

Document 6

MONKLANDS REPLACEMENT PROJECT

Site Scoring- Information Pack

Introduction

The following pack includes information which was prepared by Technical Advisors to NHS Lanarkshire and was shared at the original scoring event on 10 March 2020.

The information is split into sections to allow you to score the various options against the pre-agreed benefit scoring criteria. The sections are:

- Background and Location Options
- Travel Information. Criteria 1 & 2.
- Access/connectivity to regional centres Information. Criterion 3.
- Contamination Information. Criterion 4.
- Cross Boundary Flow Information. Criterion 5.

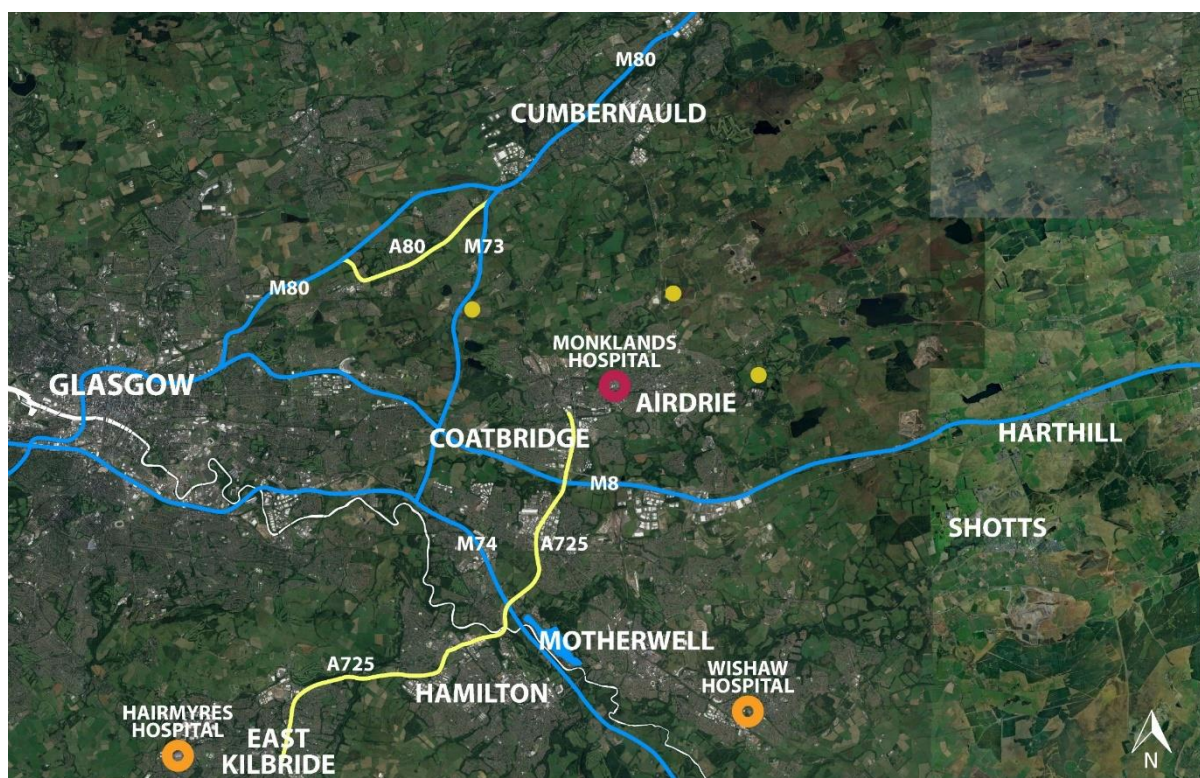
Additional information on each site can be found the NHS Lanarkshire website at:

