

**Lanarkshire NHS Board**

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HAMILTON  
ML3 OTA

**Area Medical Committee**

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Mr Tim Davison  
Chief Executive  
Lanarkshire NHS Board  
14 Beckford Street  
HAMILTON  
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Dear Mr Davison

**REVIEW OF ACCIDENT AND EMERGENCY SERVICES**

I am writing to you with the views of the Area Medical Advisory Committee about a number of aspects of the Review of Accident and Emergency Services which the Cabinet Secretary asked the Board, in June, to undertake. I am conscious that the NHS Board will meet on 26 September 2007 to consider the submission of options, evidence and initial analysis to the Independent Scrutiny Panel, and I would wish the Committee's thoughts, at this stage, to feature in the consideration the NHS Board will give to this matter, and in the submission to the Independent Scrutiny Panel.

In the first instance, I would wish to emphasise that the Area Medical Advisory Committee is acutely conscious of the extremely challenging timescale within which the Board has been required to move from the decision by the Cabinet Secretary on 6 June 2007 to the consideration of matters by the NHS Board on 26 September 2007. Members of the Committee are mindful of the substantial additional pressures that this has brought on the system, and on key Clinical staff across the system, whose contribution has helped to shape the submission which the NHS Board will consider. In this regard, I would wish to advise the Board of the Committee's view that there has, within the short timescale available, been substantial engagement of and with a wide range of Clinicians and Clinical groups across the system in the development of the scenarios and the associated issues that

the Board will consider on 26 September 2007. This has included material opportunities for the Area Medical Advisory Committee to be engaged, and the support provided to the Committee in this endeavour, including through your own attendance and that of the Chairman, the Medical Director and other Executive Directors at Committee meetings, has been appreciated.

As you will recall, the Area Medical Advisory Committee strongly supported the direction for Health and Health Services, including for Hospital Services, set out in A Picture of Health, as the desirable, indeed optimal, solution, and recognises that the Board's decision in June 2006 was taken in good faith, and on the basis of financial workforce information and forecasting at that point in time. The reversal of the Ministerial decision taken in August last year was, therefore, disappointing to members, because the A Picture of Health model for Hospital Services was viewed, not only as the best means of ensuring clinically safe and sustainable Hospital Services into the future, but also as the best means of enabling the Board to deliver much needed developments within Primary Care, Community and Mental Health Services. It is against this backcloth that the Committee's comments on the alternative scenarios and associated issues are set.

It follows from what I have said, that anything other than the A Picture of Health option could be regarded as sub-optimal. However, the Committee recognises that it may, nevertheless, be possible to continue to deliver clinically safe and sustainable services to an acceptable level, within a model or models that fall short of the A Picture of Health aspiration.

Members of the Committee recognise that in pursuit of its remit from the Cabinet Secretary, a range of scenarios has been developed for consideration by the NHS Board, some of which reflect characteristics of the A Picture of Health option, but all of which preserve different levels of Accident and Emergency Services at Monklands Hospital. Some of these scenarios, clearly, are more attractive than others, and the Committee recognises that the NHS Board faces a real challenge in balancing the need to deliver against the Cabinet Secretary's decision and the criteria she identified for an alternative model for Accident and Emergency Services, with the risks which led the Board to conclude that the status quo, whilst at one level being deliverable, was not sustainable in the medium and longer term. These risks were, largely, around recruitment and retention, and the cost and logistics of retaining and sustaining 3 emergency hospitals in Lanarkshire. It is recognised that there has been a significant change in workforce forecasting since the implementation of Modernising Medical Careers, greater clarity about projected medical graduate numbers, an enhanced role and influence for Lanarkshire within Deanery rotations, and positive recruitment trends in some specialties which previously had carried high levels of vacant posts. There is recognition, also, that there has been a significant change in the financial forecasting, in light of the forthcoming Spending Review, and the emerging costs of the proposed Capital Programme and its Revenue consequences. Whilst the positive changes in the medical workforce situation have to be acknowledged, it also has to be recognised that, in overall terms,

the level of Consultant vacancies remains largely unchanged, with currently approximately 50 vacancies, many of which can only be filled on a locum basis. Therefore, workforce, in terms of recruitment and retention, remains an area of risk, and the Committee would urge the Board to ensure that, in its further deliberations, particularly leading to the crucial decision in January 2008, the NHS Board comprehensively revisits and reassesses all of the key areas of risk for each of the scenarios for Accident and Emergency Services. Accordingly, the Area Medical Advisory Committee remains genuinely concerned about the sustainability, in terms of recruitment and retention, of the scenarios which are at or are close to the status quo.

The Committee is conscious that in developing the scenarios, an attempt has been made to reconcile the delivery of the Cabinet Secretary's decision for the retention of Accident and Emergency Services at Monklands Hospital, with an aspiration, still, to deliver some of the key A Picture of Health aspirations, around sub-specialisation and the separation of planned and unplanned care. At the time of the main A Picture of Health consultation, the Committee supported the aspirations for increased levels of sub-specialisation and the separation of planned and emergency care, and remains supportive of these principles. However, the Committee would welcome further information about the detail of the scenarios which reflect the aspiration to deliver increased levels of sub-specialisation and the separation of planned and unplanned care, in order that members might better form a view about the way in which these models might work in practice. It is recognised that much work remains to be done in this regard over the period leading to the Board's deliberations in January 2008, and the Committee would welcome further opportunities for engagement during that time.

