reports from each of the Programmes, evaluating outcomes in terms of key measures
- Preparing the Local Delivery Plan, ensuring integration with related local plans and service development priorities
- Commissioning major new pieces of strategic planning and redesign, the need for which may have been generated nationally or regionally
- Ensuring that there is an agreed Lanarkshire position on regional planning activities
- Formally approving clinical and service models

The principal responsibilities of the Director of Strategic Implementation, Planning and Performance will include:

- Leading and driving forward the implementation of *A Picture of Health*
- Performance managing the critical path
- Ensuring the successful completion of business cases
- Ensuring high level screening, analysis and financial appraisal of Programmes and Projects
- Leading the selection and/or prioritisation of Programmes or Projects according to their likely return and resource requirements
- Monitoring the overall implementation of *A Picture of Health* and making adjustments to the portfolio of Programmes as necessary

- Ensuring the interdependencies between Programmes and significant Projects are managed, and issues relating to limited resources, critical path and capacity bottlenecks are addressed
- Performance monitoring the overall implementation of *A Picture of Health* and making regular progress reports to the Board's Performance Management Committee
- Ensuring a robust risk management framework is in place for *A Picture of Health* implementation

The Director of Strategic Implementation, Planning and Performance will be accountable for ensuring that all business cases relating to *A Picture of Health* implementation are delivered and that a whole system, clinically sustainable, integrated, affordable approach is achieved. The Director of Strategic Implementation, Planning and Performance will therefore performance manage the development of the business cases by the Programme Boards providing support as required to the Programme Directors.

The Director of Strategic Implementation, Planning and Performance will be supported by, and line-manage, two senior managers, a Head of Acute Services Programme and a Head of CHP/APoH Delivery Programme. These post holders will provide leadership to and drive the successful delivery of *A Picture of Health*, ensuring the successful completion of business cases and delivering more complex ones, managing the critical path and interdependencies and ensuring a whole-system redesign methodology is utilised, thus enabling extensive engagement and involvement of stakeholders (including staff, other agencies, service users and carers, members of the public and politicians). They will line-manage and target the resources of a department of Planning and Development Managers, Change and Innovation Managers and Project Managers who will support the Programmes and Projects to achieve implementation. In order to achieve this effectively, these post holders will work very closely with the Executive Directors leading the Programmes.

NHS Lanarkshire's General Manager of Property and Support Services will have the central role in providing the expert technical environment for the delivery of the capital investment of around £300m. To support him in this role, two additional senior Capital Managers will be appointed.

Given the complexity of the *A Picture of Health* implementation critical path, it is essential to have a responsive mechanism for the Director of Strategic Implementation, Planning and Performance and Executive Directors leading the seven Programmes to address interdependencies and resolve issues promptly. This will be achieved by close working relationships and reinforced by A Picture of Health Executive Action Group, which will be driven by the Director of Strategic Implementation, Planning and Performance and chaired by NHS Lanarkshire's Chief Executive. This group will meet fortnightly.

NHS Lanarkshire's Capital Investment Group, chaired by the Director of Finance, will provide corporate governance in relation to capital investment.

The role of the Capital Investment Group includes:

- Planning both the long term and annual capital programme for recommendation to the NHS Lanarkshire Board for approval
- Managing the capital programme and providing advice to the Modernisation Board and NHS Lanarkshire Board on any changes to the programme
- Supporting the Programme Boards in the development of business cases and providing appropriate financial and capital advice to Programme Directors
- Approving business cases for submission to NHS Lanarkshire Board
- Receiving advice from the General Manager of Property and Support Services and appointing advisors as necessary
- Short listing bidders, awarding contracts / financial close
- Ensuring a robust legal framework is in place to support individual business cases
- Ensuring system compliance with Scottish Executive Health Department, Gateway and NHS Lanarkshire procedures and related audit trails
- To act as a key point of contact with the Scottish Executive Health Department Capital Investment Group (CIG)

6.5 Programme Management

This will be taken forward through Programme Boards, each led by an Executive Director, who will fulfil the role of Programme Director.