www.monklands.scot.nhs.uk

Background and Location Options

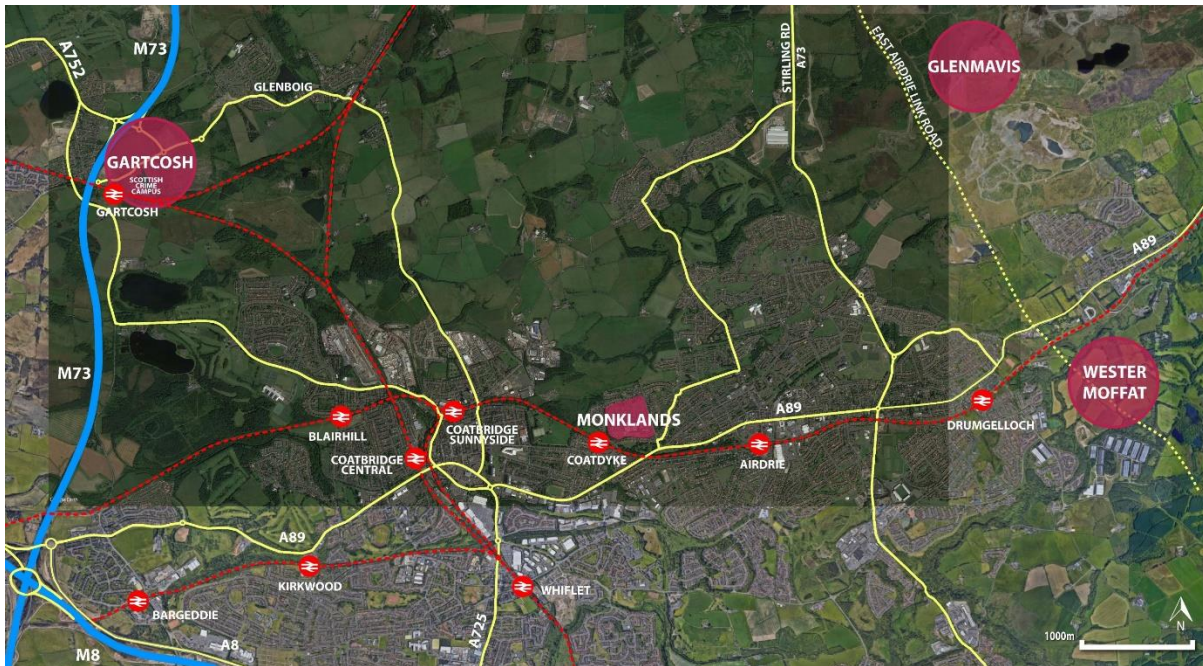
The three site options are Gartcosh, Glenmavis and Wester Moffat.

Each of these three site options is located in North Lanarkshire, within the existing University Hospital Monklands unscheduled care catchment area.



The locations for each of the three options are shown below.

- The Gartcosh site is located beside J2a of the M73 motorway within Gartcosh Industrial Park.
- The Glenmavis site is located east of the proposed East Airdrie Link Road (EALR) and approximately 1km east of the existing A73. Further information about the proposals for the East Airdrie Link Road can be found on the North Lanarkshire Council website here <https://www.northlanarkshire.gov.uk/index.aspx?articleid=33526>
- The Wester Moffat Site is located on farmland between the existing Wester Moffat hospital and Easter Moffat Golf Club.