In the course of discussion about the scenarios that involve preserving the aspiration of increased levels of sub-specialisation, members highlighted the need for care in the decisions about the distribution of specialist units, in order to ensure that the richness of the case mix remains balanced, as far as possible, across the system, as well as the need to maintain a balance in the availability of specialists and 'specialist generalist' Consultant and other Clinical staff. The need was also highlighted to recognise and preserve the interdependency of specialties, such as Gastroenterology with General Surgery and General Medicine, in the context of emerging proposals that may involve the separation of Upper and Lower Gastrointestinal investigations.

During the discussions since June, members of the Committee have also been acutely aware of the extent to which issues of affordability have featured. The strong support of the Area Medical Advisory Committee for the Board's decisions on A Picture of Health, included endorsement of the aim of maximising investment in developments within the Primary Care, Community Care and Mental Health settings. Members were conscious that early in the current process, an issue identified for the Board to grapple with, was the opportunity cost, in terms of the impact on the Board's ability to fund other key developments, of a decision on Accident and Emergency Services that would bring with it a requirement for significantly increased Capital

investment in the redevelopment of Monklands Hospital, above and beyond the up to £100m commitment which came with the Ministerial approval in August last year. The potential for the opportunity costs to make unaffordable key elements of the planned investment programme in Primary Care, Community Care and Mental Health is a concern to the Committee, because there is a demonstrable, and pressing need for substantial investment in these areas. I am aware that the GP Sub Committee of the Area Medical Advisory Committee has also made a submission to the NHS Board, in which the need for significant investment in Primary Care is emphasised, and the Area Medical Advisory Committee would endorse those views. The Committee is also conscious that recent indications of a probable lower level of revenue uplift, than the 5.5% on which the Board's approved (and accepted by the Scottish Executive Health Department) Financial Plan was based, adds a potentially more worrying dimension to the question of affordability, because the opportunity costs of a decision on the model of Accident and Emergency Services now have to be seen in a wider financial context of significantly less in the way of revenue uplift coming to Lanarkshire in the next and subsequent years.

Members of the Area Medical Advisory Committee are mindful that when the Board met in June 2006 to take its decisions on A Picture of Health, Board Members were strongly supportive of the desire to invest less in the development of fabric and facilities and more in the development of staff and services. We are conscious that the Board faces an extremely difficult task in reconciling its aspirations within what, in overall terms, is affordable within the context of what will be a substantially recast Financial Plan. However, we would urge the Board to keep at the forefront of its thinking the preference and the requirement in the short to medium term of utilising available revenue for investing in the further development of staff and services in the Acute and in the Primary Care and Mental Health settings, as opposed to sustaining capital, recognising, of course, that there will be a level of Capital investment that will be required, both in the Acute and in the Primary Care settings, to provide acceptable accommodation from which to deliver modern health services.

In summary, therefore, the Committee would wish to emphasise its continued support for the strategic aims set out in A Picture of Health, which sought to significantly develop Primary Care and deliver more health care in Community settings, and to develop Mental Health Services. Members recognise that the Board is having to conduct a major review of its aims and aspirations, taking account of a number of changed circumstances, in particular relating to workforce and affordability. We are conscious that the scenarios which the Board will consider on 26 September 2007 extend along a continuum which, at one end has models which preserve many of the aims and aspirations in A Picture of Health and, at the other end, are more akin to the status quo, with Accident and Emergency Services spread across all 3 hospital sites, as well as delivering levels of sub-specialisation and the separation of planned and unplanned care. Whilst the scenarios which are more obviously closer to the Board's original aspirations may, at one level, appear more immediately

attractive, the changes in the areas of workforce and affordability may make the scenarios nearer the status quo end of the continuum viz: scenarios E, F and G, potentially deliverable. However, for all scenarios, particularly those where their sustainability is contingent upon the recruitment and retention of medical and other staffing, we would urge the Board to ensure that comprehensive processes of risk assessment feature prominently in the further consideration which will lead to the Board's crucial decisions in January 2008. Fundamentally, the Committee would insist that any new model selected, to go forward for Ministerial consideration, must ensure equity of access to uniformly high standards of safe and sustainable patient care across the Primary Care, Mental Health and Acute settings.

As I acknowledged earlier in this letter, we are, at present, only part way through an extremely challenging and complex process leading to the Board's decisions in January, and the Cabinet Secretary's decision in February 2008. Much work remains to be done towards ensuring that when the Board meets in January 2008 it is as well placed as it possibly can be to make the best strategic decision for the future of Health and Health Services in Lanarkshire. I would wish to assure you and the Board that the Area Medical Advisory Committee is committed to contributing to that aim, through further engagement over the coming months.

I hope that this submission from the Area Medical Advisory Committee is helpful to the NHS Board.

Yours sincerely

*Vijay Sonthalia*

**Dr V J Sonthalia**  
**Chairman**  
**Area Medical Advisory Committee**