

Meeting of
Lanarkshire NHS Board
30th January 2008

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SUBJECT: REVIEW OF ACCIDENT AND EMERGENCY SERVICES

1. INTRODUCTION AND PURPOSE

This paper is intended to provide an overall framework of the process undertaken to develop the recommendations to the Board in regard to the Review of Accident & Emergency Services and to highlight the range of information, documentation and advice received during the processes which have shaped the recommendations. This represents the completion of the Review of Accident and Emergency Services and the recommendations agreed by the Board will be submitted to the Cabinet Secretary for Health and Wellbeing for approval.

Attached are two appendices:

Appendix 1 is a full description of the processes undertaken by NHS Lanarkshire in the Review of Accident & Emergency Services. Full copies of all papers mentioned in the document have been previously circulated to the Board.

Appendix 2 is the report of PricewaterhouseCoopers in respect of their work in undertaking independent Project Assurance.

2. REVIEW OF A&E SERVICES – THE PROCESS UNDERTAKEN

The following table sets out the timelines and key papers developed as part of the Review of Accident and Emergencies services.

Key Paper / Action	Date
Letter from Cabinet Secretary to NHS Lanarkshire Chair to reverse the decision on Monklands Accident and Emergency Service and to request revised proposals	6 June 2007
NHS Lanarkshire Board agrees a paper setting out the process for the Review of Accident and Emergency services	29 August 2007
NHS Lanarkshire's first submission to the Independent Scrutiny Panel (ISP) (agreed at NHS Lanarkshire Board meeting 26 September 2007)	30 September 2007
Option Appraisal Scoring Event	7 November 2007
Independent Scrutiny Panel's interim report	12 November 2007
NHS Lanarkshire's second submission to the Independent Scrutiny Panel	7 December 2007
Independent Scrutiny Panel's final report	14 January 2008
NHS Lanarkshire Board Paper on Review of Accident and Emergency services	30 January 2008

The process of the Review of Accident and Emergency services undertaken by NHS Lanarkshire, including the substantial staff engagement undertaken is comprehensively set out in Appendix 1.

3. PROJECT ASSURANCE AND EXTERNAL ADVISORS

In undertaking the Review of Accident and Emergency Services, NHS Lanarkshire was keen to demonstrate a robust process and commissioned independent external advice in two key areas. These were overall project assurance and project assurance in relation to the search strategy and application of evidence.

Overall Project Assurance

Overall Project Assurance was provided by the Board's external auditors, **PricewaterhouseCoopers (PWC)**. The full report *Accident and Emergency Review, Final Assurance Report to the Board, January 2007* is provided in Appendix 2 of this Board Paper.

This report confirms that:

- The project management arrangements implemented were good given the time constraints relating to the project
- NHS Lanarkshire has largely followed the key principles of the Green Book option appraisal process in line with agreement reached at the commencement of the Review with the Cabinet Secretary.

The report also provides comments on the reporting and decision making process.

Project Assurance on the Search Strategy and Application of Research

At the outset of the process NHS Lanarkshire and NHS Ayrshire and Arran commissioned **Professor Trevor Sheldon, Pro-Vice Chancellor, University of York** to review the search strategy to identify research and the approach to review and rate research evidence relevant to the service configuration options. He confirmed, in a report submitted as Appendix 4 of NHS Lanarkshire's first submission to the Independent Scrutiny Panel that the search strategy was well developed and was likely to be as sensitive as was feasible in the time and given the high specificity needed.

NHS Lanarkshire believes that it is unlikely that complex reconfiguration proposals will ever be clearly evidence-based in the same way as medical interventions can often be. As part of the review over 7000 references were identified, these were filtered to 2552 and following consideration 58 studies were reviewed in detail. In the main the research considered was recent and of the research quoted in NHS Lanarkshire's Second Submission 85% was post the year 2000 and 66% was from 2003 onwards. Studies that were considered to be geographically specific to other health systems were excluded in the search. However it is recognised, that as Professor Lord Darzi (Healthcare for London: A Framework for Action, July 2007)

identified, we are not isolated in the UK and should look abroad for current best practice in clinical care.