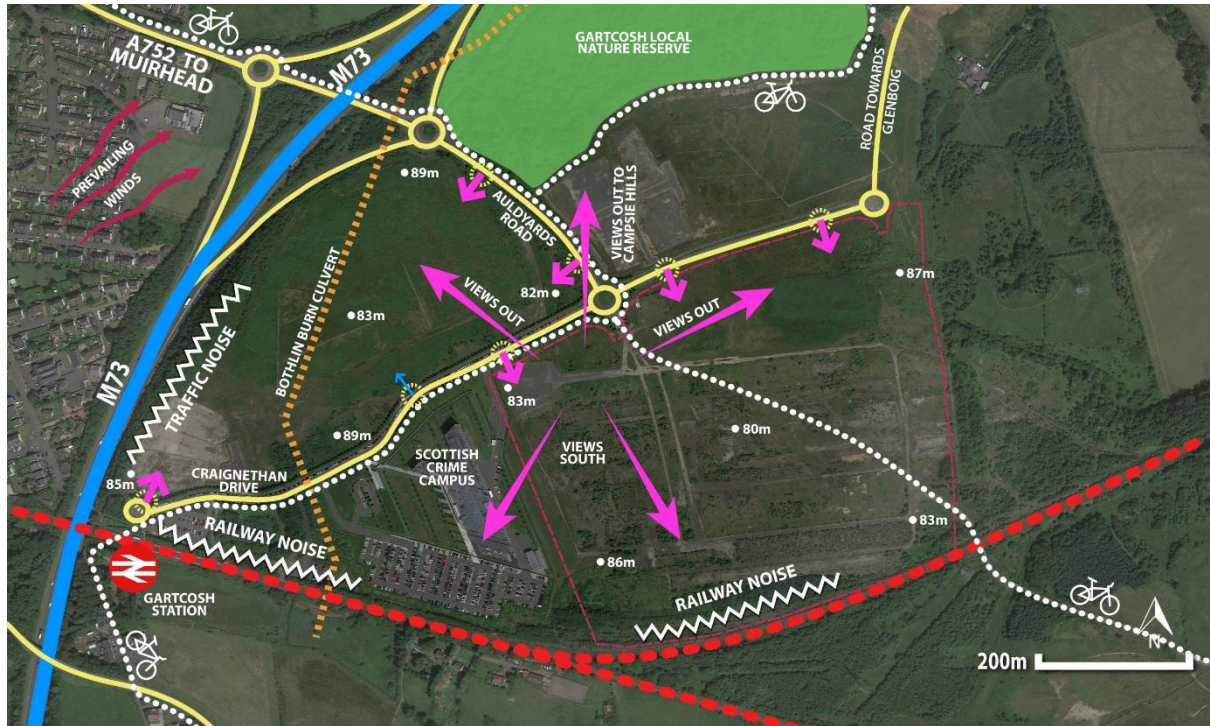


Site Analysis

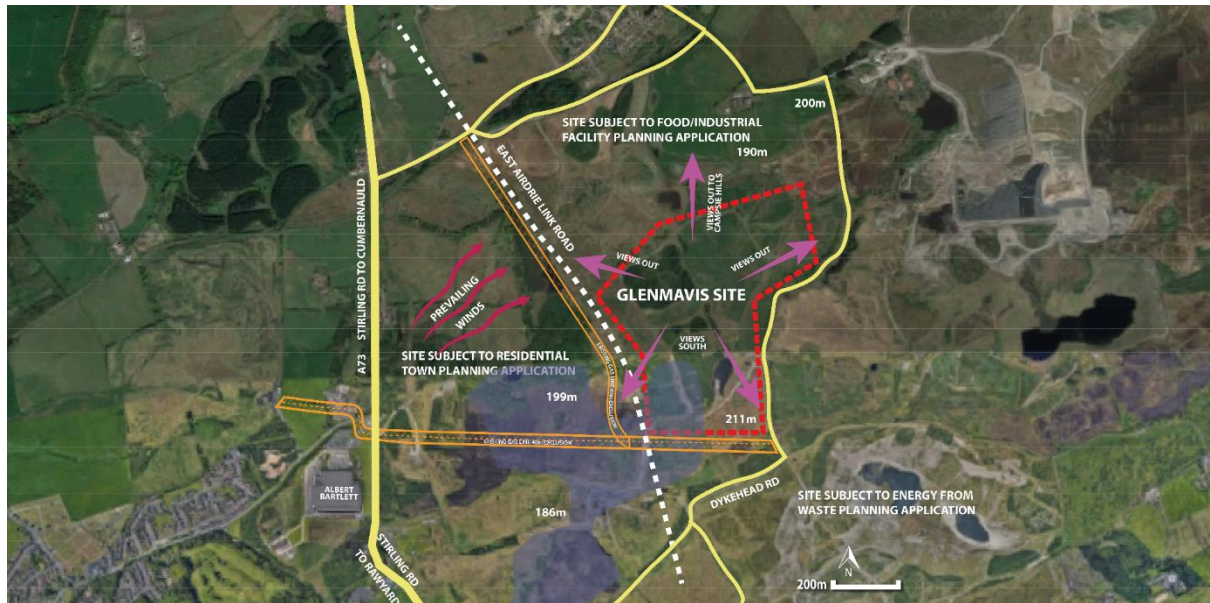
The following images show each site with key features identified by the project architects. Each of the sites is shown at a scale which allows transport links to be clearly identified – accordingly a scale has been selected for each site to clearly show the connectivity to transport networks.

Although all sites are of differing sizes each is large enough to accommodate the new hospital and incorporates the ability to provide the necessary 20 per cent future expansion - please note that NHS Lanarkshire will only purchase land needed for the construction of the hospital plus the 20 per cent expansion.