The principle responsibilities of the Programme Directors will include:

- Leading and driving forward the implementation of the Programme
- Ensuring the development and management of the critical path
- Ensuring the development of clinical and service models
- Ensuring the development of business cases
- Ensuring the development and management of a group of related Projects, which together deliver the Programme and the strategic clinical and financial benefits set out in *A Picture of Health*
- Ensuring the management of interdependencies between Projects, and jointly managing interdependencies between Programmes with other Programme Directors and the Director of Strategic Implementation, Planning and Performance
- Ensuring an appropriate framework for clinical advice is in place for the Programme
- Ensuring an appropriate framework for engagement, involvement and communication is in place for the Programme
- Ensuring the management of resources available to the Programme and resolve conflicts
- Managing risks, issues and changes at a Programme level

A Programme Manager will manage each Programme.

The principle responsibilities of the Programme Manager will include:

- Planning, designing and managing the Programme, proactively monitoring its overall progress, resolving issues and initiating corrective action as appropriate
- Developing and managing the critical path
- Defining the Programme's governance framework
- Ensuring the integrity of the Programme
- Ensuring through work stream/project managers that new or changed services are delivered to the specifications of quality, time and cost
- Ensuring maximum efficiency in the allocation of resources and skills within the Project portfolio
- Managing the communications with Programme stakeholders
- Managing the dependencies and interfaces between Projects
- Managing risks to the Programme's successful outcome
- Initiating extra activities and other interventions where gaps in the Programme are identified or issues arise
- Reporting progress of the Programme at agreed intervals to the Programme Director, and Modernisation Board as required
- Leading the production of more major business cases as and when required, working with the General Manager of Property and Support Services and finance colleagues, for sign off by the Programme Board and onwards to the CIG and then the NHS Lanarkshire Board for approval

In relation to the development of business cases, the Programme Boards will be supported by two sub groups of the Capital Investment Group. These are the Primary and Community Property Group and the Acute Capital and Logistics Group.

6.6 Project Management

This is the process by which Projects are defined, planned, monitored, controlled and delivered in order to realise the agreed benefits. A total of 33 initial Projects have been identified from *A Picture of Health*, each of which will be progressed through project management methodology and report to a Programme Board. Others are likely to emerge as the work of the Programme Boards progresses. Depending on its scale, a Project will either have a senior manager or clinician as the Project Lead and an identified Project Manager, or just a Project Manager.

The principle responsibilities of the Project Manager will include:

- Understanding the deliverables of the Project
- Determining the business case success criteria and benefits of the Project
- Defining the work to be done, in terms of scope, timing, cost and quality
- Supporting the achievement of the critical path
- Defining, then implementing a project plan; ensuring progress in line with objectives
- Using resources, as and when required, in a team environment
- Ensuring that the Project achieves the defined benefits
- Providing reports for the Programme Board

- Supporting the Capital Investment Group (through the Primary and Community Property or Acute Capital and Logistics Groups) to procure appropriate external advisers as required
- Liaising with clinical and other stakeholder groups as well as with technical support, to ensure delivery in line with business case
- Commissioning new services and/or resources
- Leading the production of business cases, as and when required, working with the General Manager of Property and Support Services and finance colleagues, for sign off by the Programme Board and onwards to the CIG then the NHS Lanarkshire Board for approval

6.7 External advisers

By adopting the approach set out above, the NHS Lanarkshire Board is ensuring robust and systematic management of project deliverables and their interdependencies, through a proper balance between clear strategic leadership and local ownership of the benefits to be realised.

The capacity of the current management arrangements is being adapted and enhanced to deliver the programme, through a mix of additional specialist recruitment and use of external advisers. With regard to the role of the external support, various advisers will be required to provide specialist input to a number of the larger and more complex projects, most likely in the areas of:

- Service specification and health care planning
- Finance and management consultancy
- Design and technical advice
- Legal advice

External advisers will be appointed by the Capital Investment Group and will be managed by the General Manager for Property and Support Services.

