

New site for Monklands hospital, Lanarkshire: remote criterion-weighting and scoring exercise, Summer 2020

Report by the Consultation Institute

Executive summary

- The criterion-weighting and options-scoring exercise was carried out in summer 2020. These exercises are usually undertaken in person and involving discussion, and some of the exercise had already been carried out this way, but was unsuccessful for several reasons. The COVID-19 pandemic put paid to re-doing the exercise as originally designed, so a remote substitute was carried out using postal and electronic means of send-out and return. The exercise should not be seen as a vote, but rather an expansion of the in-person exercise to involve more people and to understand, in rough, agreed proportions, what the patients and staff of the area wanted in terms of the siting of a new hospital to replace the current Monklands facility. The methodology is set out in paras. 11–18.
- Criterion weighting: criteria (see para. 6) for judging the merits of each of the three proposed sites (Gartcosh, Glenmavis, Wester Moffat) had already been decided. The first part of the exercise aimed to decide the relative importance of each of these criteria. The process is described in detail in paras. 19–29.
- In July 2020 317 patients/members of the public and 81 staff (from across the area, and from the three existing hospitals at Monklands, Wishaw and Hairmyres) were invited to take part. Information packs were then sent out, and participants were asked to suggest percentage importance for each of the five criteria. The process is described in detail
- Using the percentage representation already put in place for the earlier face-to-face exercise (see Annex A) as a template, responses to the exercise were weighted (scores adjusted so that the representation of ‘voice’ by area/hospital/staff type matched the percentages already used and agreed). The process is explained in detail at paras. 23 and 24.
- Overall, the weighted data from the sample of 174 respondents produced the following figures for the weighting (or percentage importance) of the judgment criteria (see para. 25):

Criterion 1: travel times (public)	Criterion 2: travel times (staff)	Criterion 3: access/connectivity	Criterion 4: contamination	Criterion 5: cross-boundary flow impact
31.10%	22.96%	19.27%	14.47%	12.20%

- The second part of the exercise took place in July/August. Participants (310 patients/public and 87 staff) were then asked to score each proposed site against each of the five criteria, using a 9-point scale (where 1 was a low mark and 9 a high one). This process is described in detail in paras. 30–49.
- A similar weighting exercise on the returned data (from 178 respondents –113 public/patient and 65 staff) was carried out (see paras. 34–39) and points scores (weighted by area) for each criterion for each site were calculated.

- The criteria scores for each proposed site were then added together, but further weighted using the figures obtained for ‘relative importance’ in the first part of the exercise (see paras. 43-47)). This produced a grand total of point scores for each site, weighted by both respondent type and by criterion importance (see Table 9 for full details:

	Gartcosh	Glenmavis	Wester Moffat
Weighted by participant, weighted by criterion	5319.074	4295.151	4808.181

- Further analysis of the data was carried out to look at how different groups scored each option (see paras. 50–61).
- Gartcosh generally received a higher score from most categories (and particularly staff) – see Chart 7.
- The public respondents from Airdrie scored Wester Moffat highest (see Chart 7) and Gartcosh lowest
- Slightly higher scores than for Gartcosh (marginally, for Wester Moffat) seemed to come from the public respondents of Coatbridge and from Monklands non-clinical staff (see Chart 7)

Main Report

Background

1. The current University Hospital Monklands is unfit for the purpose of modern healthcare and is in urgent need of replacement. NHS Lanarkshire put together the case for a new hospital and proposal about where the new hospital might be built. Three possible sites were identified: Gartcosh, Glenmavis and Wester Moffat. Rebuilding on the existing hospital site was ruled out at an earlier stage by the Cabinet Secretary for Health & Wellbeing as it would take longer to build and would be very difficult to achieve on a constrained site.
2. An early consultation took place in 2018/19 that was subject to some criticism and was referred for Independent Review . Following this process NHS Lanarkshire were asked to seek nominations for options for the new hospital site and then go through a more transparent appraisal process involving people in helping to arrive at the best site. The IRP did not stipulate that there needed to be another consultation.
3. Accordingly, a process was set up in early 2020, following guidance from tCI and independent consultants, to follow a well-established three-part system for options appraisal that involves groups of people representative of those using the hospital (staff and patients):
 - a. to identify the criteria to be used in judging which site would be best;
 - b. to decide on the importance ('weighting') given to each of these criteria
 - c. to score each proposed site against each of these criteria, and to combine the result using the weighting for each criterion
4. It is usual for this process to take place in workshop sessions that are attended by an appropriately representative group of people, and at which discussions take place (such that different groups can explain their points of view and 'argue their corner', and a final set of scores can be produced).
5. Accordingly, in early March 2020 a public hearing and scoring event took place. Prior to this, representative proportions of different types of hospital user had been agreed (see Annex A), and the meeting would use these proportions in terms of numbers attending.
6. The criteria were discussed at the public hearing and a recommendation for five criteria was presented to NHS Lanarkshire - this was approved. The criteria agreed were as follows:
 - **Travel times by road and public transport – Patients** (how easy it might be for patients to get to and from each site)
 - **Travel times by road and public transport – Staff** (how easy it might be for staff to get to and from each site)
 - **Access/Connectivity to Regional Centres** (how easy it might be to get to and from the Gartcosh, Glenmavis and Wester Moffat sites in relation to other hospitals, treatment centres or clinics)
 - **Contamination** (the need to clear the Gartcosh, Glenmavis and Wester Moffat sites of anything left behind from their previous use)
 - **Impact of cross-boundary flow** (how well each site might cope with the effects of people from outside the area coming to use each site, compared with now: the effects of people who use the existing site going outside the area, for example to Glasgow)

7. An event was then held to determine the weighting of the criteria and to score the options. The results of the part of the process were subsequently withdrawn due to issues with the electronic scoring system. Plans to re-convene a meeting to agree criteria weighting and scoring were disrupted by the COVID-19 pandemic, and, for reasons of health, in-person meetings (particularly of large groups of people) became impossible.
8. NHS Lanarkshire then asked tCI to look at the feasibility of running the process remotely – initially through an exercise conducted entirely by post (so as not to exclude participants who had no access to the internet); this was subsequently modified to allow response by telephone, e-mail, and smartphone.
9. In order to compensate for the loss of the discussion elements of a meeting with limited numbers attending, it was also decided to expand the number of participants, asking all of those who had volunteered for the original exercise (via both Lanarkshire’s own appeal and request for participants conducted by The Campaign Company) to participate. The proportions of ‘voice’, though, would remain as agreed and set out in Annex A.
10. This latter point meant that responses would need to be ‘weighted’ – that is, a multiplier used against every response, such that the overall proportion of response from that category of respondent (be it by postcode for patients or hospital/staff group for staff) would reflect the proportions used for the meeting (Annex A).

Methodology

11. It was decided to reflect the two incomplete parts of the March meeting in a postal exercise in two main parts, with an introductory letter reminding those who had originally volunteered for the exercise of their offer to do so, as follows:
 - a. An introductory letter setting out the background to the exercise, the process, and requesting those no longer interested to opt out.
 - b. Criteria-weighting: a letter explaining the criteria-weighting process, an information pack explaining the background to the criteria, and a form for respondents to propose their weighting for each criterion (ensuring a total of 100% across the five).
 - c. Options scoring: once the mean, weighted criteria scoring had been calculated from the returns to part b, a subsequent letter explaining the scoring process, an information pack giving details of each of the three sites, and a form asking respondents to score each site against each criterion on a scale of 1–9 (with 1 representing a low score and 9 a high score). The final scores (weighted for participant proportion) would be totalled for each site against each criterion, and then the criterion scores combined for each site using the agreed weighting for each criterion.
12. On 7 July an introductory letter was sent to all participants on the compiled lists: 317 patients and 81 staff. The letter reminded participants of their earlier offer to be part of the exercise, and asked them to state whether they now wished to opt out. 13 patients and 3 staff asked to opt out, although it was recognised that the true opt-out figures would effectively be demonstrated by completed returns for each part of the exercise.
13. On 9 July the criteria-weighting pack was sent out to all respondents who had not opted out formally. More details of this part of the exercise are explained later in the report.

14. Following the return of the criteria-weighting responses, the weighted mean scores for the criteria weighting were calculated.
15. On 29 July the final pack was posted to all participants not formally opting out (along with some additional volunteer participants to ensure a good number of returns). This asked participants to score each of the three proposed sites against each criterion. More details of this part of the exercise are explained later in the report. The pack also included an evaluation form, in which participants were asked to provide comments and scores for their views on the exercise, and to provide demographic information about themselves.
16. Following the return of the scoring exercise, a final set of scores for each site was calculated, weighted by both participant type (to the proportions as agreed in Annex A) and by criterion importance.
17. tCI acknowledges throughout that this could not be a 'perfect' exercise. Such options appraisal exercises (and, indeed, consultation processes in general) are not intended to be votes or plebiscites. Consultation is a means of understanding what is being said, who is saying it, and a rough idea of strength of opinion. In expanding what is normally a heavily qualitative exercise (albeit that scores are used) into effectively a quantitative exercise, statistical validity or purity cannot be guaranteed, and the agreed weightings at Annex A, in any event, already represent, numerically, an imbalance between the views of staff and of patients (with staff responses counting for 49% of the voice of the total). This was, however, an attempt to reproduce the face-to-face process already begun in as reasonably statistically sound way as possible.
18. Response rates, too, have played their part in making some of the numbers less hard and fast than they might be. Every effort was made to get participants to respond (including telephone and e-mail chasing), and extra participants were added for the scoring exercise, but, ultimately, as in any exercise of this kind, the validity and reliability of the figures are determined by the numbers of returns in each category.