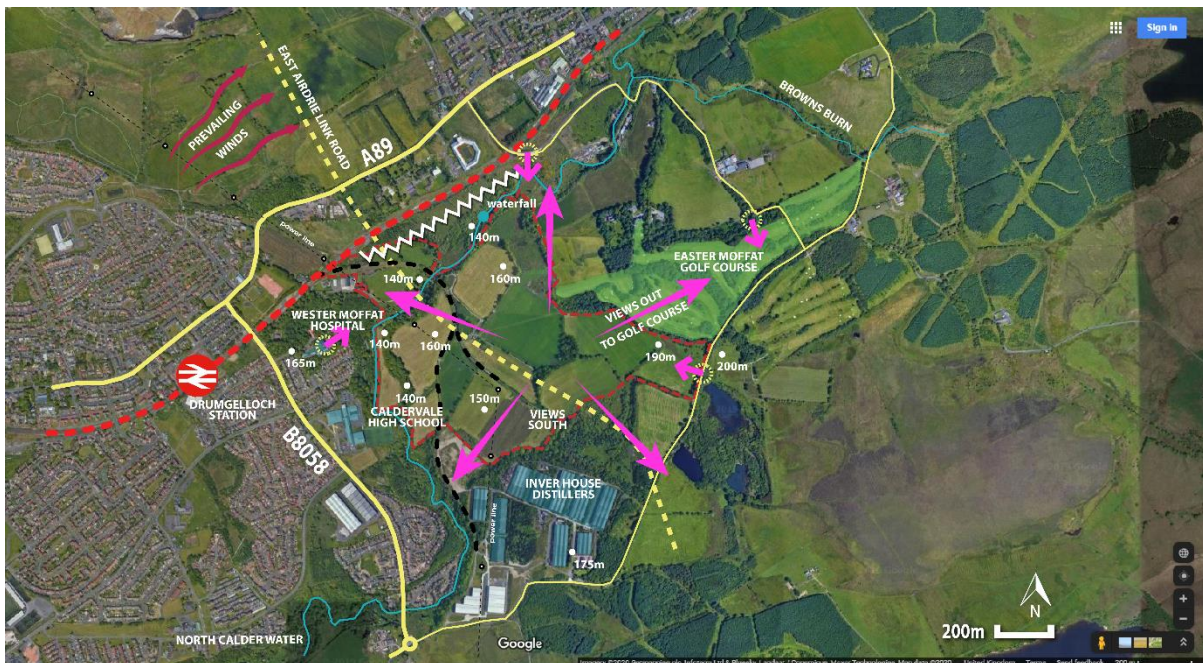
Gartcosh



Glenmavis



Wester Moffat



As explained in the introductory letter, a few months ago a group of people (that included hospital staff, residents and patients from across the area) helped agree the following criteria by which to judge which site might be best.

Criteria	Title	Question description
1	Travel times by road and public transport – patients	Please tell us how easy or difficult you think travel would be for patients to and from each of the possible sites
2	Travel times by road and public transport – staff	Please tell us how easy or difficult you think travel would be for staff to and from each of the proposed sites
3	Access/connectivity to regional centres (including other NHS Lanarkshire hospitals)	For the possible sites, please tell us what you think of the ease of transfer between each site and the regional centres
4	Contamination	Each of the possible sites requires a degree of work to remove contamination left over from its previous use How would you rate our proposals for removing this contamination for each of the possible sites?
5	Impact of cross-boundary flow	Please rate how well you believe each site will be able to deal with the impact of cross-boundary flow.

The group concluded that travel times for patients and staff should be considered separately as both are likely to travel at quite different times of the day and therefore in different circumstances.

Travel Information

The following information is provided to inform scorers prior to completing **Criteria 1 and 2**.

Criterion 1: Travel times by road and public transport – patients. Please tell us how easy or difficult you think travel would be for patients to and from each of the possible sites

Criterion 2: Travel times by road and public transport – staff. Please tell us how easy or difficult you think travel would be for staff to and from each of the possible sites

This information is a summary of information shared on the dedicated Monklands Replacement Project webpage – www.monklands.scot.nhs.uk - including the Transport Strategy report as prepared by our technical advisors and overseen by Transport Scotland, North Lanarkshire Council and Strathclyde Partnership for Transport (SPT).

The following information covers:

- Existing mode share (way of travelling) for staff and patients/visitors.
- Drive time analysis for the various localities that the hospital serves. This has been provided for 8am (peak) and 10am (off-peak).
- Public transport Information.
- Staff postcode analysis to illustrate where the people who work in the hospital live.
- Transport summary table. This table is taken from the Transport Strategy Report.
- Scottish Index of Multiple Deprivation (SIMD) information.

University Hospital Monklands Existing Mode Share (Way of Travelling)

Mode	Staff Mode Share (SYSTRA MRRP Site Appraisal 2017)	North Lanarkshire (2011 Census Method of Travel to Place of Work or Study)	Visitor Mode Share (SYSTRA MRRP Site Appraisal 2017)
Walk	3%	15%	6%
Bicycle	1%	0%	0%
Bus	5%	14%	6%
Train	4%	6%	1%
Car Passenger	3%	13%	10%
Car Sharing	1%	-	-
Car Driver	81%	49%	70%
Taxi	1%	2%	6%
Other	1%	1%	1%
Total	100%	100%	100%

General Drive Time Analysis (Peak, 08:00 Tuesday) – Difference from Existing Hospital Site

From Location	Difference from Existing Drive Time (mins)		
	Gartcosh	Glenmavis (with EALR)	Wester Moffat (with EALR)
Kilsyth (Health Centre)	-11	-10	-6
Cumbernauld (Cumbernauld Centre)	-10	-8	-7
Moodiesburn (Kelvin Drive)	-12	-5	-1
Stepps (A80 at Blenheim Avenue)	-13	-1	+4
Coatbridge (Muiryhall Street at Jackson Street)	+6	+7	+8
Airdrie (Colston Road at Forrest Street)	+11	-2	-3
Plains (Main Street at McLelland Drive)	+8	-7	-10
Bellshill (Hamilton Road at Crossgates)	-1	+4	0
Bothwell (Uddingston Road at Blantyre Road)	-8	+2	-2
Uddingston (Main Street at Douglas Gardens)	-9	-1	-5
Hamilton (Hamilton West Train Station)	-12	-1	-5
Motherwell (A721 at Airbles Road)	-12	-7	-11
Rutherglen (Toryglen Road at Glebe Place)	-17	-2	-5
Cambuslang (Clydeford Road at Mansion Street)	-15	-1	-5
Wishaw (B7032 at the A721)	-2	-7	-10
Carluke (A721 at Cairneymount Road)	-4	-12	-15
Lanark (A743 at Wellgate)	-10	-11	-15
Douglas (Curries Close at Main Street)	-15	-4	-8
Biggar (Market Road at South Back Road)	-7	-8	-11
Shotts (B7066 at Duntilland Road)	-4	-7	-13
East Kilbride (West Mains Road at Glebe Crescent)	-13	-4	-8
Blantyre (A724 at Glasgow Road)	-7	+2	-2

