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Dear Ken

NHS LANARKSHIRE ANNUAL REVIEW: 6 AUGUST 2008

1. I am writing to summarise the main points and actions agreed during our discussion at the Annual Review and associated meetings in Hamilton on 6 August.
2. I want to restate my thanks to you, Tim Davison and others from NHS Lanarkshire for organising a very positive and helpful programme. It was very useful indeed to have the opportunity to cover a range of issues with you and colleagues in the Board area, and to hear practical examples of developments in the way services are provided. I found it particularly helpful to meet and discuss issues with staff and patients.

Meeting with Area Partnership Forum

3. We had a constructive and positive discussion about a range of important issues on Staff Governance and Workforce Planning. I was delighted to hear of the progress made on the Knowledge and Skills Framework (KSF). The Forum was very enthusiastic about the positive approach taken by the Board to KSF. I was glad to hear of the progress being made on KSF and that at the end of March 2008 92% of the outline agreements had been completed. I also heard that managers were now undertaking eKSF training after the successful completion of initial training on KSF.
4. We went on to discuss the progress which had been made on reducing sickness absence. I was pleased to learn of the progress being made to meet the target sickness absence rate of 4% in March 2009, in particular the reduction in the sickness absence rate from 5.69% in June 2007 to 5.06% in June 2008. I heard about the Easy Access to Support for You (EASY) project to introduce early intervention for staff to enable them to return to work as soon as possible. While recognising that the Board still faces challenges in meeting the target I was impressed by the progress made in this area.

5. We then discussed the challenges which the Board faced to meet the European Working Times Directive (EWTD) by August 2009. The Board was confident that it would be able to meet the challenges in meeting the EWTD with support from the other West of Scotland Boards and the Scottish Government. A particular issue was raised about the application of family friendly policies to private contractors and you informed us that you were happy to explore this issue with the Unions.

Meeting with Area Clinical Forum

6. In our discussion, it was clear that the Forum is well connected to the Board and its work and makes a significant contribution on a range of policies. We had a useful discussion about the work being undertaken to develop clinical engagement and the engagement which took place to develop the Board's *New Horizons* primary care strategy and the development of Healthcare Scientists.

7. We discussed the challenges faced in the implementation of Modernising Medical Careers and the challenge in meeting the EWTD. There was a very positive discussion on wider workforce issues and we heard about the development of new roles for Allied Health Professionals, dentistry and pharmacy. There has also been better integration between public health nurses and school nurses and expanding roles for nursing staff. We heard about the very positive commitment of dentists to the NHS in Lanarkshire with 70% of General Dental Practitioners being committed to NHS work and the introduction of the Emergency Dental Service for all patients in Lanarkshire.

8. We heard about the strong commitment and enthusiasm for the Patient Safety Initiative. Hand washing was on everyone's agenda and was raised with staff on a regular basis as well as having signs and posters in buildings and screensavers on computers. We also heard that the Board had started to look at changes to antibiotic prescriptions following the recent concerns about Clostridium Difficile.

9. We discussed some examples of *Shifting the Balance of Care* including the changes to optometry services and GP's were very supportive of the Board's *New Horizons* strategy and the benefits of the increased investment in Primary Care premises although this was from a low base.

Meeting with Patients

10. As you know, I place great importance in the views of patients and service users and I found the meeting informative and I welcomed the opportunity to hear their views on the services they receive. I was particularly grateful for their openness which made the meeting of great value to me.

11. The patients made a number of observations about services in Lanarkshire and were very supportive and appreciative of the standard of services available to them. I was encouraged to hear positive messages about the involvement of patients and the public, through the Public Partnership Forums (PPFs), in developing local services, although some concerns were raised about too much information being provided to the PPF members. We discussed the need to prioritise the information provided to the PPFs and perhaps for some form of Community Engagement Officer for the South Lanarkshire PPF in order to improve communication between the PPFs and NHS Lanarkshire.