In addition, throughout the Review of Accident and Emergency services professional advice and support was commissioned to ensure the work undertaken was robust. This included:

- Dr Lesley-Anne Smith, Head of Clinical Governance and Risk Management, NHS Highland providing project assurance on the methodology and application of risk assessment
- Currie and Brown UK Limited to examine the potential to achieve the provision of Accident and Emergency services in Lanarkshire in terms of logistics and to place a high level order of capital costs on the alternative proposals being considered.
- George Flyde, Tribal Consulting providing financial analysis, process advice and financial assurance in relation to the development of costs for each of the scenarios

4. THE WAY FORWARD

The provision of 3 A&E Departments forms a challenge to NHS Lanarkshire. However, there has been considerable engagement of clinical staff in the development of potential scenarios which would continue to provide A&E Services across all three sites. With the second submission to the Independent Scrutiny Panel in December 2007 three scenarios emerged from the option appraisal for further consideration. These were:

Scenario B - the scenario would provide a consultant led A&E Department with 24 hour assessment beds but with no emergency surgical, medical, trauma or critical care beds

Scenario F - the scenario would provide the status quo of 3 A&E Departments across all three sites with no changes to inpatient services

Scenario G - the scenario would provide broadly the status quo for A&E and emergency services but with further concentration of some inpatient specialties on fewer sites.

Implementation of any of these scenarios would bring significant challenges in satisfying the expectations of staff and the public as well as acknowledging the conclusion of the ISP Report. In determining the way forward the following has been taken into account:

Scenario B: Recent correspondence from the A&E Consultants of Lanarkshire has expressed clinical concerns at the establishment of an A&E Department without full support services. In addition the ISP Report concluded that the case had not been made for significant change. The third factor is that the public within the catchment area of Monklands Hospital would be unlikely to support such a configuration.

Scenario F: This is the status quo. Whilst the Board will maintain emergency services on all three sites, it will require to give further consideration to a number of sub-specialties which may not be able to be sustained in triplicate across all three sites. The ISP acknowledged that if any service did not evolve it would eventually find itself not fit for purpose. The Board believes therefore that it would be disingenuous to suggest that the status quo for all specialties could be sustained in the medium term. So scenario F is not appropriate

Scenario G: This scenario was an attempt to describe how emergency services could be provided on three sites but also allow concentration of some inpatient services on fewer sites. However there was insufficient time available during the review period to describe proposed changes in sufficient detail or with sufficient supporting evidence to allow the scenario to be recommended for implementation at the present time.

It is clear from the above that the implementation of any of these scenarios could not be recommended at the present time. In moving towards the conclusion of the Review of Accident and Emergency services it is therefore proposed that existing emergency care services at Monklands should be retained, subject to the changes described at a) – d) below and that there should be no significant change to the current configuration of emergency services in NHS Lanarkshire.

The ISP Report did not put forward a clear recommendation on the re-configuration of Emergency Services (it was not expected to do so) but the Report clearly recognised that NHS Lanarkshire, along with all other Boards in Scotland, faced a considerable number of challenges in the provision of health services. It indicated that any service that does not evolve will eventually find itself not fit for purpose. Whilst emergency services will be provided on three sites, the Board believes for the reasons set out below that there are four key changes which will require to be implemented to ensure high quality sustainable services continue to be provided. These are:

a) Primary Percutaneous Cardiac Intervention (PPCI)

Hairmyres Hospital provides a full interventional cardiology service. The provision of this service means that some patients in Lanarkshire who suffer a myocardial infarction (heart attack) are taken to their local hospital, and then transferred to Hairmyres Hospital some days later if an angiography/angioplasty procedure is required and then transferred back to their local hospital after treatment.

It is now recognised from medical evidence (noted in the ISP Report) and the SIGN guidelines issued in 2007 that the best treatment for many cases of myocardial infarction is early angioplasty treatment. This is known as Primary PCI and has been shown to reduce death rates following myocardial infarction as well as improving outcomes for other related conditions. The best impact of PPCI is a short time after the heart attack has occurred and therefore the patient should be taken direct to the hospital with the appropriate facilities – within NHS Lanarkshire this would be

Hairmyres Hospital. This will mean that patients in the catchment areas of Monklands and Wishaw Hospitals would be taken direct to Hairmyres Hospital rather than their local hospital. This will involve approximately 130 patients who would currently be taken direct to Monklands.

Discussions are ongoing with West of Scotland Boards and the Scottish Ambulance Service regarding funding and implementation of this service on a Regional basis. Whilst these discussions have not been concluded at the present time, it is likely that this service will be recommended for implementation in 2008/09.

b) Haematology and Cancer Services

It remains the intention of NHS Lanarkshire to establish a Cancer Centre at Monklands Hospital. The Cancer Centre will be established to ensure the provision of effective treatment to Lanarkshire cancer patients and provide more effective clinical links and working arrangements with clinicians of the Beatson Cancer Centre in Glasgow, who come to Lanarkshire to provide local cancer services. The establishment of the centre would also benefit from concentrating haematology inpatient services at the Lanarkshire Cancer Centre at Monklands hospital once it is developed. This would involve the transfer of 6 haematology beds from Wishaw Hospital to Monklands Hospital.