General Drive Time Analysis (Off-Peak, 10:00 Tuesday) – Difference from Existing

From Location	Difference from Existing Drive Time (mins)		
	Gartcosh	Glenmavis (with EALR)	Wester Moffat (with EALR)
Kilsyth (Health Centre)	-13	-11	-8
Cumbernauld (Cumbernauld Centre)	-10	-8	-7
Moodiesburn (Kelvin Drive)	-10	-2	0
Stepps (A80 at Blenheim Avenue)	-10	-2	0
Coatbridge (Muiryhall Street at Jackson Street)	+5	+6	+8
Airdrie (Colston Road at Forrest Street)	+9	-2	-4
Plains (Main Street at McLelland Drive)	+7	-7	-11
Bellshill (Hamilton Road at Crossgates)	-2	+3	0
Bothwell (Uddingston Road at Blantyre Road)	-7	+2	-2
Uddingston (Main Street at Douglas Gardens)	-8	+1	-3
Hamilton (Hamilton West Train Station)	-6	+3	-1
Motherwell (A721 at Airbles Road)	-7	-1	-5
Rutherglen (Toryglen Road at Glebe Place)	-14	-2	-6
Cambuslang (Clydeford Road at Mansion Street)	-12	+1	-4
Wishaw (B7032 at the A721)	-4	-5	-9
Carluke (A721 at Cairneymount Road)	0	-2	-7
Lanark (A743 at Wellgate)	-8	-5	-9
Douglas (Curries Close at Main Street)	-8	+1	-3
Biggar (Market Road at South Back Road)	-3	-2	-5
Shotts (B7066 at Duntilland Road)	-3	-4	-10
East Kilbride (West Mains Road at Glebe Crescent)	-5	+3	-1
Blantyre (A724 at Glasgow Road)	-6	+3	-1

Public Transport information

The information below sets out the position in respect of public transport to the hospitals as developed by our advisors.

Guidance is taken from the Institution of Highways and Transportation publication “Guidelines for Planning for Public Transport in Developments” (IHT, 1999), which states “New Developments should be located so that public transport trips involve a walking distance of less than 400m from the nearest bus stop or 800m from the nearest railway station”.

Bus Routes:

NHS Lanarkshire will aim to improve the access to any new site via bus. This will include the construction of a bus interchange immediately at the front door of the hospital, similar to the new hospitals in Forth Valley and Dumfries.

A planning requirement will also be placed on NHS Lanarkshire (as developer). This requirement (Section 75 – contribution towards transport) will ensure that access to bus services is equivalent to existing Monklands for all sites.

Distance to Train Station

The following summarises the distance to nearest train station for those staff, patients and visitors who use the train.

Gartcosh

- Gartcosh Train Station – Approximately 750m walking distance;
- Destinations – Glasgow Queen Street, Edinburgh and Cumbernauld.
- Destinations – Discussions with ScotRail/Transport Scotland have established it is viable to realign the existing Motherwell/Lanark line including Coatbridge Central and Whifflet to include Gartcosh.