12. I found the discussion very reassuring and the overwhelming message given to me was that patients feel fortunate to be in receipt of the quality of care provided, recognising the continuing need to seek improvements.

Play, *Talk to Me*

13. This was a very powerful play which brought to life some very serious issues which are faced by young people every day. I was very impressed by the performances of the young people in the play and would like to congratulate everyone involved in organising the play and the performers.

Annual Review Meeting

14. After I reported back on the above meetings, you presented a summary of the Board's progress on the Action Points agreed at the 2007 Annual Review. Many of these points, as with most of the key action points in the 2008 Annual Review, were discussed in depth later in the review meeting and are recorded in the relevant parts of this letter. I noted the progress made on the Action Points from 2007.

Health Improvement and Reducing Inequalities

15. I opened this part of the discussion by asking the Board how the report of the **Ministerial Task Force on Health Inequalities - *Equally Well*** would influence the Board's policy. You stated that you welcomed the report which was a key priority for the Board and provided a template to evaluate current policies. The aim would be to target specific groups and study the impact on health of socio-economic factors, gender, race and disability to **reduce health inequalities**. You looked forward to continuing your work in partnership with North and South Lanarkshire Councils and a closer working relationship between Central and Local Government. You had identified 4 priority areas - the early years of life, Mental Health services and the importance of success in education and employment resilience for this service group. We also heard about work through the **Keep Well** and **Healthy Living Projects**, to address levels of Coronary Heart Disease (CHD) and stroke. We also heard about work through the Alcohol and Drug Action Team (ADAT) to deal with the effects of alcohol abuse. You told us that tackling inequalities in Lanarkshire requires a long term investment strategy and multi-disciplinary working with planning partners. Your recognition that community planning offered opportunities to address inequalities was welcomed.

I asked what actions had been taken over the last year to address **alcohol** misuse in the area. You stated that NHS Lanarkshire had been very active through the ADAT. Mr Sloey stated that the Integrated Addiction Services had discovered issues around employability which had resulted in the various groups, including the voluntary sector and police, coming together to discuss policy in this area. Although the area was 7th out of 432 Local Authority areas in the UK for alcohol related deaths, there had been an improvement in assessment and screening and through improved care and rehabilitation, 450 people had been encouraged into further education or work. There was an opportunity through the extra Scottish Government investment of £1.6 million this year, which will increase to £3.2 million in year 3, to review the needs of people with alcohol related problems from prevention to rehabilitation and to make greater use of the third and voluntary sectors. I was interested to hear how you intended expanding capacity for brief intervention and treatment services and how you were working with the voluntary sector. We were reassured to hear that you valued and recognised the role of the voluntary sector and that in three years time 33% of your available funding will be lodged with the voluntary sector.

16. I was interested to learn of the other investments which were being made including almost £82,000 invested in two midwives to enable the screening of pregnant women for alcohol related problems and the £350,000 to be invested in a local enhanced brief intervention service with local GPs. Also further investment in substance misuse liaison services within the Accident and Emergency departments of the three acute hospitals.

17. I noted that the Board had introduced a **smoking ban** in the grounds of NHS premises in Lanarkshire and look forward to hearing how this is received. I noted that the Board has had difficulty in meeting its targets in this area. Mr Sloey stated that although the Board had marginally missed its targets that it will achieve the new targets and that there was a major communications initiative to help meet the targets. There will be a single number for smokers to ring in order to receive help and £120,000 will be invested in the **Keep Well project** to improve services in this area. Research has taken place on what brought success in helping smokers quit and what did not.

18. I asked if the Boards plans for the introduction of **colorectal screening** were on track and the progress on **cervical screening and childhood immunisation**. Mrs Lyness stated that NHS Lanarkshire was targeting 150,000 people with funding of £900,000 for bowel cancer screening services. Dr Moir said that plans for the introduction of HPV screening were well advanced but that there were some issues yet to be resolved with GPs. On screening issues generally Dr Woods said that it was a key issue and that it was a concern that cervical screening rates had fallen to 76%. Dr Moir agreed that there was concern following the most recent audit which showed that the biggest group not coming forward was the 16 to 24 year group which reflected the uptake throughout Scotland. Mrs Lyness stated that NHS Lanarkshire would look to learn from the experience of early implementor Boards in order to find out how to reach hard to reach groups. The **Keep Well project** would also be used to raise awareness on these issues.