c) Waiting Times

The ISP Report recognised the considerable challenge in meeting waiting times targets especially as we move towards achieving the 18 week Referral-to-Treatment (RTT) target which is to be implemented by 2011. This compares to the current target of 18 weeks for each of the outpatient and inpatient stages of the patient's journey. In order to achieve this target for the benefit of all patients a step change in efficiency of clinical services will be required. Whilst many inpatient specialties in Lanarkshire are already concentrated on a single site some still remain across all three sites and further consideration will be required as to how these services are organised to meet the challenges of the target. One of the most pressing challenges, not only in Lanarkshire but elsewhere in Scotland, is Orthopaedics. Early consideration must be given as to how services such as orthopaedics can be organised to ensure the effective management of elective and trauma clinical work to ensure patients benefit from shorter waits, fewer cancellations and high-quality treatment.

d) Emergency Response Centre

The provision of emergency clinical services across three district general hospitals and the introduction of PPCI will pose particular challenges for NHS Lanarkshire. To provide the best service for patients within existing resources and to ensure that the patients are transported to the right hospital first time will mean that the development of an Emergency Response Centre for NHS Lanarkshire will continue. This service is described in the Scottish Government's publication 'Better Health Better Care'. It will establish closer working arrangements between the Scottish

Ambulance Service, NHS 24, Out of Hours services and NHS Lanarkshire to provide a more integrated emergency service.

The direction of travel described above has been discussed with the Board's Area Clinical Forum and is supported as the most appropriate way forward at this stage.

5. CHALLENGES AND RISKS

The way forward as described will result in the Board requiring to tackle four remaining challenges and manage the associated risks. These are:

a) Financial

NHS Lanarkshire has always been relatively underfunded compared to other Boards within Scotland. This was previously recognised by the Arbutnott allocation formula and has now been reinforced by the recently published report of the National Resources Allocation Committee (NRAC). Indeed this increases the level of funding required by NHS Lanarkshire to bring it to its target share beyond that set out in the Arbutnott formula.

The detailed financial analysis undertaken to date has identified significant additional costs of maintaining Emergency Services on 3 sites and these have now been factored into the draft 5 Year Financial Plan. However this needs to be set in the context of an expected uplift in the annual allocation of 3.2% for NHS Lanarkshire. The initial modelling of this indicates that this level of uplift, combined with recurring internally generated efficiencies beyond that already achieved over a number of years, will only meet the cost of pay and price inflation and currently agreed regional developments.

As a result this leaves the Board with a financial challenge in supporting the substantial investment required in the infrastructure of Monklands hospital. There are 3 key issues for consideration.

Firstly the nature of this investment means that a mix of both capital and revenue will be required as it is highly likely that some of the investment will not add to the value of the hospital, thus increasing the pressure on an already tight revenue position.

Secondly the financial analysis demonstrates that the development of a new build onsite inpatient decant facility is not affordable. For this reason it is essential that the Board progresses with both the Airdrie Resource Centre and the Monklands Mental Health Unit. Not only are these priority developments in their own right, they are also needed to create some of the necessary space across NHS Lanarkshire to provide decant facilities for the upgrading of Monklands hospital.

Finally the Board's priority for capital investment continues to be the development of Primary Care, Mental Health and Learning Disability facilities. The analysis of the Financial Plan over the next 5 to 10 years demonstrates that this investment and that required in Monklands is dependent on the implementation of NRAC over the

next 4/5 years and the wider availability of additional resources for NHS Scotland in the longer term. Board allocations are expected in early February and the Board will wish to confirm its capital investment priorities when considering the Financial Plan at its meeting that month.

b) Investment in Primary Care, Mental Health and Learning Disabilities

The Board's priority for significant capital investment is in services for Primary Care, Mental Health and Learning Disabilities and the ISP recognised that the general health of the population will not be fundamentally improved through the acute hospital sector alone. During the last ten years the major capital investment of NHS Lanarkshire has been in acute hospital provision and investment in Primary Care, Mental Health and Learning Disabilities facilities has been under developed over a number of years leading to sub standard accommodation for clinical services. The Board had previously approved a high level programme of significant capital investment in Primary Care, Mental Health and Learning Disabilities and remains committed to implementing as much of this as possible. If NRAC is implemented then it is likely that as much as half of the original programme can be implemented over the next five years. The Board would need to prioritise its investment programme once the financial allocation is clarified.

c) Medical Workforce

Lanarkshire has an existing low baseline in its number of medical staff, which includes the highest vacancy rate for senior medical staff in Scotland, at 14% compared to 7% for Scotland (September, 2007). Despite extensive recruitment campaigns, NHS Lanarkshire currently has 43 consultant vacancies which it has been unable to fill on a substantive basis for a number of years. Vacancies can be covered with locums but this is clearly less than satisfactory.