Glenmavis

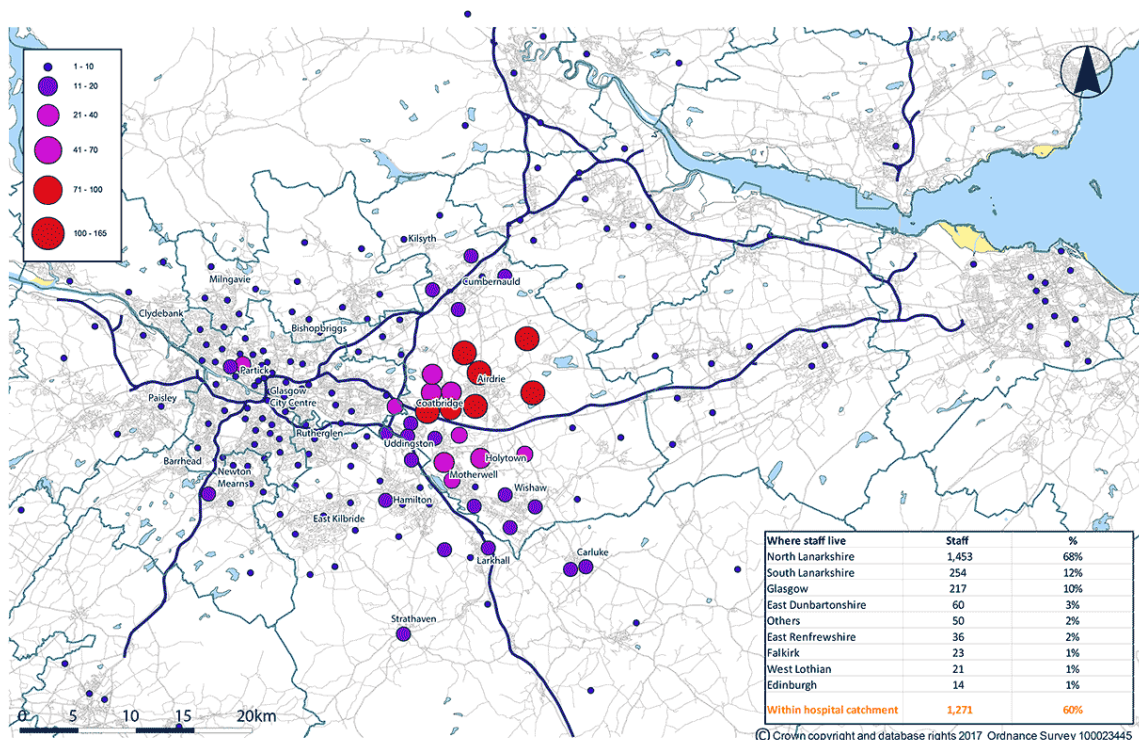
- Airdrie and Drumgelloch Train Stations – Both approximately 5km walking distance;
- Destinations – Glasgow Queen Street, Edinburgh, Coatbridge Sunnyside, Blairhill etc.

Wester Moffat

- Drumgelloch Train Station – Approximately 1.3km walking distance;
- Destinations – Glasgow Queen Street, Edinburgh, Coatbridge Sunnyside, Blairhill etc.

Staff postcode information

The following map displays information on where the staff (who work in the hospital) live. This information shows that the 68 per cent of staff live within North Lanarkshire, 12 per cent within South Lanarkshire and the remaining 20 per cent out with Lanarkshire. Those out with Lanarkshire live as far away as Ayrshire in the west and Fife/Edinburgh in the east.



MONKLANDS HOSPITAL - STAFF POSTCODE INFORMATION



Transport Summary Table

The following table summarises the accessibility of the sites, as described in table 7.1 of the Transport Strategy Report (available at www.monklands.scot.nhs.uk).

Blank = Not accessible / ✓ = poor accessibility / ✓✓ = Adequate Accessibility / ✓✓✓ = Good Accessibility				
Aspect	Mode	Gartcosh	Glenmavis	Wester Moffat
Existing	Walking	✓		
	Cycling	✓✓		
	Public Transport – Bus			
	Public Transport – Rail	✓✓		
	Car	✓✓✓	✓	✓
Potential	Walking	✓		✓
	Cycling	✓✓	✓	✓✓
	Public Transport – Bus	✓✓✓	✓✓✓	✓✓✓
	Public Transport – Rail	✓✓		✓
	Car	✓✓✓	✓✓✓	✓✓✓

Scottish Index of Multiple Deprivation

SIMD is the Scottish Index of Multiple Deprivation. Scotland is split into 6,976 datazones with 447 across North Lanarkshire. A link to the North Lanarkshire Council briefing paper has been shared in the covering letter. The frequently asked questions section of the MRP webpage (www.monklands.scot.nhs.uk) includes further information on the impact on health inequalities of hospital relocation.

35 per cent of North Lanarkshire’s datazones are within the top 20 per cent most deprived in Scotland.

5 North Lanarkshire datazones are within the one per cent most deprived areas of Scotland. For comparison purposes, the travel distance to each of the datazones is set out below.

To Location	Overall SIMD Rank 2020	Difference from Existing Driving Distance		
		Gartcosh	Glenmavis (with EALR)	Wester Moffat (with EALR)
Cliftonville	6	+4.9 km	+6.9 km	+4.7 km
Craigneuk – Wishaw Hospital catchment area	38	+6.7 km	+3.5 km	-0.5 km
Greenend	45	+6.4 km	+8.4 km	+5.0 km
Craigneuk – Wishaw Hospital catchment area	59	+6.9 km	+3.7 km	+0.1 km
Coatbridge	61	+3.6 km	+5.6 km	+4.9 km

Two of these datazones are within Craigneuk which lies within University Hospital Wishaw catchment area.