The criteria-weighting exercise

19. As described above, on 9 July, the criteria-weighting pack was sent to all participants who had not opted out (396). The following table shows the send-out numbers by category (see Annex A for category details):

Table 1: criteria-weighting packs sent out by category

Public categories	Number sent out
1	99
2	51
3	10
4	109
5	19
6	20
7	8

Staff categories	Number sent out
8	5
9	3
10	1
11	20
12	10
13	14
14	1
15	3
16	3
17	1
18	1
19	4
20	3
21	2
22	3
23	4
24	2

20. A copy of the response form sent out is attached at Annex B
21. By the closing date (21 July) the number of responses was lower than hoped for, and the chasing activities already in place (lower-responding categories being chased via e-mail and telephone) was stepped up and focused on categories where particularly low response-rates had been evident (in some cases, no responses at all in a category). At the point at which at least one response per category had been received (24 July), the exercise was closed. The final responses and rates are shown in Table 2 below:

Table 2 criteria-weighting exercise response rates by category

Category	Number of returns	Percentage response
1	52	52.5
2	16	31.4
3	2	20.0
4	37	33.9
5	6	31.6
6	8	40.0
7	3	37.5
8	3	60.0
9	1	33.3
10	1	100.0
11	16	80.0
12	6	60.0
13	7	50.0
14	1	100.0
15	2	66.7
16	2	66.7
17	1	100.0
18	1	100.0
19	2	50.0
20	2	66.7
21	2	100.0
22	2	66.7
23	1	25.0
24	2	100.0

Overall percentage responses:

Patients: 39.2%

Staff: 65%

22. In total, 174 valid responses were received (a valid response being one where the weightings proposed for the five criteria added up to 100%).
23. The weighting for each category was then calculated such that the 'proportional voice' (as set out in Annex A) of each category was represented in the calculations, as set out in Table 3 below (which shows only the valid responses):

Table 3: criteria-weighting exercise weighting figures by category

Category	Number of valid responses	Target % (from Annex A)	Actual % (number of valid responses/total valid responses)	Weighting (target/actual)
1	49	12	28.16091954	0.426122449
2	16	11	9.195402299	1.19625
3	2	3	1.149425287	2.61
4	39	11	22.4137931	0.490769231
5	6	3	3.448275862	0.87
6	7	7	4.022988506	1.74
7	3	4	1.724137931	2.32
8	3	5	1.724137931	2.9
9	1	2	0.574712644	3.48
10	1	1	0.574712644	1.74
11	16	6	9.195402299	0.6525
12	6	6	3.448275862	1.74
13	7	6	4.022988506	1.491428571
14	1	1	0.574712644	1.74
15	2	3	1.149425287	2.61
16	2	2	1.149425287	1.74
17	1	1	0.574712644	1.74
18	1	1	0.574712644	1.74
19	2	3	1.149425287	2.61
20	2	2	1.149425287	1.74
21	2	1	1.149425287	0.87
22	2	5	1.149425287	4.35
23	1	2	0.574712644	3.48
24	2	2	1.149425287	1.74
Total	174	100	100	1

24. The weighting figures for each respondent (according to the category of that respondent) were applied to each of the percentages for proposed criteria importance submitted by that respondent. Below is an example:

A respondent from category 1 (postcode ML6) supplies the following proposals for criteria weighting:

Criterion 1	Criterion 2	Criterion 3	Criterion 4	Criterion 5
20%	20%	10%	40%	10%

Category 1's target 'proportion of the voice' is 12%; the actual percentage of category 1 respondents within the 174 total is 28.16%, so each category respondent's 'voice' needs to be reduced by multiplying by the weighting 0.426. Multiplying all these percentages by this number gives

Criterion 1	Criterion 2	Criterion 3	Criterion 4	Criterion 5
8.52%	8.52%	4.26%	17.05%	4.26%

25. This process was done for every respondent and then all of these were added together to produce weighted totals for each criterion, as follows:

Criterion 1	Criterion 2	Criterion 3	Criterion 4	Criterion 5
5412.10%	3994.55%	3353.20%	2517.11%	2123.05%

26. Each of these totals was divided by the number of valid participants (174) to produce a mean, weighted percentage weighting for each criterion, as follows:

Criterion 1: travel times (public)	Criterion 2: travel times (staff)	Criterion 3: access/connectivity	Criterion 4: contamination	Criterion 5: cross-boundary flow impact
31.10%	22.96%	19.27%	14.47%	12.20%

27. These percentages represented the weight to be applied to all scores given to that criterion in the final totals, such that, when the scores against each criterion for a particular site were added together, instead of each criterion counting for 20% of the total (which would be the result if the criteria carried equal weighting), the proportions were adjusted to reflect the weightings above.
28. A full set of the calculations used here can be found in the Excel spreadsheet at Annex C
29. The response form for this part of the exercise also contained an open-response box for respondents to comment on their answers. These comments have not been subjected to analysis, but can be found listed in Annex D, and also in the 'Comments' tab of Annex C.

The options scoring exercise

30. As described above, on 29 July, the options-scoring pack was sent to all participants who had not formally opted out (and more respondents were included in the send-out to replace these), and several packs were sent via e-mail, as well as via post. In total, 397 people (310 public, 87 staff) were asked to participate. The following table shows the send-out numbers by category (see Annex A for category details):

Table 4: options-scoring packs sent out by category

Public categories	Number sent out
1	97
2	48
3	11
4	102
5	19
6	24
7	9

Staff categories	Number sent out
8	6
9	3
10	1
11	20
12	10
13	14
14	1
15	3
16	3
17	1
18	1
19	5
20	3
21	3
22	8
23	3
24	2

31. A copy of the response form sent out is attached at Annex E
32. By the closing date (6 August), chasing activities were already in place (lower-responding categories being chased via e-mail and telephone); these were stepped up and focused on categories where there had been particularly low response-rates (in some cases, no responses at all in a category), and the closing date extended to 13 August. By this date, sufficient responses had been received in each category, and the exercise was closed. The final responses and rates are shown in Table 5 below:

Table 5 criteria-weighting exercise response rates by category

Public categories	Number of returns	Percentage response
1	45	46.4%
2	12	25.0%
3	4	36.4%
4	32	31.4%
5	5	26.3%
6	11	45.8%
7	4	44.4%

Table 5 criteria-weighting exercise response rates by category

Staff categories	Number of returns	Percentage response
8	6	100.0%
9	2	66.7%
10	1	100.0%
11	15	75.0%
12	7	70.0%
13	8	57.1%
14	1	100.0%
15	3	100.0%
16	2	66.7%
17	1	100.0%
18	1	100.0%
19	4	80.0%
20	2	66.7%
21	2	66.7%
22	5	62.5%
23	3	100.0%
24	2	100.0%

Overall percentage responses:

Patients: 36.5%

Staff: 74.7%

33. In total, 178 (113 public/patient and 65 staff) valid responses were received (a valid response being one where a score for each proposed site against each criterion had been entered).
34. The weighting for each category was then calculated such that the 'proportional voice' (as set out in Annex A) of each scoring category was represented in the calculations; this is set out in Table 6 below (which shows only the valid responses). The figures were slightly different from the weightings used in the first exercise (see Table 3), as the overall number of responses was different, as were the numbers in each category.

Table 6: options-scoring exercise weighting figures by category

Category	Number of valid responses	Target % (from Annex A)	Actual % (number of valid responses/total valid responses)	Weighting (target/actual)
1	45	12	25.2809	0.4747
2	12	11	6.7416	1.6317
3	4	3	2.2472	1.3350
4	32	11	17.9775	0.6119
5	5	3	2.8090	1.0680
6	11	7	6.1798	1.1327
7	4	4	2.2472	1.7800
8	6	5	3.3708	1.4833
9	2	2	1.1236	1.7800
10	1	1	0.5618	1.7800
11	15	6	8.4270	0.7120
12	7	6	3.9326	1.5257
13	8	6	4.4944	1.3350
14	1	1	0.5618	1.7800
15	3	3	1.6854	1.7800
16	2	2	1.1236	1.7800
17	1	1	0.5618	1.7800
18	1	1	0.5618	1.7800
19	4	3	2.2472	1.3350
20	2	2	1.1236	1.7800
21	2	1	1.1236	0.8900
22	5	5	2.8090	1.7800
23	3	2	1.6854	1.1867
24	2	2	1.1236	1.7800
Total	178	100	100	1

35. The scoring system for each site against each criterion was essentially a Likert rating scale, with 1 being a low rating and 9 being a high one. The scoring, then, allowed participants to allocate 'points' to their choices, and the total number of points gained would provide a rank order. The numbers on the rating scale could be weighted using the above figures, so that the points given by each participant were raised or lowered according to their proportion of the voice. Below is an example:

A respondent from category 2 (postcode ML5) supplies the following proposals for scoring each site for Criterion 1:

Gartcosh	Glenmavis	Wester Moffat
6	5	8

Category 2's target 'proportion of the voice' is 11%; the actual percentage of category 2 respondents within the 178 total is 6.74%, so each category respondent's 'voice' needs to be increased by multiplying by the weighting 1.6317 (11/6.74). Multiplying this respondent's points by this number gives:

Gartcosh	Glenmavis	Wester Moffat
9.7902	8.1585	13.0536

36. Although at first sight, these numbers seem not to fit in a whole-number 1-9 scale, it has to be remembered that the aim is to obtain a total from *all* respondents on *all* site proposals for *all* criteria. The point scores are still in rank order for this participant, it is just that their corresponding 'voice' is amplified within the whole, so the range of their possible point scores increases to reflect this.
37. The procedure above was repeated for each participant against each site-score for each criterion.
38. A full set of the calculations used here can be found in the Excel spreadsheet at Annex F (tab: 'Total valid respondents').
39. The exercise produced a set of total points scores (both unweighted for participant category and weighted), as set out in Table 7 below

Table 7: total unweighted and weighted scores (by participant category) for each criterion

Criterion 1

	Gartcosh	Glenmavis	Wester Moffat
Unweighted	981	848	966
Weighted	1040.096	805.028	931.286

Criterion 2

	Gartcosh	Glenmavis	Wester Moffat
Unweighted	992	867	979
Weighted	1042.339	837.522	958.130

Criterion 3

	Gartcosh	Glenmavis	Wester Moffat
Unweighted	1122	927	939
Weighted	1163.719	884.172	904.947

Criterion 4

	Gartcosh	Glenmavis	Wester Moffat
Unweighted	1041	876	1054
Weighted	1104.867	840.477	1017.070

Criterion 5

	Gartcosh	Glenmavis	Wester Moffat
Unweighted	939	1032	1092
Weighted	958.206	1019.462	1069.396

40. These totals can be seen at Appendix F at the bottom of the calculation columns on tab: 'Total valid respondents'.
41. Along with the totals, a mean for each column was calculated (that is, the average score from all respondents for each proposed site against each criterion), both weighted and unweighted.
42. A standard deviation (SD) for each column was also calculated. A standard deviation provides an indicator of the distribution of points around the mean – it is the mean distance of the points around the mean. The higher the SD, the wider the distribution is. A way to visualise this is to imagine a balanced see-saw; it may be balanced by large weights just either side of the fulcrum, but it also may be balanced by the same large weights at either end, or a series of smaller weights evenly spread across each side. Generally, a high SD compared to the mean suggests a wide distribution, and a small SD a narrow one (i.e. the weights closer to the fulcrum). The figures show that, although some of the columns have wider distributions than others, only a couple of them are more than half the mean value.
43. The next step was to combine the criteria to produce an overall result for each site. In a situation where each criterion had equal value (weighting), a simple sum of the results for each criterion could be added together. This would mean that, within the grand total, each criterion would represent 20% (as there are five of them). The previous exercise, however, set the criteria as unequal in weighting:

Criterion 1	Criterion 2	Criterion 3	Criterion 4	Criterion 5
31.10%	22.96%	19.27%	14.47%	12.20%

44. In adding the totals for each site's criteria together, then, this unequal weighting needed to be taken account of, and in the same way that participant voices were weighted, criterion voices needed to be similarly weighted, as set out in Table 8 below

Table 8: criterion weight calculation

Criterion	1	2	3	4	5	Total
Unweighted (actual) %	20	20	20	20	20	100
Weighted percentage required (target)	31.1	22.96	19.27	14.47	12.2	100
Weighting figure (target/actual)	1.555	1.148	0.9635	0.7235	0.61	5

45. The scores that needed to be combined were those for the totals *weighted by participant type*. Annex F, tab: 'Totals w part' shows the calculation using this data to add criterion totals weighted by participants demonstrating the grand totals obtained both by using weighted and unweighted criteria. The figures showing the final scores for each proposed site, weighted by participant type and weighted and unweighted by criterion, are shown in Table 9 below

Table 9: grand totals for each site with participant type weighted and criteria unweighted and weighted

	Gartcosh	Glenmavis	Wester Moffat
Weighted by participant, unweighted by criterion	5309.227	4386.661	4880.829
Weighted by participant, weighted by criterion	5319.074	4295.151	4808.181

46. The ranking by number of points gained, then, was Gartcosh (most); Wester Moffat; Glenmavis (fewest). Weighting the criteria made no difference to this order, although it increased the Gartcosh lead slightly at the expense of the other two sites.
47. Also calculated on tab: 'Totals w part' are means for each of these totals: that is, the mean score made, within the total for the proposed site, entered by each participant for each criterion. They are set out in Table 10 below:

Table 10: means for each site with participant type weighted and criteria unweighted and weighted

	Gartcosh	Glenmavis	Wester Moffat
Mean by weighted participant, unweighted by criterion	5.965	4.929	5.484
Mean by weighted participant, weighted by criterion	5.976	4.826	5.402

48. In terms of presenting the figures, the use of figures for both weighted participants and weighted criteria are the most secure. The participant weightings come from the proportions at Annex A. As these contain a mixture of public and staff in proportions that have been set, these are Lanarkshire's 'agreed' weightings. Disentangling them to produce new weightings cannot really be undertaken, as the balance between staff and public (whose representative proportions occupy around 50% each, despite there being many more public than staff) is already intertwined, and, for example, recalculation of relative weightings of public postcode areas (and removal of staff) cannot, ethically, be done.
49. It is instructional, however, to try to look for reasons for scores, and to compare different groups. Using unweighted data, and keeping the groups defined provides a limited possibility for this, and the following analyses attempt to do that. A note of caution should be sounded, though, that moving away from the weighting proportions set out in Annex A opens much more up to question, and, while the use of unweighted data can show broad trends and provide suggestions for patterns within the data, its detail should not be relied upon heavily.

Analysis of trends and patterns using unweighted data

50. An initial exploration looks at how the data for each of the sites is distributed – how the means and standard deviations are made up. For the purposes of this, the weightings from the criteria have been discarded (as remarked earlier, they do not affect the overall rankings of sites substantially). Straight unweighted sums, then, of all five criteria for each respondent for each site can be plotted for both weighted (by participant) and unweighted scores. The full analysis of this can be found in Annex F, tabs ‘Totals w part’ and in the graphs at tab: ‘Bar Charts’. The graphs are shown below for each of the sites. The bars in each case show the numbers of respondents scoring a particular total (all five criteria scores added up) – so, in Chart 1 below, the far left-hand column shows that 12 people scored a total of 5 for the criteria added together (so, 1 point each). In the case of the unweighted data, this is easier, as respondents score only whole numbers; for the weighted data, scores have been rounded to the nearest whole.