Shifting the Balance of Care towards Primary and Community Care

19. I asked if you could give some examples which would bring to life **the shift from Acute Care to Primary and Community Care**. You described a number of initiatives of increased service delivery in community settings including Community Claudication Clinics in local health centres rather than referral to a vascular surgeon. We heard that in developing the primary care plan the Board had looked at UK wide work including developments in Birmingham. A new clinical model for diabetes was being developed which would directly impact on preventable admissions and increase access to diabetic services in GP and health centre settings. **Diabetes services** were now being provided in 10 local health centres throughout Lanarkshire which was a significant move from the model where services were only provided at the 3 Acute Hospital sites. There was also a one-stop shop for optometry services and retinopathy screening for diabetic patients taking place at the Time Capsule in Coatbridge, Brandon House Business Centre in Hamilton and at Wishaw Health Centre. Care for patients with Chronic Obstructive Pulmonary Disease was shortly to be provided by telecare in the Douglas area and respiratory nurses were going to local health centres to provide Spirometry services.

20. The Chief Executive stated as a result of meeting the target for seeing 98% of patients who attended **Accident and Emergency (A&E) departments within 4 hours**, there had been an increase in the number of patients presenting at A&E Departments. The Board was now considering how to make better use of planned care facilities to address this issue and treat people in the most appropriate setting.

21. I wanted to hear to hear how you were making progress on improving **Mental Health services** given the level of priority for the Scottish Government and in particular the focus on dementia. You informed me that NHS Lanarkshire had made a decision last year to increase investment in this important area. You told us that NHS Lanarkshire was starting from a low base with the lowest per capita investment of any NHS Board in Scotland. You were taking stock of the current provision of Mental Health services and would appoint a Champion, which would be Mr Sloey, to take forward work on these services. Mr Sloey said that this was an exciting time for Mental Health services in the area and that there are plans to move services from older institutions to the community. Funding was now going into new facilities and access to services being provided in the local community. There had been improvements made to CAMHS and eating disorders services and a CAMHS dedicated clinician had been appointed. With regard to **dementia diagnosis**, you were going to build up capacity in order to improve early diagnosis and to increase care in the community jointly with the local Councils by investing £615,000. An integrated day service was due to be rolled out by Christmas. Further funding has been made available to increase ward based staff at the two units at Hairmyres and Monklands to match the current facility provided at Wishaw. These plans include a new 142 bed unit at Monklands to provide services for older people, a substance misuse unit, 2 complex care units and the closure of Hartwoodhill Hospital. Dr Woods asked what provision was being made for the 61 patients who were going to be in the Hartwoodhill Hospital until its closure in 2 or 3 years time. He also wanted to hear about plans for round the clock crisis intervention services. Mr Sloey stated that advocacy services would be provided and significant resources were being made available to develop Hartwoodhill. The vacated premises on the site had been demolished and there was a programme of developments in place to improve the external and internal environment. This included the creation of patio areas and conservatories and internal redecoration. The crisis service would be developed having learned from the pilot work which is due to conclude later this year and will be supported by investment of £500,000. It is expected that the service will be rolled out across the Board area in 2010 – 2011.