To give context to the SIMD data above and to allow you to consider the importance of SIMD data, we asked Sir Harry Burns, “would moving the hospital have an impact on health inequalities?”

Sir Harry Burns, professor of global public health at the University of Strathclyde and former Chief Medical Officer for Scotland, and an independent member of the Monklands Replacement Oversight Board, gave his view on the impact on health inequalities of the relocation of an acute hospital such as University Hospital Monklands during the peoples hearing.

My whole career is based on the fact that acute hospitals are not the way to narrow health inequalities. Inequalities are socially and economically determined - it’s “finger in the dyke” stuff to expect the NHS to fix inequalities. The NHS deals with the consequences of social and economic policy. So, it’s a valid concern but it’s really important to understand that a new hospital is not the answer to socio-economically-determined inequalities in health.

I support the fact that you need to provide access to healthcare in areas of serious deprivation. Access has changed significantly in terms of availability and different approaches to monitoring patients and supporting patients and it will continue to develop. Better primary care and better support in the community are probably as effective at preventing the need for hospital admissions.

A lot of people living at the lower end of the socio-economic scale work at University Hospital Monklands and if their jobs were to go, that would be a significant impact on health inequalities. But that is something we considered in Glasgow 15 or 16 years ago and that does not seem to have happened significantly with change of hospital provision.

From my knowledge of Scottish health boards, NHS Lanarkshire is trying harder than most to get to grips with inequalities and I would want to reassure both politicians and the public that,

from what I can see, NHS Lanarkshire is taking this very seriously and coming up with innovative approaches to tackling inequality.

Note: Following the development of a Fairer Scotland Duty Assessment for the Monklands Replacement Project, which assessed the socio-economic impact of relocating the hospital, NHS Lanarkshire intends to create a health and wellbeing village on the current site of University Hospital Monklands after the hospital moves. This means the local community will benefit from enhanced community-based healthcare in addition to the development of a new University Hospital Monklands, helping to reduce health inequalities and providing the opportunity for economic regeneration in the area. Discussions on this are being progressed with North Lanarkshire Council, the University of Strathclyde and other community planning partners.

Accessibility to Regional Services

The following information is presented to inform scorers prior to completing Criterion 3.

Criterion 3: Access/connectivity to regional centres. For the possible sites listed below, please tell us what you think of the ease of transfer between each site and the regional centres.

The information below should be used to assess the accessibility to regional centres criteria.

NHS Lanarkshire's healthcare strategy Achieving Excellence also sets out the vision for 'centres of excellence' providing specific clinical services to make the best use of skilled staff and specialised facilities and equipment to produce excellent outcomes.

In essence, certain clinical specialities will only provide inpatient care at one hospital site within Lanarkshire.

Each of our three acute hospitals has the following core services:

- an emergency department (ED) – commonly known as A&E;
- acute medical and surgical services;
- diagnostics and imaging;
- operating theatres and critical care; and
- outpatient services.

The centres of excellence were set out in Achieving Excellence as follows:

University Monklands	Hospital	University Hairmyres	Hospital	University Hospital Wishaw
ENT (Ear, Nose and Throat) Surgery		Interventional radiology		Bariatric surgery
Haematology (cancer)		Ophthalmology surgery		Intensive psychiatric care
Histopathology		Optimal cardiac reperfusion		Maternity & neonatal
Infectious disease medicine		Vascular surgery		Paediatric services
Lanarkshire (radiotherapy)	Beatson			Specialist lab services
Renal Medicine				
Urology Surgery				

Centres of excellence provide services to patients beyond the each hospitals traditional catchment area. The data below shows the proportion of outpatients who live in the University Hospital Monklands catchment or wider Lanarkshire. This data is similar for our other Lanarkshire hospitals.

Category	Patients	Percentage
UH Monklands Catchment	213,085	73
Wider NHS Lanarkshire Catchment	77,842	27
Total	290,927	100

A percentage of those who present to University Monklands Hospital require transfer to other hospitals for specialist treatments. These are often life threatening, with time being critical in these transfers. The frequently asked questions section of the MRP webpage (www.monklands.scot.nhs.uk) includes further information on the clinical importance of transfer times between hospitals/NHS regional centres of excellence.

The table below sets the difference in journey time to the regional centres from the existing time. A negative time means an improvement on the time taken compared to the existing hospital. A positive time means it takes longer to get to the hospital.