Lanarkshire also has a growing risk in relation to retirements, with nearly 10% of our consultant workforce, as of November 2007, aged sixty or over and 33% in the 50-59 age group. There is also an increasing trend towards premature retirement.

Future recruitment to NHS Lanarkshire is adversely affected by its receiving fewer specialty trainees relative to the West of Scotland and trainees may not be attracted to Lanarkshire if Consultant posts in Lanarkshire work far more intensive rotas than neighbouring Health Board.

There is a requirement to recruit significant additional consultants in acute specialties to ensure ongoing service provision. An additional challenge is the position of the current 73 Fixed Term Specialist Training Posts (FTSTAS) which are crucial to sustaining compliant medical rotas across three sites at the present time. Lanarkshire has one of the highest concentrations of such posts and it is considered that unless these posts are made permanent as part of the middle grade medical staffing establishment or unless there is significant re-design of the clinical workforce, then there would be difficulties in maintaining medical services across three sites. It should be noted that these posts are intended to disappear from the medical staff establishment across Scotland in the medium term. In order to ensure

sustainability of services NHS Lanarkshire requires support from NHS Education Scotland (NES) to convert these posts into alternative medical posts rather than phasing them out of the establishment. It is also crucial that the current funding of these posts is transferred from NES to NHS Lanarkshire. Dialogue is ongoing with NES but requires to be concluded.

It is the view of NHS Lanarkshire that there will continue to be future challenges in ensuring sufficient recruitment and retention of appropriately skilled medical staff in the provision of services. The funding of additional posts required to sustain clinical services across three sites will also provide financial challenges to NHS Lanarkshire. The appointment to such posts will be dependent upon the resources available to NHS Lanarkshire. Whilst the Board will take all steps to overcome previous recruitment difficulties, only by testing our ability to recruit and retain sufficient staff will we be able to confirm the sustainability of emergency services on all three sites into the future.

d) Estates Investment

During the review of A&E Services the requirement for investment in Monklands Hospital alongside the cost and the complexity of undertaking the appropriate work was highlighted by the Board's technical advisors. Whilst such investment will not compromise the continued provision of Emergency Services at Monklands Hospital the challenge of upgrading a busy, fully operational emergency hospital cannot be under estimated. An investment programme will be developed recognising:

- the demands of ensuring operational services can continue as work is undertaken,
- the level of investment to be undertaken against the available financial resources of the Board year on year,
- the lack of resources to build ward decanting facilities on the Monklands Hospital site,
- the need to utilise ward accommodation across the three district general hospital sites during upgrading of ward accommodation at Monklands Hospital. This will mean the temporary transfer of inpatient services from Monklands Hospital during upgrading work,
- that major upgrading of Monklands Hospital will not begin in earnest until after the completion of the Airdrie Resource Centre and the new Monklands Mental Health Unit as described on page 6 and assuming that the Board has sufficient available resources to allow these projects to proceed. This major upgrading work would therefore not commence until 2012 at the earliest.

In order to ensure financial sustainability it is intended that investment at Monklands Hospital will be spread over a longer period than originally intended.

6. RECOMMENDATIONS

The Board is requested to support the following recommendations to be submitted to the Cabinet Secretary:

1. There should be no significant change to the current configuration of Emergency Services within NHS Lanarkshire subject to the following changes:
 - developing a Primary PCI service for NHS Lanarkshire at Hairmyres Hospital in tandem with the planning of services with other West of Scotland Boards;
 - concentrating haematology inpatient services at the Lanarkshire Cancer Centre at Monklands hospital when it is developed;
 - redesigning clinical specialties to ensure that the Board can generate the required improved efficiency to deliver the 18 week RTT target by 2011. This will include early consideration of how best to organise orthopaedic and trauma services;
 - establishing an Emergency Response Centre as described in 'Better Health, Better Care' along with the support of other partnership agencies.
2. That NHS Lanarkshire receive the full resources recommended by the NRAC Report which are essential to provide the additional revenue resources required to support the Board's top priorities for capital investment in Primary Care, Mental Health and Learning Disabilities.
3. In pursuing these recommendations the Cabinet Secretary is asked to recognise that there remain two key issues to be addressed:
 - that NHS Lanarkshire is supported by NHS Education Scotland (NES) in its attempt to recruit and retain a sustainable medical workforce including the resolution of the specific issue associated with the Board's reliance on Fixed Term Specialist Training Posts
 - that the development of a business case is now required to ensure that NHS Lanarkshire secure the appropriate mix of revenue and capital funding for the upgrading of Monklands Hospital recognising that this will be undertaken over a longer period than originally envisaged.

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23 January 2008