Chart 1: Gartcosh unweighted total participant scores; unweighted by criterion

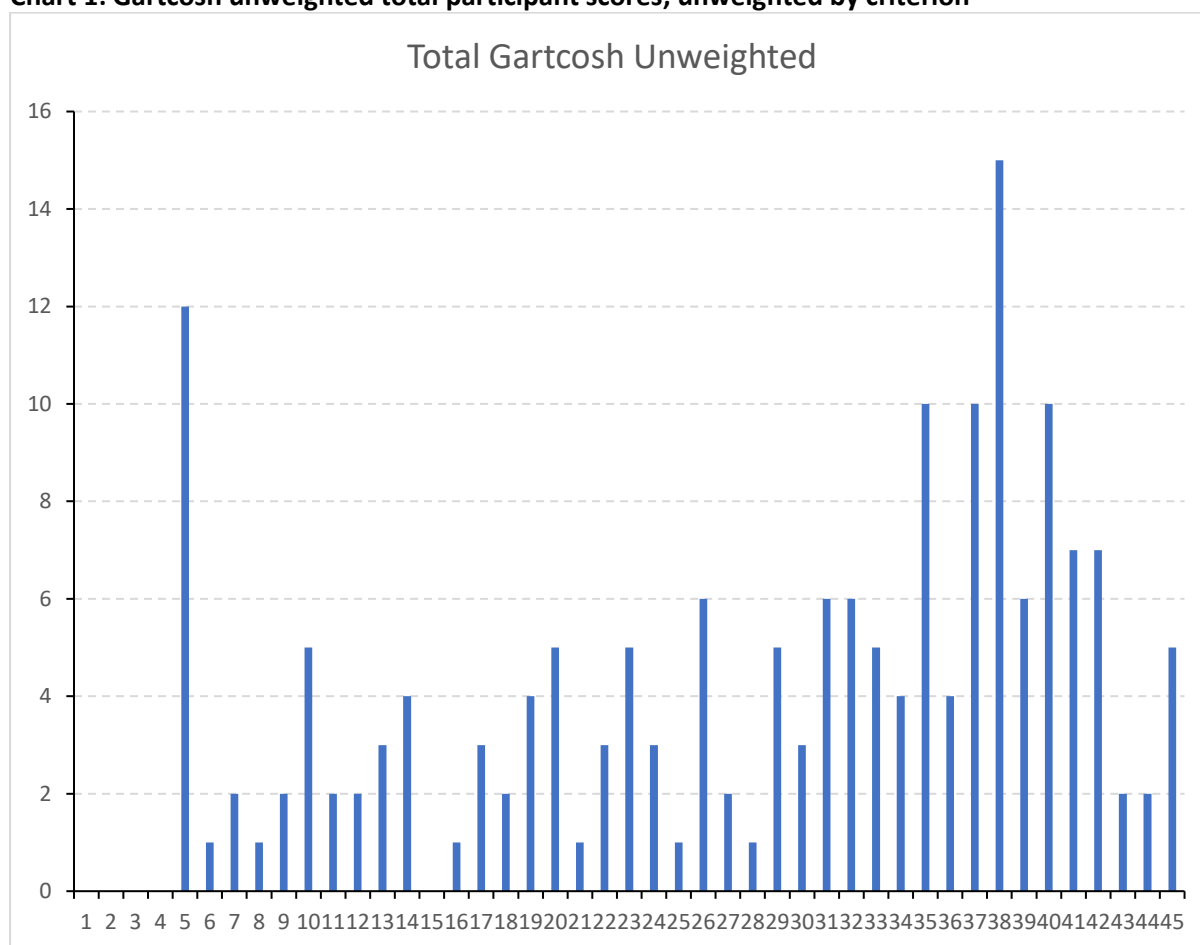


Chart 2: Gartcosh weighted total participant scores; unweighted by criterion

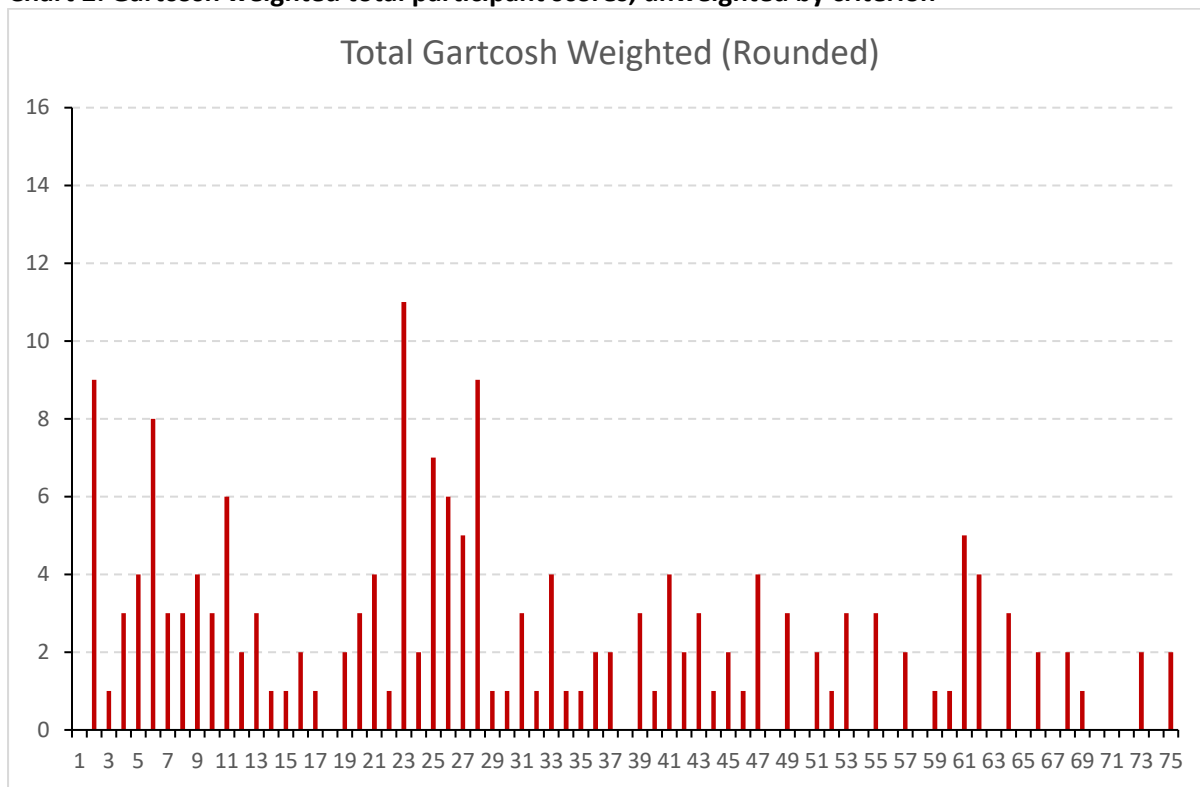


Chart 3: Glenmavis unweighted total participant scores; unweighted by criterion

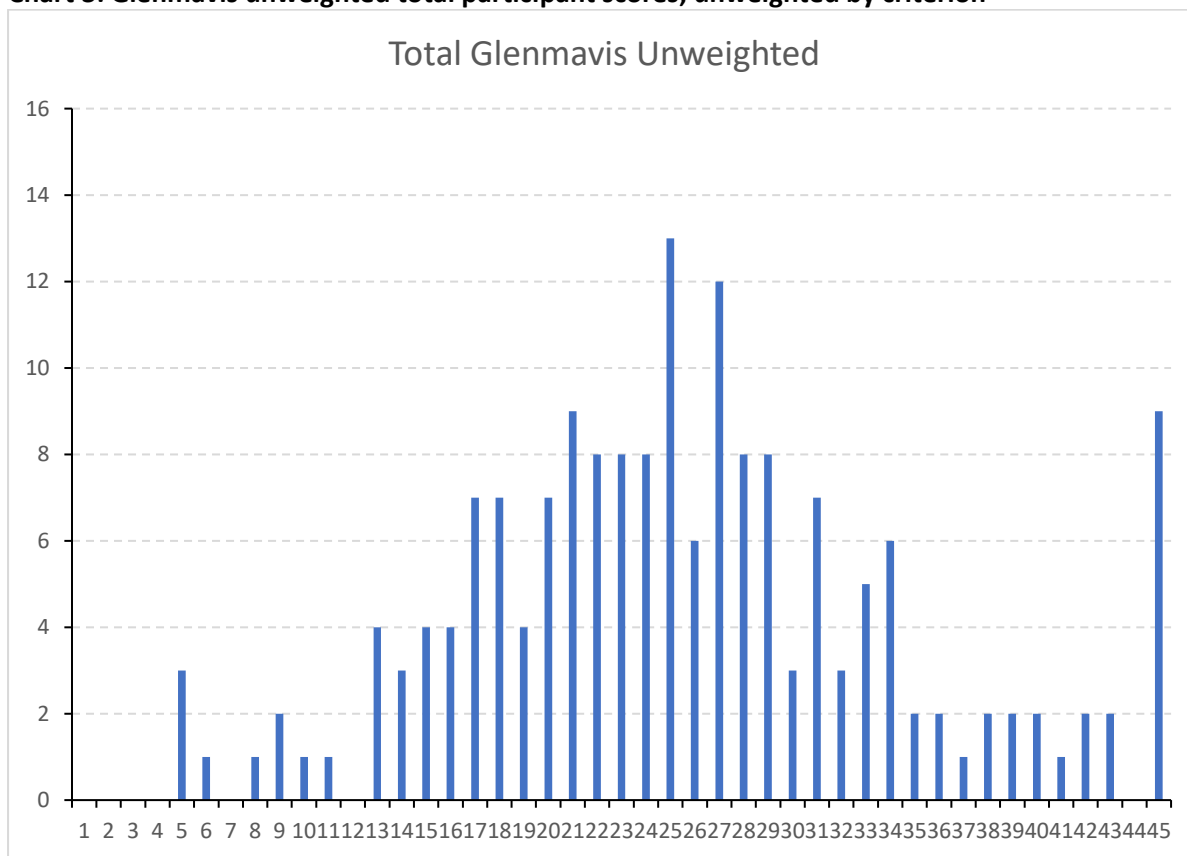


Chart 4: Glenmavis weighted total participant scores; unweighted by criterion

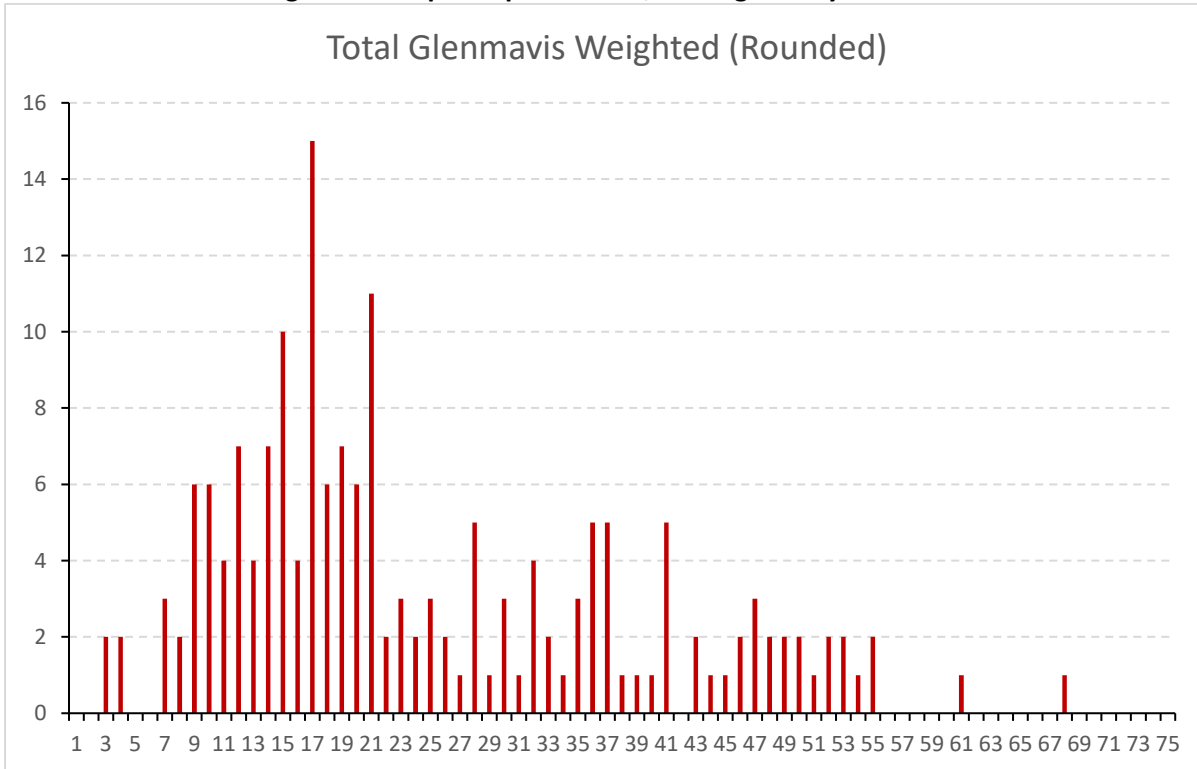


Chart 5: Wester Moffat unweighted total participant scores; unweighted by criterion

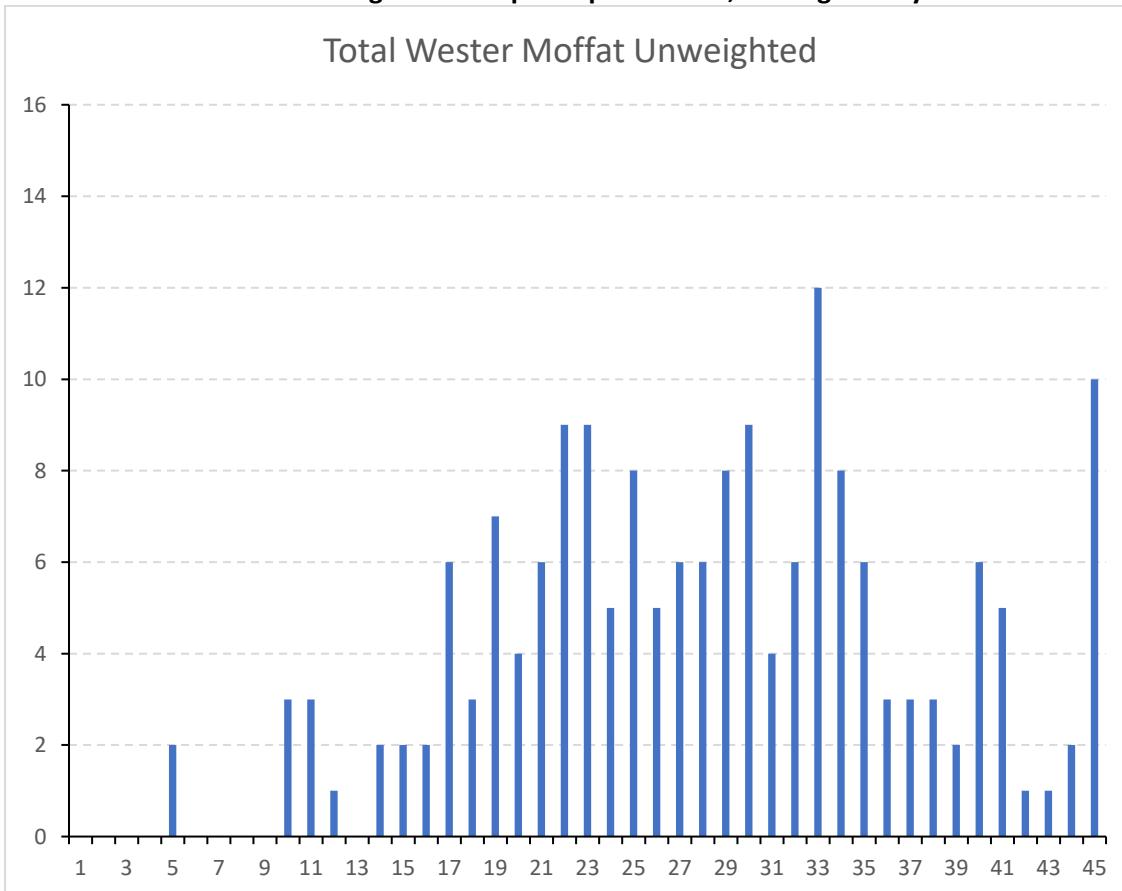
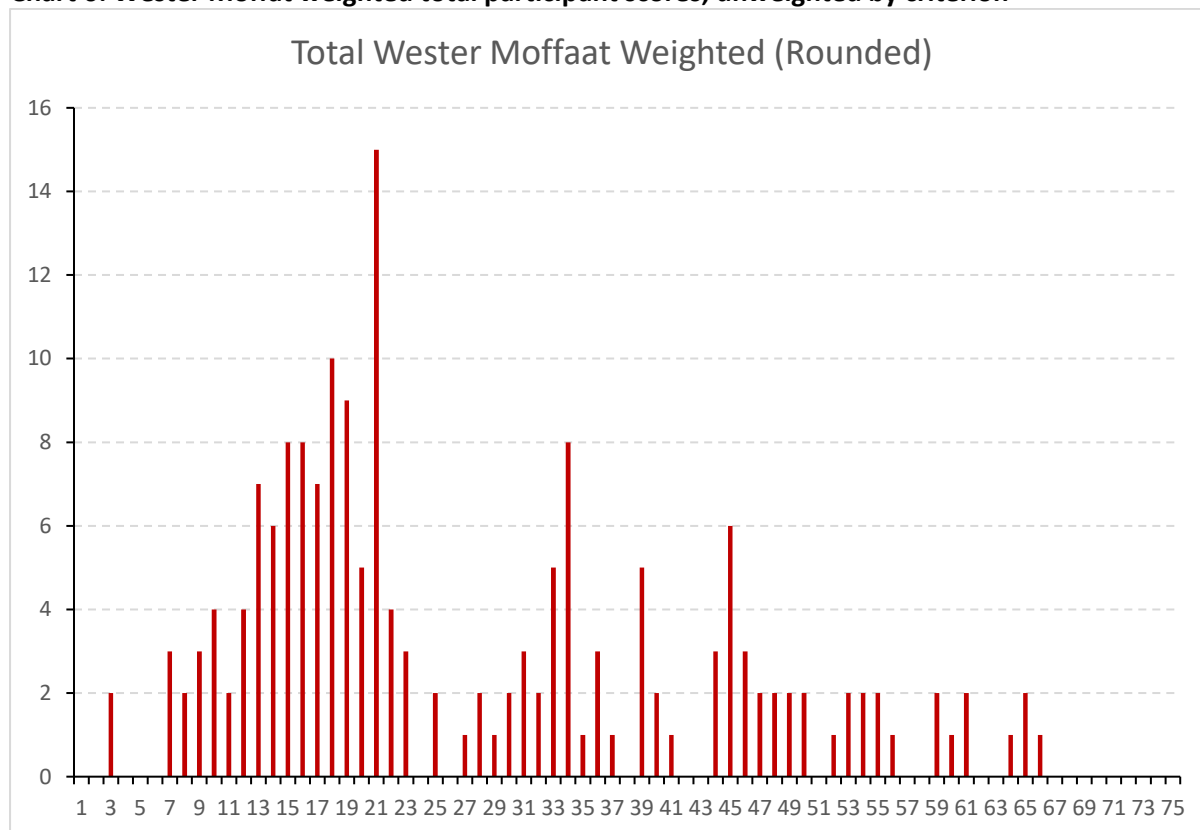