To Location	Difference from Existing Drive Time		
	Gartcosh	Glenmavis (with EALR)	Wester Moffat (with EALR)
University Hospital Wishaw – Trauma(Broken bones), Paediatrics (childhood medical emergency), Obstetrics (childbirth and midwifery)	-7 mins	-5 mins	-5 mins
University Hospital Hairmyres – Heart Attacks, Vascular (ruptured artery)	-5 mins	+3 mins	+3 mins
Glasgow Royal Infirmary – Burns unit (plastic surgery), complex pelvic injuries.	-9 mins	-1 mins	-1 mins
Queen Elizabeth University Hospital – Brain Injuries (brain bleed/clots), Paediatric (critically ill children)	-12 mins	+1 mins	+1 mins
Forth Valley Royal Hospital – complex ENT (Ear, Nose and Throat)	-12 mins	-10 mins	-10 mins

Contamination

The following information is presented to inform scorers prior to completing Criterion 4.

Criterion 4: Contamination. Each of the possible sites requires a degree of work to remove contamination left over from its previous use. How would you rate our proposals for removing this contamination for each of the possible sites?

Each of the possible sites requires a degree of work to remove contamination left over from its previous use

The information below sets out the key factors our advisors have identified at each of the three sites:

Gartcosh

- Hospital location outwith area of known mineworkings;
- Former land use is steel mill – residual soil and groundwater contamination;
- Various phases of site remediation have already been completed;
- Presence of in-ground structures: Site preparation: £0.75 million
- Estimated Cost to remediate contamination: £1.61 million
- Estimate to treat abandoned mineworkings: £0

Glenmavis

- Consolidation of shallow mineworkings (grouting) and capping of shafts required;
- Opencast mining also previously undertaken at the site;
- Originally 13 mine shafts and 7 adits are recorded within the site boundary; 6 mine shafts and 5 mine adits (horizontal mine entry) are indicated within the opencast area and may have been removed
- Sewage sludge spread across various site areas; further treatment/removal of contamination required.
- Uneven site with some regrading required. Site Preparation: £3 million
- Estimated cost to remediate contamination: £3.75 million
- Estimate to treat abandoned mineworkings: £2.6 million

Wester Moffat

- Hospital location outwith area of known mineworkings;
- Former land use mainly farm land/railways – limited evidence of contamination/relict structures;
- Significant variations in topography: site regrading and/or retaining structures. Site preparation: £7 million.
- Estimated cost to remediate contamination: £0
- Estimate to treat abandoned mineworkings: £0

Impact of Cross Boundary Flow

The following information is presented to inform scorers prior to completing **Criterion 5**.

Criterion 5: Impact of cross-boundary flow. Please rate how well you believe each site will be able to deal with the impact of cross-boundary flow

Cross Boundary Flow describes the situation when patients resident in one area use services within an adjoining area. This can be disruptive as services can be overloaded.

An analysis of impact on cross boundary flow has been undertaken by NHS Lanarkshire on an individual post code sector basis. The following table sets out a summary of the cross boundary flow impact at the 3 site options. Further detailed information is on the following page.

Site	Impact on NHS Lanarkshire ED Presentations / year	Impact on NHS Lanarkshire Inpatient Beds	Impact on NHC GG&C and NHS FV Inpatient Beds
Gartcosh	8,256	21.9	-25.5
Glenmavis	2,379	5.7	-12.4
Wester Moffat	-310	-0.3	-4.2

These impacts are reflected in the sizing of the emergency department and the bed numbers for each possible site which is set out in detail on the next page.

For reference NHSGGC is NHS Greater Glasgow & Clyde and NHSFV is NHS Forth Valley.

Detail of cross boundary flow at 3 site options:

Alternative Sites	Impact on NHS Lanarkshire									Impact on NHS Greater Glasgow and Clyde & NHS Forth Valley								
	A			B			A plus B			C			D			C plus D		
	Moving from NHSGGC & NHSFV to New Monklands			Moving from Existing Monklands to Wishaw General			New Monklands Net Impact			Moving from NHSGGC to New Monklands			Moving from NHSFV to New Monklands			Moving from NHSGGC & NHSFV to New Monklands		
	ED Presentations	Emergency Admissions	Inpatient Beds	ED Presentations	Emergency Admissions	Inpatient Beds	ED Presentations	Emergency Admissions	Inpatient Beds	ED Presentations	Emergency Admissions	Inpatient Beds	ED Presentations	Emergency Admissions	Inpatient Beds	ED Presentations	Emergency Admissions	Inpatient Beds
Gartcosh	10,546	1,585	25.5	-2,290	-222	-3.6	8,256	1,363	21.9	-9,357	-1,407	-22.6	-1,189	-178	-2.9	-10,546	-1,585	-25.5
Glenmavis	6,030	772	12.4	-3,651	-418	-6.7	2,379	354	5.7	-4,841	-594	-9.5	-1,189	-178	-2.9	-6,030	-772	-12.4
Wester Moffat	2,124	263	4.2	-2,434	-279	-4.5	-310	-16	-0.3	-1,051	-102	-1.6	-1,073	-161	-2.6	-2,124	-263	-4.2