

**Lanarkshire NHS Board**

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Mr Tim Davison  
Chief Executive  
Lanarkshire NHS Board  
14 Beckford Street  
HAMILTON  
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Date: 25 September 2007  
Your Ref:  
Our Ref: DMcC/eh/Mccormick-Davison 20/9/07  
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Dear Mr Davison,

Since the 6<sup>th</sup> June 2007, when the Cabinet Secretary for Health and Wellbeing reversed the previous administration's decision regarding Accident and Emergency (A&E) services at Monklands Hospital the clinical community with Lanarkshire NHS has been fully engaged in the review of A&E services in Monklands.

As you are aware a multiprofessional group of key clinicians in collaboration with senior corporate managers have scoped out possible clinical and service models across a spectrum of options. As a result alternative scenarios for the provision of a full A&E department rather than a minor injuries unit or community casualty unit at Monklands have been identified and developed. These options have been shared through wider clinical engagement involving all clinical specialities across Lanarkshire.

At successive meetings with clinical and professional advisory groups during the past three months consideration has been given to each of the scenarios with debate and discussion focusing on the A&E review criteria: high quality; safety; sustainability; patient centeredness; consistency with national policy and value for money. The Area Clinical Forum has also had the opportunity to review research evidence identified in relation to the scenarios for the provision of A & E services in Lanarkshire together with the compilation report outlining the key issues emerging from all meetings with clinicians and the Professional Advisory Committees to date. It is therefore from the aforementioned meetings and documentation that I provide this composite response on behalf of the Area Clinical Forum.

There was wide support from clinicians within Lanarkshire for the initial proposals contained within A Picture of Health, and the reversal of the Ministerial decision taken in August last year was, therefore, disappointing. The Area Clinical Forum firmly supported the strategic direction and aspirations outlined within "A Picture of Health" as the most appropriate means to ensure safe, efficient, effective and sustainable hospital services, and to develop primary and community care and develop mental health services. The Area Clinical Forum continues to support the

Picture of Health strategic aims to deliver stronger and more visible primary care and more health care locally in communities. The Area Clinical Forum firmly believes that the decisions taken by the Board in June 2006, were correct based on the financial and workforce information and assumptions at that time. However, the Area Clinical Forum recognises that there have been changes in two key areas which bear upon the strategic direction. Firstly, there has been a change in the workforce forecasting since the implementation of Phase 2 of Modernising Medical Careers, along with greater clarity about projected medical graduate numbers, enhanced input and influence for Lanarkshire to Deanery rotations, and encouraging recruitment trends in some specialties where, historically, there have been high vacancy levels. Secondly, it is recognised that the aspirations on which the Board's approved Financial Plan were based, will very probably change, due to an anticipated lower level of uplift in light of the forthcoming Spending Review. This will carry significant implications for the proposed capital programme and its revenue consequences, and raises questions about the affordability of the original recommendation for the future configuration of acute services.

Whilst, in the context of the Area Clinical Forum's unanimous support for the strategic direction and aspirations within A Picture of Health, all of the alternative scenarios might be viewed as sub-optimal, it is nevertheless recognised that it may be possible to continue to deliver clinically safe and sustainable services to an acceptable standard and to deliver the aims and aspirations contained within "A Picture of Health" within several of the alternative scenarios. Clearly, this would appear to be more immediately achievable within the scenarios that are more akin to the original A Picture of Health model. **There are however several factors, not least the changing workforce assumptions, which suggest that scenarios E, F and G which maintain A&E Services on all three acute sites, whilst, in the case of scenarios E and G, affording an opportunity for enhanced levels of sub specialisation and the separation of planned and unplanned care, also merit detailed consideration.** It will be crucial, however, that the further processes leading to the Board's decision on a preferred option, include thorough risk assessment for each scenario of all of the key risks that potentially impact on their sustainability.

Having highlighted the changed workforce and affordability issues which will impact on the future strategic decisions taken by NHS Lanarkshire Board, it is also worth reflecting on the commitment to the vision outlined in "Delivering for Health", and endorsed in "Better Health Better Care" in the context of the development of a Model of Care which is team-based; embedded in communities; geared to managing long term conditions; delivers integrated working across the health system and enshrines continuity of care. The support of the Area Clinical Forum for the Board's decisions on A Picture of Health, included investment in primary and community care and mental health services. The potential for opportunity costs to make unaffordable key elements of the planned investment programme in these important areas is a specific concern of the Area Clinical Forum. We would urge the Board, in considering alternative scenarios, to place a high priority on ring-fencing the mental health and priority primary care and community care capital investment programmes, and minimising the revenue consequences of the acute hospitals capital programme, and to focus, in the short to medium term, on investing in an acute service model which builds staffing and services which deliver a flexible workforce model to support the delivery of the model of care outlined above.

The review process presents many challenges for all in relation to the pressing time scales in which the options, evidence and initial analysis have been developed and prepared for submission to the Independent Scrutiny Panel. Substantial additional work has been required in the development of the scenarios and will continue to be required over the coming months. The Area Clinical Forum would wish to continue its involvement in the processes that will lead to the decision on the preferred option. I would however wish to stress the multitude of competing pressures on clinicians and the potential impact of this process on service delivery.

**Yours sincerely**

*Deirdre McCormick*

Deirdre McCormick  
Chair Area Clinical Forum