Access to Services, including Waiting Times

22. I began by congratulating the Board on **meeting their waiting times targets** and asked if they were confident of meeting the 18 week target by 2011 and the 15 week milestone. Mrs Lyness said that NHS Lanarkshire was pleased with their progress but not complacent and were confident of meeting the 15 week milestone with only 800 outpatients waiting longer than 15 weeks at present. NHS Lanarkshire was in the process of transforming services through service redesign and had set up service groups to look at how services are delivered in order to cut out any unnecessary steps in the referral process. I stated that although the Board's performance on **Cancer waiting times** had improved you were still not meeting the target and asked how you were tackling the difficulties involved with this and what efforts you were making to ensure the sustainability of this service. Mrs Lyness stated that performance last year was less than satisfactory but that the latest validated ISD figures showed performance against the target at 94.5%. This was a 22% improvement over the last year. NHS Lanarkshire is now considering the provision of cancer services as part of the wider service redesign agenda and in particular to consider whether there might be benefits from more concentration of services on fewer than the current 3 sites.

Service Change and Redesign, including Patient Focus and Public Involvement

23. I thanked the Board for their work on the Review of Accident and Emergency Services in Lanarkshire and asked for an update on the **Capital Investment Programme (CIP)** in primary care facilities. Mrs Goldsmith gave a short slide presentation on the current

progress of the CIP and I was interested to learn of the progress of the developments in Bellshill and Coatbridge and that you were in discussion with the local Council about the development of the Airdrie Resource Centre. I asked about the engagement process which took place to prioritise these developments and for going forward. The Chief Executive stated that the investment programme had been very hospital centred over the last 10 to 20 years and NHS Lanarkshire was now concentrating on primary care and community developments. As part of the Review of Accident and Emergency Services in Lanarkshire, the original proposals for the development of primary and community care were revisited, with the involvement of patients and carers, in order to prioritise the developments. As a result of this process the plans for the development of the Community Casualty Units at Lanark and Cumbernauld were moved from the first tranche of developments, which were due to take place between 2008 and 2013, to the second tranche of developments which are due to take place from 2013 to 2018 and are subject to review. As mentioned previously the Chief Executive was hopeful of moving some of the patients presenting to A&E services to planned care. The other developments in the second tranche were genuinely a lower priority because either there were better healthcare services in the area or the developments were part of a town centre development in partnership with local authorities as in East Kilbride and Hamilton. **Engagement** will remain a priority for the second tranche developments and will continue at a slower pace. Mr Lawrie stated that there had been 18 months of work from clinicians and the public on the *New Horizons* strategy and that the Action Plan had been developed from clinicians and through the Public Partnership Forums. You stated that there had been 23 stakeholder events between April 2007 and June 2008 to discuss clinical and service redesign.

24. I asked if the Board's **Carers Information Strategy Action Plan** would be delivered this summer and Mr Lawrie stated that it would.

Improving Treatment for Patients

25. I began by asking whether the Board has strategic leadership to ensure that the **Patient Safety Programme** is taken forward. Dr Graham stated that this was a very exciting programme which embraced all hospitals and that each workstream has senior staff involved. Additional resources have been spent to ensure that the programme is taken forward and you hope to roll out to all wards in due course.

26. In relation to **Healthcare Associated Infection**, I asked about the challenges which the Board faced in meeting its targets and was assured that this issue was being taken very seriously. The Board had implemented an Executive Action Group to report monthly to the Board and that enhanced surveillance measures had been put in place. The performance in compliance with hand hygiene had improved to 82% and the Board was confident of reaching 90% by the end of the year. I asked for assurances about local surveillance arrangements being implemented for outbreaks of Clostridium Difficile (C-diff) and for assurances that robust reporting mechanisms supported these arrangements. Dr Graham assured us that control charts had been introduced in the last month and statistics were recorded and reported by ward and hospital on a weekly basis. This information will be used to identify trigger points along with Health Protection Scotland (HPS) and these measures will be in place shortly. Weekly and monthly data will be looked at and a report will be made monthly to the Board and to Dr Graham. The Board was also keeping the use of anti-microbial prescribing under review and the recruitment of an Antimicrobial Pharmacist would focus on the implementation and audit of practice in relation to the Scottish Management of Antimicrobial Resistance Action Plan.