Chart 6: Wester Moffat weighted total participant scores; unweighted by criterion



51. The graphs show that the distribution for Gartcosh is considerably altered by the participant weighting applied. The unweighted graph shows a general bunching towards the high end (i.e. high numbers of points) by many participants. This is balanced by a central section of medium scorers and a single peak on the lowest possible score (5). The weighting-by-participant system tends to reverse this, and the tendency to higher frequencies of scores lower than the median in the weighted data is obvious.
52. The unweighted Glenmavis data shows a pattern that tends to a normal distribution: that is, the highest frequencies tend to be in the middle of the range, with a tail-off towards each end. When the data is weighted, again, a pattern of higher frequencies of low scores emerges. A similar pattern can be seen with Wester Moffat.
53. These patterns might suggest that some groups within the data, who are numerically quite small tend to 'find their voices' when the volume of those voices is increased by the weighting system; conversely, other, more numerous groups of respondents are 'damped' by the weighting.
54. With this in mind, it is worth looking at the scores for individual weighting categories. Obviously, there is little sense in attempting to weight these by participant type, as, many of them will consist solely of members of a single participant weighting category. A simple way to correct for the different populations of these categories is to add the means of the five criteria together, and then to take the average (mean) of the total (a 'grand mean').

55. Table 11 below presents this data by showing average mean values (both unweighted and weighted by criteria) for most of the weighting categories. All of the individual area categories are presented, but some staff categories have been either merged into a single hospital site or omitted (as there are too few in the category, which makes not only for meaningless data, but also allows for the possibility of identification of respondents). This table sets out the data to be found in Annex F, tabs 'Area 1 unw part' through to 'Cat 22&23 unw staff'.

Table 11: mean values (unweighted by participant category; unweighted and weighted by criteria) for participant categories

Category 1: Airdrie (45 participants)

	Gartcosh	Glenmavis	Wester Moffat
Unweighted mean	3.316	6.498	7.360
Weighted mean	3.192	6.480	7.359

Category 2: Coatbridge (12 participants)

	Gartcosh	Glenmavis	Wester Moffat
Unweighted mean	5.717	5.250	5.867
Weighted mean	5.614	5.119	5.794

Category 3: Bellshill (4 participants)

	Gartcosh	Glenmavis	Wester Moffat
Unweighted mean	7.250	5.350	5.300
Weighted mean	7.237	5.138	5.111

Category 4: Cumbernauld/Kilsyth (32 participants)

	Gartcosh	Glenmavis	Wester Moffat
Unweighted mean	7.181	4.606	4.325
Weighted mean	7.252	4.498	4.144

Category 5: Viewpark/Uddingston (5 participants)

	Gartcosh	Glenmavis	Wester Moffat
Unweighted mean	6.960	3.720	3.920
Weighted mean	7.098	3.546	3.862

Category 6: UH Wishaw catchment area (11 participants)

	Gartcosh	Glenmavis	Wester Moffat
Unweighted mean	6.000	4.564	5.582
Weighted mean	5.973	4.514	5.501

Category 7: UH Hairmyers catchment area (4 participants)

	Gartcosh	Glenmavis	Wester Moffat
Unweighted mean	6.700	3.700	5.350
Weighted mean	6.888	3.495	5.341

Categories 8 & 9: Staff side representatives (8 participants)

	Gartcosh	Glenmavis	Wester Moffat
Unweighted mean	5.650	4.625	5.625
Weighted mean	5.635	4.538	5.450

Categories 10–13: UH Monklands total (31 participants)

	Gartcosh	Glenmavis	Wester Moffat
Unweighted mean	6.355	4.671	5.219
Weighted mean	6.397	4.539	5.157

Category 11: UH Monklands Medical (15 participants)

	Gartcosh	Glenmavis	Wester Moffat
Unweighted mean	7.587	3.867	4.747
Weighted mean	7.650	3.715	4.651

Category 12: UH Monklands Nursing (7 participants)

	Gartcosh	Glenmavis	Wester Moffat
Unweighted mean	5.571	5.514	5.2
Weighted mean	5.541	5.432	5.107

Category 13: UH Monklands Other (8 participants)

	Gartcosh	Glenmavis	Wester Moffat
Unweighted mean	4.675	5.450	6.150
Weighted mean	4.696	5.312	6.169

Categories 14–17: UH Hairmyers total (7 participants)

	Gartcosh	Glenmavis	Wester Moffat
Unweighted mean	6.800	3.829	4.114
Weighted mean	6.869	3.606	3.930

Categories 18–21: UH Wishaw total (9 participants)

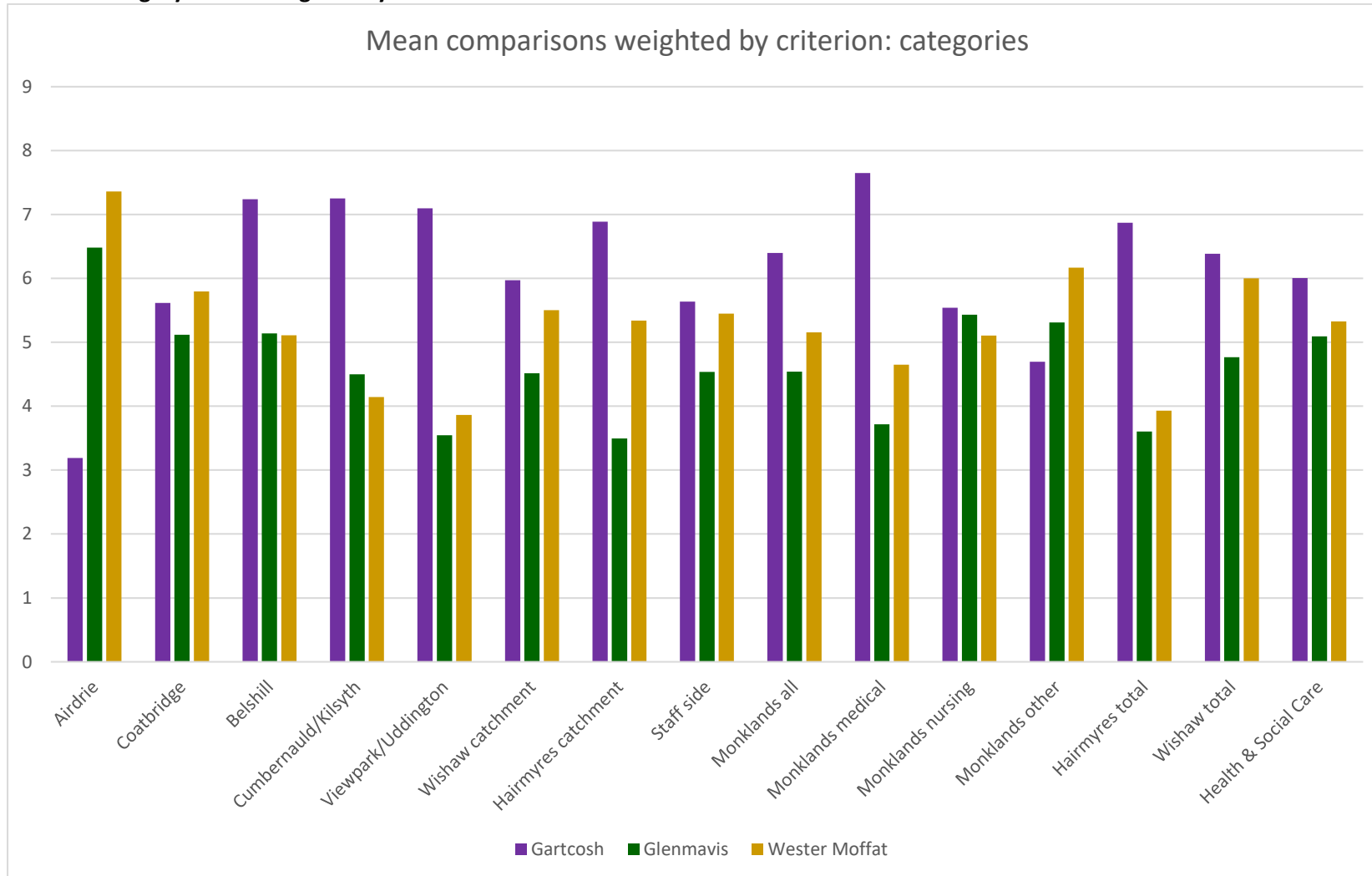
	Gartcosh	Glenmavis	Wester Moffat
Unweighted mean	6.267	4.800	6.044
Weighted mean	6.384	4.765	6.001

Categories 22 & 23: Health & Social Care Partnerships total (8 participants)

	Gartcosh	Glenmavis	Wester Moffat
Unweighted mean	6.000	5.125	5.400
Weighted mean	6.004	5.095	5.326

56. A useful way of comparing these is to show them on a graph. Again, it should be noted that these figures should be read in the context of trends, rather than the detail looked at too closely. In Chart 7 below (from Annex F, tab: Comparisons), the figures for means weighted by criterion have been shown for each of the categories and each of the proposed sites.