6.8 Review

We are considering how best to ensure best practice through the Office of Government Commerce Gateway review process, and expect formal external review at the appropriate stages across our portfolio of programmes and projects.

7. OVERALL PROGRAMME PLAN AND TIMETABLE FOR DELIVERY

A Picture of Health implementation is planned over the next 8 years. The timing of the projects is to an extent determined or constrained by the scale and complexity of projects, interdependencies across *A Picture of Health*, the availability of sites and external factors such as wider scale redevelopments of which the health service is one of several players. NHS Lanarkshire has sought advice on the critical path for implementation from Currie and Brown and an overall Gantt chart is being developed.

The overall timing and costs for each development will be reviewed on an ongoing basis and each business case will reflect an up-to-date timetable and costs as it is produced. The indicative timetable for the production of the business cases is as follows:

Table 10: Indicative timetable for the production of the business cases

Title	Start Date	Estimated Completion Date	SBC Completion Date	OBC Completion Date	FBC Completion Date
Clinical and service modelling	Nov 2006	April 2007			
Monklands Mental Health	Nov 2006	Second half 2009	NA	Second half 2007	First half 2008
Hairmyres Mental Health	First half 2007	First half 2012	NA	First half 2008	Second half 2008
Coathill Complex Care	Oct 2006	First half 2009	Second half 2007	NA	NA
Caird House	June 2006	First half 2009	NA	Second half 2007	First half 2008
Hartwoodhill closure		2009			
Hairmyres acute development	Dec 2006	Second half 2011	NA	Second half 2007	First half 2009
Wishaw acute development	Dec 2006	Second half 2011	NA	Second half 2007	First half 2009
Monklands acute development	Feb 2007	First half 2014	NA	Second half 2008	First half 2009
Clydesdale Community Hospital	May 2006	Second half 2011	NA	Second half 2007	First half 2009
Cumbernauld Community Casualty	Oct 2006	First half 2008	First half 2007	NA	NA
Learning Disability Hub	Jan 2005	Second half 2008	NA	Complete	Second half 2007
Airdrie Resource Centre	Oct 2006	Second half 2009	NA	Complete	First half 2007
Main Street Coatbridge PCC	Oct 2006	Second half 2009	NA	Complete	First half 2007
Bellshill Resource Centre	Oct 2006	First half 2008	Complete	NA	NA
Carlisle Health Centre	May 2006	First half 2009	NA	Complete	First half 2007
East Kilbride Civic Development	Aug 2006	First half 2012	NA	Second half 2008	Second half 2008
Greenhills Health Centre and Dental	Oct 2006	First half 2007		NA	NA
South Lanarkshire Community Dentistry	Oct 2006	Second half 2010	NA	NA	NA

Title	Start Date	Estimated Completion Date	SBC Completion Date	OBC Completion Date	FBC Completion Date
Lanark Community Casualty	Oct 2006	First half 2008	First half 2007	NA	NA
Wishaw Health Centre	Second half 2007	First half 2011	NA	First half 2008	Second half 2008
Kilsyth Health Centre	First half 2007	Second half 2011	NA	Second half 2007	First half 2008
Hamilton Resource Centre	Oct 2006	Second half 2010	NA	Second half 2007	First half 2008
Corporate HQ	Nov 2006	Second half 2007	First half 2007	NA	NA

8. CONCLUSIONS AND RECOMMENDATIONS

The implementation of these proposals will significantly modernise and redesign health services in Lanarkshire and will enable a shift from secondary to community based care and sustainability and quality improvements in acute services. Local access will be improved to a wide range of services and integration will be facilitated. This will all contribute to improved patient care.

These proposals are consistent with the Board's estates strategy, the Health plan and the Ministerially approved *A Picture of Health* strategy.

It is confirmed that the NHS Lanarkshire Board, approves this Initial Agreement. The Initial Agreement was approved by the NHS Lanarkshire Board on 24 January 2007.

Scottish Executive approval is now sought to develop the necessary specific business cases, as set out in section 7 above, within the context of the overall strategic programme management arrangements in place.

Tim Davison
Chief Executive

January 2007