Finance, Efficiency and Workforce

27. I began by asking for further information on the investigation into the presence of **patient identifiable data on the former Law Hospital site**. The Chief Executive clarified that no patient records had been retained at Law Hospital. Miscellaneous items including X-rays and staff diaries dating back to 2001 had been found at the site. NHS Lanarkshire employed contractors to clear the buildings on the site and each piece of identifiable data was checked and reviewed. Inspections were also undertaken on 12 other hospital sites from which NHS Lanarkshire had retracted and no records were found. Law Hospital was an old building with fixed furniture and fittings and much of the miscellaneous data was found down the back of drawers when they were pulled out. A draft report had made several recommendations for the future including one to either demolish buildings when they are retracted from or to strip the building back to its original condition and remove all fixed furniture and fittings. I stated that I was satisfied that the Board had acted appropriately.

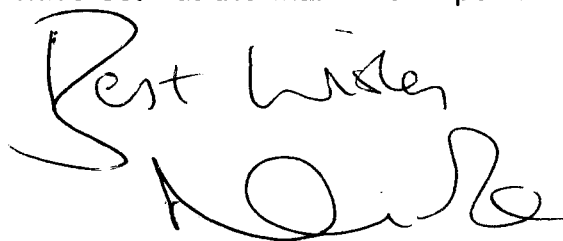
I commended the Board for achieving all three financial targets and also meeting its **Efficient Government target**. I asked how the Board would use its revenue surplus and whether you were confident of meeting the efficiency savings which had been targeted for years 2 and 3 of your financial plan. Mrs Goldsmith stated that the revenue surplus would be used to pump prime new developments and that NHS Lanarkshire had fully identified 2% efficiency savings for the current year. NHS Lanarkshire had an efficiency strategy for the next two years and there were opportunities to achieve efficiencies in the developments which would take place in the next few years. There would also be scope for reductions in the level of antibiotic and anti-depressant prescribing, reductions in sickness absence and corporate overheads. Mr Matheson acknowledged the progress that the Board had made in recent years and asked about the sustainability of the efficiency savings programme. Mrs Goldsmith stated that NHS Lanarkshire did not commit resources beyond the level which they could afford and that they were very clear about the level of efficiency savings required on a recurring basis.

Public Question and Answer Session

28. I commented that the format had changed slightly from last year in order to give the attendees an increased opportunity to ask questions. Eleven questions were submitted in advance and we took further questions from the floor. I am grateful to you and your team for taking the lead in answering the majority of the questions. I don't think it came as any surprise that access to local services was a prominent concern.

Conclusion

29. In summing up our discussion, I thanked the Board and its staff for their continuing commitment and achievements over the past year. I commended the Board for meeting its performance and financial targets. I hope I have managed to reflect most of the main points that arose from our discussion in this letter. I have set out the main action points arising from the review in the attached Annex.



NICOLA STURGEON

NHS LANARKSHIRE ANNUAL REVIEW 2008: KEY ACTION POINTS

The Board will:

- Continue ongoing engagement with the Scottish Government on workforce recruitment issues;
- Update the Scottish Government on the discussions on the possible implementation of family friendly policies with private contractors;
- Ensure effective HAI surveillance arrangements are in place;
- Continue to show emerging evidence of measurable improvements in reducing health inequalities;
- Carry out further analysis around the expected rate of retireals;
- Keep the Health Directorate informed of the progress in achieving and maintaining the 62-day target for cancer services;
- Continue ongoing engagement with the Scottish Government Health Finance Directorate regarding progress on finance and property/capital related issues and to ensure that you meet the financial targets and deliver the 2% Efficiency Savings;
- Ensure robust arrangements are in place to ensure the Local Delivery Plan identifies key actions and how any risks to delivery will be mitigated in order to demonstrate required levels of progress against the NHS QIS Clinical Governance and Risk management standards;
- Quantify shifts in the balance of care and provide specific examples of services which have moved from hospital to primary/community care settings at the next Annual Review;
- Ensure the Board's active participation in the Scottish Patient Safety Programme;