Chart 7: Category means weighted by criterion



57. Looking at Chart 7, it can be seen that most of the groups scored Gartcosh (to greater or lesser extent) over the other options, the exceptions being largely Airdrie, and, to a small extent, Monklands Other (i.e. staff at Monklands who are not either medical or nursing) and Coatbridge. After Gartcosh, generally, most categories scored Wester Moffat over Glenmavis with the exceptions (although the differences are too small to attach a great deal of significance) of Belshill and Monklands Nursing.

Staff and public

58. Given that the staff proportion of the scores weighted by participant occupies 49% of the total, it can be seen that, in terms of numbers, the staff 'voice' is 'loud' in comparison with the public voice (of the 178 total respondents, 65 are staff). An examination of the scores unweighted by respondent type (and unweighted and weighted by criterion) may also help to look at trends in the data and differences between public and staff response. Table 12 and Chart 8 show similar comparisons to the ones made above, and are taken from Annex F tabs: Patient unw part and Staff unw part

Table 12: mean values (unweighted by participant category; unweighted and weighted by criteria) for public and staff categories

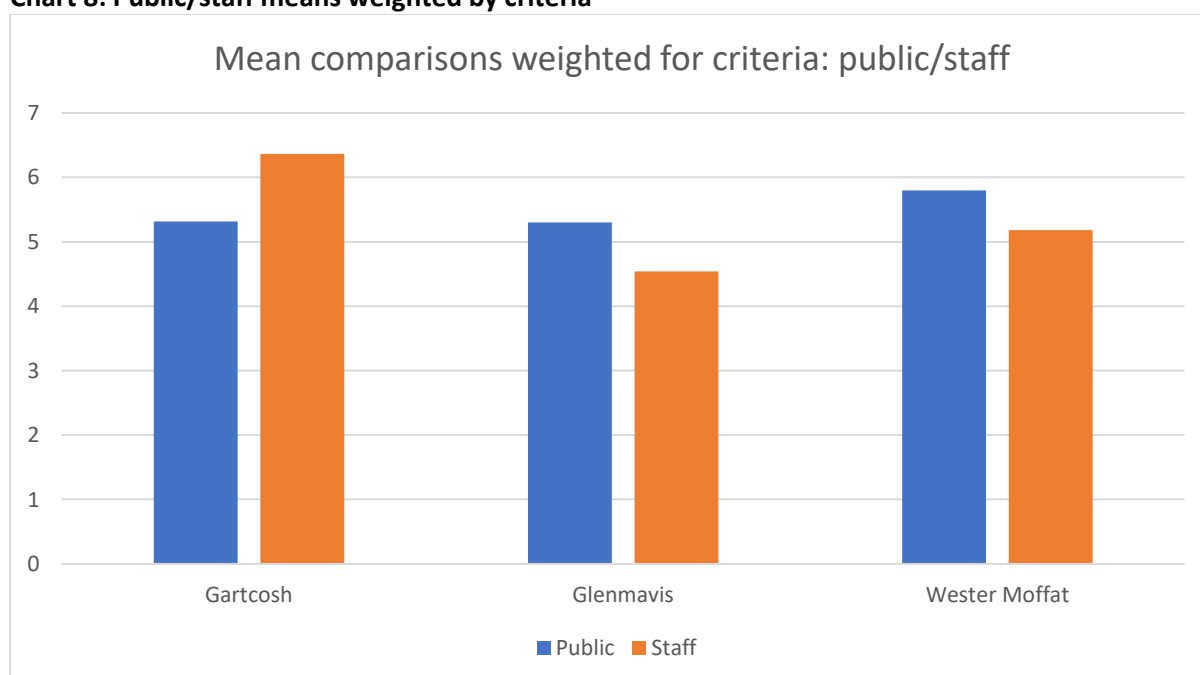
Public (113 participants)

	Gartcosh	Glenmavis	Wester Moffat
Unweighted mean	5.347	5.379	5.873
Weighted mean	5.316	5.30	5.796

Staff (65 participants)

	Gartcosh	Glenmavis	Wester Moffat
Unweighted mean	6.320	4.649	5.268
Weighted mean	6.362	4.541	5.184

Chart 8: Public/staff means weighted by criteria



59. A glance at the chart shows that, generally, when no category weighting is applied, the public response (and caution needs to be taken, as this includes a high numerical contingent from Airdrie) tended to score Gartcosh lower than did staff. If the top 10 Gartcosh-high-scoring staff are removed from the calculations, it can be seen that the balance tips (see Annex F, tab: Minus 10 staff Gartc unw):

Table 13: mean values (unweighted by participant category, unweighted and weighted by criteria for all participants excluding 10 top scoring staff for Gartcosh

(168 participants)

	Gartcosh	Glenmavis	Wester Moffat
Unweighted mean	5.119	5.827	6.190
Weighted mean	5.535	5.110	5.668

60. Removing the 10 Gartcosh-favouring staff changes the order of preference in this exercise (Annex F demonstrates also the removal of 10 Glenmavis-favouring, 10 Wester-Moffat-favouring and 10 overall-favouring staff from the total).

Comments

61. The response form for this second part of the exercise also contained an open-response box for respondents to comment on their answers. These comments have not been subjected to analysis, but can be found listed in Annex G, and also in the 'Comments' tabs of Annex F.

Conclusions

62. Again, a warning must be sounded around much of the data set out above. The weighting system interlocks disproportionate weightings for staff and public, and moving away from it means that the data becomes less than perfect in terms of drawing conclusions.

63. However, what can be said is that weighting the responses according to the 'agreed' framework and according to the weighting values calculated from the previous exercise, the highest-scoring, from overall points awarded, was Gartcosh (see Table 9).

64. Weighting the criteria affects the overall order of preference very little

65. It is reasonable to conclude that, while Gartcosh was scored higher by most categories (and particularly staff), the public respondents from Airdrie did not score it highly, allocating points to Wester Moffat instead. Smaller point-scores over Gartcosh (again, marginally, Wester Moffat) seemed to come from the public respondents of Coatbridge and from Monklands non-clinical staff.

66. Although applying the criteria weighting generally does not affect the point-score order for sites, it slightly amplifies the differences; this may be because the two most heavily weighted criteria concern travel.

Barry Creasy
The Consultation Institute
20 August 2020

Annex A

Category	Area	Description	Proportion of scoring (%)	Category no.
Patients/Patient Representatives/ Carers	University Hospital Monklands catchment area	Airdrie – ML6	12	1
		Coatbridge – ML5	11	2
		Bellshill – ML4	3	3
		Cumbernauld/Kilsyth – G65, 67, 68 & 69 and G33 and FK1	11	4
		Viewpark/Uddingston – G71 & G72 (7)	3	5
	University Hospital Wishaw catchment area	ML1, ML2, ML7, ML8, ML9, ML11, ML12	7	6
	University Hospital Hairmyres catchment area	G72 (0 & 9), G74, G75, ML3, ML10 and G45	4	7
	Sub-total		51	
Staff side representatives	Staff side Representatives	Acute Division	5	8
		Health & Social Care Partnerships	2	9
Stakeholders/Service providers	University Hospital Monklands	Site Operational Lead	1	10
		Medical	6	11
		Nursing	6	12
		Other	6	13
	University Hospital Hairmyres	Site Operational Lead	1	14
		Medical	3	15
		Nursing	2	16
		Other	1	17
	University Hospital Wishaw	Site Operational Lead	1	18
		Medical	3	19
		Nursing	2	20
		Other	1	21
	Health & Social Care Partnerships	North	5	22
South		2	23	
	Scottish Ambulance Service	2	24	
	Sub-total		49	
	Total		100%	

Annex B

FORM 1 - NHS Lanarkshire: criteria weighting document

Please read **Document 3 Weighting Information Pack** and the instructions in the letter before filling in your answers.

This page is for you to record your proposals for the weightings for each of the criteria.

Criterion	Points
1. Travel times by road and public transport - Patients	
2. Travel times by road and public transport - Staff	
3. Access/Connectivity to Regional Centres	
4. Contamination	
5. Impact of cross-boundary flow	
Total	100

In the space beneath, please give a brief summary of how and/or why you decided on the scores you gave (above).

Once you have completed your scoring, please return this form to Karen Fourie at the Consultation Institute. There are four ways that you can do this (but please only use one):

1. Postal: please put completed Form 1 into the pre-paid, addressed envelope and put it in a post box.
2. Email: please email the completed Form 1, as electronic copy (if requested) or as a photo or scan (making sure the whole form, including the unique reference number, is visible), to **lanarkshire@consultationinstitute.org**
3. By smartphone: please complete the form as above. Once filled out, please take a photo or scan of the completed form (making sure the whole form, including the unique reference number, is visible) and send this to the Consultation Institute at **07561 712 927**.

4. By telephoning the Consultation Institute on **0800 066 2190** and quoting your unique reference number (at the top of this letter and on the form); read out your scores for each criterion on Form 1.

All returns must reach the Institute by **17:00 on 21 July**.

Duplicate returns or returns that cannot be identified by a unique reference number will not be analysed.

