

Meeting of
Lanarkshire NHS Board
28th November 2007

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SUBJECT: REVIEW OF A&E SERVICES

1. PURPOSE

This paper is to inform the Board of the current position in relation to the Review of A&E Services and further work to be undertaken as part of the exercise.

2 OPPORTUNITY COSTS

Following the Board meeting of 31st October 2007 the Opportunity Costs associated with the A&E Review were submitted (in alphabetical order) to the Independent Scrutiny Panel, along with the report of the outcome of the Stakeholder event held on 3rd October 2007. The Panel has been advised that the prioritisation of the Opportunity Costs will not be undertaken by the Board until there is further clarity regarding the overall affordability position following the public expenditure settlement and clarification of those financial requirements which will require to be met regardless of the outcome of the settlement, e.g. pay and prices, drugs, waiting times etc. Further discussion will be held during December and January to clarify the affordability position to enable the Board to prioritise the Opportunity Costs prior to the submission of the preferred option at the end of January 2008.

The information provided to the Panel in respect of Opportunity Costs has been used by the Panel when undertaking their public engagement meetings (see below)

3. WEIGHTING AND SCORING OPTIONS

Following the event to weight the benefits criteria to be applied to the options on 10th October, a scoring event took place on 7th November at Hamilton Park Race Course. The numbers who scored the options were 47 staff and 39 members of the public. In addition a number of observers attended each event.

At the event a presentation was given to describe each option and then attendees were asked to score each option, on an individual basis, against the weighted benefit criteria. NHS Lanarkshire is being supported in this exercise by the Health Economist of NHS Ayrshire and Arran and a full analysis of the events is expected in early December. Integral to the scoring event was provision of an evidence pack to participants. The Board was advised that this had been revised following some initial comments of the Panel. It should be noted that there were numerous comments received supporting the accessibility of the final documentation and the clarity of its content.

It should be further noted that the scoring event only considered 5 options following the agreement at the Board meeting of 31st October that Scenario A and Scenario E should be removed.

The report outlining the outcome of the scoring events will be shared with the Panel when received from the Health Economist.

4. INTERIM REPORT OF THE INDEPENDENT SCRUTINY PANEL

The Interim Report of the Independent Scrutiny Panel was launched on Monday 12th November 2007 with publicity in the local press. The Reports for both NHS Lanarkshire and NHS Ayrshire and Arran were released at the same time with a press release on the Friday prior to the Monday launch date. Neither Board were aware that the reports were to be launched in such a manner.

The Report included the following comments:

- The Panel observed that there was a likely increase in available medical staff which negated the case for changing emergency services
- If emergency services were not provided at all three District General Hospitals this would constitute centralisation and the Panel did not consider that there had been a clear demonstration of benefits to patients which would support such centralisation to proceed
- The Panel expressed concern regarding some of the research studies and guidelines presented for each option
- The Panel expressed concern regarding the estates infrastructure at Monklands Hospital and requested further information
- The Panel concluded that the evidence presented for significant change to existing services was weak and drew attention to the risk paper, included in the information pack, which they considered to have a high degree of subjectivity

A full copy of the Interim Report of the Independent Scrutiny Panel has not been attached to this paper but can be provided if required.

Overall it is considered that some premature conclusions have been reached by the Panel in its report and there was a lack of a clear explanation or rationale for conclusions reached in certain matters. It is disappointing that the complex issues associated with the future provision of medical workforce, the need to move towards sub-specialisation and the complexity of undertaking capital investment in Monklands Hospital has perhaps not been given due consideration by the work that the Panel has completed to date.

Further information and clarification has already been provided to the Panel in respect of the work undertaken to date in respect of maintenance, recent capital investment and the investment strategy that has been developed in respect of Monklands Hospital. Further information is being assembled in respect of workforce, sub-specialisation and the use made of the clinical evidence included with the September submission. This will be provided to the Panel by the end of the first week in December along with the outcome of the weighting and scoring events.

In addition to submitting further information it has been suggested to the Panel that a meeting be held to clarify any issues and to ensure that due process is undertaken before either the Panel or the Board provide their final report/recommendation to the Cabinet Secretary.

5. PUBLIC ENGAGEMENT BY THE INDEPENDENT SCRUTINY PANEL

The Website of the Independent Scrutiny Panel has now been established and can be accessed at www.independentscrutinypanel.org.uk

The three public meetings organised by the Panel took place on 12th, 19th, and 21st November at Wishaw, East Kilbride and Airdrie respectively. All four members of the Panel attended each of the meetings and whilst the Panel had indicated they did not wish the Board to be represented at the meeting it was agreed that observers could attend and did so at each meeting. The observers did not participate at any stage of the meeting.

At each of the meetings a brief presentation of the scenarios was provided by the Panel with some information on opportunity costs. One or two community groups were then requested to make a short presentation on the proposals of NHS Lanarkshire. Thereafter the Panel invited questions and comments from the audience. It is understood that a full transcript of their meetings will be made available on their website.

6. OTHER ISSUES

The engagement events with staff to provide an update on the Review of Accident & Emergency Services and to hear their views and proposals regarding future potential arrangements are to commence on Monday 26th November 2007.

Events are scheduled for all staff within NHS Lanarkshire and will be held in hospital and community health locations. A report detailing the outcome of these events will be provided to the Board to inform their deliberations in respect of the configuration of Accident & Emergency Services.

The Board is reminded that a joint seminar with the Area Clinical Forum and the Area Partnership Forum will be held at Airdrie Football Club on the morning of 17th December 2007. At the seminar it is intended that the risks associated with each scenario are identified and assessed. The outcome of the event will help to inform the Board in its deliberations in deciding the configuration of A&E Services.

7. CONCLUSION

The Board is requested to note the current position in relation to the Review of Accident and Emergency Services.

IAN A ROSS
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23 November 2007