Lanarkshire Scoring Exercise
The Consultation Institute
Baystrait House
Station Road
Biggleswade, SG18 8AL

Thank you for participating

Annex D

Comments from public/patient respondents (criterion weighting)

URN	AREA	COMMENT
PA20679v	1	1) I think Wester Moffat and Glenmavis sites are less contaminated than Gartcosh 2) Travel times should not be any different for patients or staff than they are at the present time 3) Gartcosh is too close to North Glasgow boundary 4) (Regional access) The quicker patients get to first base gives them a better chance of survival
PA45426r	1	1, 2, 3 and 5 are major considerations whilst 4 is a major concern. Contamination and "New Hospital" does not sit well with me.
PA54723b	4	1) If patients require emergency treatment they should be able to get on site as soon as possible. 2) Staff should be able to get on site during shift, especially in winter months. 3) Access can be by appointment with Specialists. 4) Mr A. McCusker's statement. 5) Patients can access their own are hospital in an emergency
PA77444x	2	Don't want the hospital to become an overflow for Glasgow with a G postcode Easy access for the residents of Monkland's with out having to take multiple forms of transport. Assumption the link road is still not over if this road will be upgraded to dual rather than single this is pointless Because we all ready have a single carriage way Also have concerns additional people have been added to the consultation and they haven't been given the extra information they are not in a negotiable state to be doing this via scoring exercises
PA97574v	1	Probably need to upgrade road and transport facilities for all three sites. Parking/travel and transport are important to me
PA98954x	1	Scores based on personal experience of using existing University Hospital and Wishaw /Hairmyres
PB14559p	4	Recruitment & retention of good staff is critical to the operation of the hospital. Patient access and the risk of contamination measures failing are of next importance to me. Access across regional centres comes next and I don't consider the cross boundary flow to be much of an issue.
PB48632s	2	Travel times are important as you want a hospital that is easily accessible for people, especially people that rely on public transport
PB54213f	7	All of them have the same importance
PC71122t	1	3 4 and 5 are the same for all sites and all public projects. A hospital primarily and overwhelmingly must be focussed on and prioritising all those who use it not just Glasgow based, car owning XXX employees
PC77629q	6	1) Access for patients particularly at times of stress are very important, including visitors. I can quote personal issues!!!2) Staff tend to be more organised and have driving travel needs which are routine. 3) Cost of contamination may be a big factor in the overall pricing of build.

URN	AREA	COMMENT
PC95088t	1	1) travel times irrelevance as new services will be made available 2) as above 3) No matter what site it will only be 5 minutes from a motorway 4) contamination will be irrelevant as be cleared 5) Gartcosh too close to parts of Glasgow and will draw in people from these areas adding to waiting time at A&E.
PD21699f	2	Accessibility is in my opinion the most important factor for both patients and staff
PD29877h	4	Time in an emergency is most vital for patients. Doctors and nurses need to be able to attend quickly from home. Must leave motorway access time in an emergency heart attack stroke is vital
PD55196w	4	No 1 and 2 are of a high priority for patient transport also I believe that staff accessibility to be a high priority access and connectivity is of a high importance as well No 4 part of the construction process so have marked low as is part of normal service
PD72798u	6	The contamination is NOT a clean or possible option. Travel is also difficult and a nonsense proposal for all.
PD94794e	1	I have tried to give a fair assessment of the site included in the process. The reason I scored 40 on contamination is the site proposed at Gartcosh is the worst contaminated site in Scotland as it would be built on the former Kilgarth tip full of the worst medical waste dumped there for over 40 years and the former Monklands council had publicly said that nothing has ever to be built on this highly toxic land and to even think of building a hospital there is unthinkable and the cost to clear Gartcosh would run into millions compared to the other 2 sites
PE47363s	1	Hospital can't run without staff so very important staff can access easily. Important patients can get to appointments easily, don't need added stress/anxiety about how they will get to the hospital. Cross boundary flow could be a concern depending on size and capability of new hospital.
PE50860f	5	I am aware contamination removal should be performed to highest standard regardless of site. Travel and ease of travel is imperative especially within Lanarkshire where we have a lot of deprivation.
PE86881y	1	The safety of the site is of paramount importance. I am particularly concerned about the contamination at the Gartness site, particularly given the problems with contamination / illness at the Coatbridge School. Gartcosh would not have the confidence of the clientele of the hospital.
PG27749s	2	This new hospital is for residents of what was formerly called "Monklands", Airdrie and Coatbridge so priority due to its industrial heritage of the dirtiest and health hazards to our residents who have worked in these iron, coal, steel industries and hazardous chemicals used for galvanised steel, fumes, smoke and carbon carcinogenic dangers if cancer, brain damage etc (dementia) of its workers and families and their children/grand children to this day!

URN	AREA	COMMENT
PG50457u	4	1) I feel that it is important for relatives / patients to be able to reach the hospital with little problem as elderly patients have elderly visitors 2) Travel time is important for staff as after a 12 hour shift you do not want to spend 1 hour getting hom. 3) Is important for access to other centres. 4) Contamination can be removed. 5) Cross bondary flow always happens no matter how you try to avoid it.
PG56260t	2	Really don't think contamination should have been asked on this document in low scores for other important criteria. The recent issues with contamination at new hospitals and schools show the importance of site / ground safety
PG66439e	6	Transport very important - cost is very important factor
PG79325m	2	Why does it need to move worried about what going to happen to the land? If it has to move anywhere is has to be close to Aldridge are we going to have a more public transport problem with parking need more paces for parking.
PG92066h	5	Travel to and from the hospital is paramount. Contamination can be removed by engineering processes
PH11164u	1	Contaminatin is a critical facotr - we had issues with St Ambrose School near Drumpellier Lochs. Patient travel time is important as time can be vital. Staff travel is less important as it would level off across most of the staff - some nearer, some further.
PH37489y	1	Cross boundary flow - this is important as the Gartcosh site will be handy for those living in Easterhouse etc - this would not be a desirable option. Contamination is a very important factor - look at Buchanan High School - dangerous to both staff and service users
PH43401y	1	No comment
PH48448w	4	Travel time is important along with parking spaces. All regional centres must also stay open.
PH50917e	1	1) Essential that hospital is within easy reach for patients 2) Essential again for staff for shifts they do and keeping travelling costs down 3) Got to be near health centres for patients being sent to hospital 4) Look what happens to the schools in Coatbridge patients would be frightened 5) Hospital needs to be placed in Monklands, Gartcosh towards Glasgow
PH76303w	4	1. easy access by public transport is ahigh priority for patience 2. Easy access by public transport is a high priority for staff. 3. accessibility to other NHS sights is very important 4. Contamination can be equally at all three sights. 5 cross boundaries is always important for NHS to keep control.
PJ20128t	1	A big concern over the ground at Gartcosh. No train access to Gartcosh from Airdrie which shall affect the public and staff. The other two I rate low because these things happen all ready and won't matter where the new hospital is located
PJ28531x	2	New site should be on Airdrie Caotbridge to Queens St / Glasgow trainline for easy access for the population of Airdrie and Coatbridge, good public transport within Airdrie and Coatbridge easy access for the new house, Bellshill. No to Gartcosh!
PJ40335d	1	Cross boundary flow is a massive issue and will be made even worse if Gartcosh site is selected as overspill from Glasgow would completely swamp capacity

URN	AREA	COMMENT
PJ92968r	4	All the above are totally valid points so need to be considered equally in my opinion.
PK18523p	5	Access to a new facility for patients and relatives is in my view extremely important, especially for dropping off and visiting and collecting patients/service users. Staff access is extremely important especially for low paid employees who provide essential, usually domestic, catering and XXXXXX duties. Access to regional centres may be facilitated by hospital transport Finance follows patients. Contamination is a short-term/transient issue unlike the others mentioned above which are long-term permanent matters.
PK57200v	1	I feel that people who live in the outlying areas of Airdire and Shotts have extremely poor public transport and getting to appointments must be a hassle free as possible. All site have contamination issues but one is more of a concern than others and given the recent health scare at Coatbridge School built on a similar type of location it must be a factor
PK65645v	2	I decided the above scores based on having discussions with family/friends and neighbours. Travel time for patients along with bus and rail access where the most important issues that were raised along with costs especially with contamination costs
PK67381f	1	I consider contamination as most important it can be deadly. Travel times are the same for both patients and staff. Both are important. Access to Regional Centres is also important. Moving patients quickly is essential. Cross boundary flow will happen wherever it is sited.
PK70932x	4	None of these criterion are as important as location. Glenmavis is the best location. If the hospital was in either of the other 2 XXXX they would be too close together, great for the next to them. The new hospital has to be at Glenmavis for the convenience of the nothern part of Lanarkshire.
PK82728u	4	It's important that the chosen site has significant connectivity with other centres and provide good cross-boundary flow. Hospitals are likely to perform specialist procedures, not just for the immediate area therefore I have weighted criteria 3 and 5 highest.
PM10917y	4	1) Cumbernauld or Kilsyth Hospitals are too far for patients with no transport, Gartcosh is the preferred 2) Majority of staff have transport 3) Its ridiculous having to get a bus to take you out of N L to come back in, to likes of East Kilbride 4) Contamination is a large problem on sites 5) All members of groups I'm involved in has the same opinion. Gartcosh
PM26171t	2	Contamination is a worry for me as it is on the old steel sight, the train campus has taken all the spaces people would be parking all up the roads NO PARKING spaces. Cross boundary flow not a huge problem as people come over from Glasgow. Main concern is contamination and why spend all the money on the intensive care and specialist when you are not going to keep it.
PM28948s	1	Getting to and from the hospital is the most important for the people who use it (patients and staff) outlying communities such as Calderruix would find it impossible to get to Gartcosh by public transport

URN	AREA	COMMENT
PM31632p	4	1) Vital for day to day operations 2) Vital during bad weather or major incidents 3) Very important for urgent transfer of patients 4) Minor consideration only 5) The impact of local traffic flow should be considered but should not be a cardinal factor
PM33151z	1	I decided on the above scores looking firstly at contamination issues. Patient travel is also a big issue. Also feel strongly that Monklands Hospital should be in Monklands and central to NL.
PM36687d	4	I have always thought that to Monklands was never considered by NHSL about public transport from Cumbernauld and the north area that took 35/40 mins that was if the bus turned up also you could go on T(GRI) in Glasgow in 15 minutes. I also feel that when Cumbernauld lost out on having there 'Out of Hours' because of keeping the A&E in Monklands why we could not of had both? That is why I think Gartcosh would be the best option for staff and patients from the local areas and Cumbernauld who have the largest population in North Lanarkshire
PM48765v	4	Glenmavis important and all others for patient travel access to available bus service and quicker for Cumbernauld Airdrie etc. Shorter distances for staff from Cumbernauld etc
PM62703p	1	For the people of North, North Lanarkshire, It is important to have a hospital within easy access. If the proposed road from Eurocentral to Cumbernauld goes ahead, this would make Wester Moffat the best site
PM70746b	1	This is THE most important thing. The site of the hospital should be for the patients as the layout of the hospital is for the staff who will use it. Poor links for Airdrie to Gartcosh. 2) I'm certain a central Monklands location would prove very little additional travelling time for staff. 3) From family experience, in a critical situation, you just need to get to the nearest hospital for emergency care transfers can follow later 4) All sites can be de-contaminated - not an issue for me. 5) According to the presentstion, there is no impact size of hoop dependsnt on location.
PM72899c	4	Important for staff and patients to be able to get there and the others stuff can be worked out
PM79027r	4	If it is an emergency you need to know that you can get to the hospital quickly. This has to be the highest priority in deciding where to build the new hospital. The main priority is the hospital is local for those who need it 4) as all sites are contaminated this will balance itself out
PM79095q	4	4) Contamination - main issue due to costs associated with remedial measures required 1) Travel for patients - must be good accessibility for patients. If not may end up in missed appointments. 2) got to be accessible for staff. 3) Not as important as there are spcialist centres in Glasgow patients use. Doesn't have to be close. 5) Not as important as priority is standard of health care, not where you get it.
PM84013j	4	Connectivity by public transport is the major issue in respect of the location of the hospital and other centres of excellence. "At least the same level of bus service as that currently available at the existing Monklands" is not good enough. From G69 and G33 postcodes direct bus service is non-existent to Monklands, Wishaw and XXXXXXXX

URN	AREA	COMMENT
PM84397w	4	Regular travel to the sites are very important for staff who travel to work also patients. Regional centres is less of a weight as these are used for a short burst of time. Contamination will be dealt with during pre-construction, cross boundary flow will XXXXXXXX if this is possible
PM85735q	1	I have weighted the percentage points in favour of criteria 1 and 2 because I have judged that it is extremely important to build the replacement hospital as close to the original community as possible. I have allocated 20 percent points to criteria 4 as any development (especially a health facility) should be free of any possible ground contamination. Although criteria 3 and 5 should be a consideration I have judged them to be secondary in this process.
PN18684n	7	The impact in terms of cost and the environment made me think that public transport for staff and patients was the most important XXXXX - accessibility is something that in modern health care services seems to be forgotten. The other 3 criteria were then all equally as important as each other, but with an increasingly ageing population ease and cost of access is paramount.
PN52052h	1	Contamination of the Gartcosh site is a big issue. The local authority has had bug problems with contamination of sites e.g. St Ambrose High School. Travel times and accessibility of public transport is important for both patients and staff. The existing rail line from Glasgow to Edinburgh through Airdrie and Coatbridge plus the new Airdrie North link road in the offing are big factors for consideration of the chosen site.
PN56949h	1	Being of an age I remember friends who worked at the Gartcosh plant and discussing the amounts of contamination that was dumped and left on site just like Ravenscraig. I also feel transport for patients, especially public to be crucial and with one of the sites being on the main Glasgow/Edinburgh rail line that surely must be a big consideration.
PN89503q	1	Patients - especially older / vulnerable people must be put at the forefront of ALL decisions. Access is most difficult for these groups. Staff, in general, have access to vehicles and make career choices based on how far they are willing to travel. Regional Centres are important however, moving from higher populated areas (Airdrie / Coatbridge) limits choices. Contamination - equal according to report, can be addressed. Cross boundary flow - very worried about this as difficult enough currently to be seen in A&E etc. Is this more about cost saving?
PN94984j	2	Travel to hospital is a big issue for non-car owners so most important. Staff travel is also critical, with many commuting on buses and trains. Cross boundary may result in more NHS GGC and NHS Forth Valley patients if Gartcosh is chosen. Access to regional centres in Glasgow is crucial too. I don't see contamination as an issue (minimal)
PQ50835c	1	All trace of contamination should be removed to avoid any future disruption. Travel time for staff important as staff are travelling at peak times.

URN	AREA	COMMENT
PQ92706z	4	I consider that the points I have awarded best reflect my view of what I think is best for my local community
PR43846m	1	Patients are the most important. Keeping our hospital in our community. Staff mostly travel by car and are from various areas. Connectivity and access to regional centre will balance out as people will need to travel no matter where the new hospital goes. Contamination will be removed no matter where. Boundary flow will balance out/need to keep our hospital in our community
PR85529p	4	Any site would have cross-boundary flow. This will be increased if transport links to the hospital are good. This is surely by far the most important criteria for a hospital that patients and staff can get there quickly and easily. Contamination is important but any brownfield site is preferable to building on greenbelt.
PS45476a	7	I am concerned that the new hospital will be swamped with patients out with NHS Lanarkshire if built too close to Glasgow. It is also very important that patients can get to the new hospital timeously
PS46038g	6	I have prioritised contamination as I feel this is imperative especially for building a hospital and also in the light of the public concerns about the 2 schools in Coatbridge that appeared to be built on a contaminated site. It is equally important for access by patients and staff. Access to regional centres for other services such as brain injury follows in importance and finally cross-boundary flow
PS55814a	4	4 and 5 will have to be dealt with regardless 1,2 and 3 are all ease of access issues which I consider more importantly
PS82479p	1	Contamination - I do not want a site with contamination but if this has to be dealt with to me this is a high priority. The travel time for patients, as I currently attend hospital 3 x per week I want the new site to be a short distance which I laso hope will make easier for patients who are travelling from palces such as Biggar and alike. Cross boundary - I would like the new site to be predominately serving people in the Monklands area.
PT10798b	6	De-contamination is the most important part of this project no matter which site is picked. Travel is equally important to staff and patients. Cross boundary flow is least important.
PT21210x	2	All 5 criteria deserve equal high priority to ensure high grade service e.g. travel access essential, patients and staff - economical, environmental concerns re future outlook. Connectivity - important factor. Contamination - authentic high level for future health regulation concerns. Cross-boundary flow - should not be allowed to reduce service provision across all depart - service for patients.
PT77007y	4	Very important travel times for patients and staff and with access by road and rail. Access and connectivity to regional centres not as important but still required to be considered. Contamination and impact cross boundary flow least important as contamination built into costs and cross boundary flow covers large area to be considered.

URN	AREA	COMMENT
PT97703p	1	The plan puts sustainable transport in priority place then goes on to explain that none of these sites are suitable for that. Bus frequency times is awful for staff, patients and visitors. No Sunday service on many routes. Public transport is expensive and yet people have to pay to use multiple providers and factor in hours of travel thime. his is awful for the poor and the sick.
PT98075z	1	No 4 - previous issue with school in Coatbridge makes this issue very important. Travel for staff and patients must be key considerationI believe access to Regional Centrs would be similar. I don't think any of the sites would impact on cross boundary flow.
PU11386q	2	I feel that it is equally important on travel distance for both staff and patients - I don't want too mush travel for either. Easy access by road and public transport is important so the hospital can easily reached by any means. As all sites require work then this is a low priority. Finally for cross boundary flow it is important for there to be east access for other/all services.
PU92272z	1	Priority must be given to both patients and staff to have easy and affordable access to the hospital. Siting close to another health boards area (such as Gartcosh) would only encourage cross-boundary "contamination" and should there for be discouraged. Surely ground contamination clearance on any proposed site should automatically be given high priority without entering into this equation
PU93780c	1	I am concerned that no adequate public transport will be put in place if this hospital is moved to Gartcosh. Having been promised good public transport links to Wishaw Hospital when it opened and now seeing that this is not the case. Also concerned that if this hospital moves to Gartcosh cross-boundary flow from Glasgow will cause serious problems.
PV12213m	1	Ability for all patients and staff to reach the hospital must be a priority. Although contamination is important without fully disclosed information on each site it will be difficult to make an informed decision. Access to Regional Centres although important it shouldn't rule out a site that would be better for patients and staff to access.
PV23038b	1	Need a good transport service for patients to get to and from hospital most staff have their own car some might need to use public transport. Need a good access for patients outwith Region of the hospital. Contamination must be one of the top things have to be done for the sake of patients cross boundary flow could use Ambulance services to get them to A&E from hospital, easy access of ,otor waysor need to make sure all contamination or away from site

URN	AREA	COMMENT
PV40487g	1	The Gartcosh site is the site of the old steel works and will be heavily contaminated in addition there are land fill sites nearby. Regional centres are important and do not see any problem from any of the sites. The majority of staff will be from Airdrie/Coatbridge
PV82636h	3	Looking at these 5 criteria, I have taken the approach to dissect each of these on the opinion of me being a patient and using the new hospital build question. Through my own personal experiences of being both a patient and visitor of NHS Lanarkshire over the past few years, has strongly influenced my perception in which I feel each criterion in question should be placed in order of importance. Transport and parking is always a major issue. Facing these issues on a rare occasion can be frustrating however for the staff members who are employed there must face these challenges on a daily basis, this is why I feel they take priority.
PV96445b	5	1 & 2) Accessibility for patients and staff is most important for me - along with good parking 4) Contamination - the public will need to have confidence in the site given the recent problems at St Ambrose High School and at the Queen Elizabeth Hospital - any hint of a problem will lead to a loss of trust
PW53093k	4	Patient access to critical care/ regional/ specialist services etc in an emergency situation is a priority for any health care facility. Patient ease of travel to and from the site to access services is crucial, hence scored accordingly. However if Gartcosh site is chosen it concerns me greatly that those areas around that site have the least health inequalities and deprivation (inverse care law applies). Contamination is always a concern, even where reassurances are afforded and again the Gartcosh site concerns me due to those historians in my village recollecting not only asbestos issues but also the frequent (historical) depositing of slag from Ravenscraig and other steel works into the Gartcosh site.
PW60007e	4	4 and 5 will be what they will be and can easily be dealt with. A, 2 and 3 are fundamental to a functioning health service and are difficult to prioritise but I have given patient access top priority.
PW89704e	1	Most important consideration should be access to services for patients. Secondly there should be conscious efforts to prevent excessive cross boundary flow from Glasgow into Lanarks
PW99939d	1	In an area with high deprivation, lower life expectancy (the Scottish average) it is vital that a new hospital is accessible to everyone. Not everyone has access to a car and therefore public transport is essential for both patients and visitors. Staff must be able to access also due to the nature of their shifts. Connectivity is important. The report states that the contamination of all sites is not an issue therefore it has my lowest score. The impact of cross boundary flow is as important as access as Glasgow Council population is expected to grow in the next few years and Lanarkshire to decrease and so this can have an impact here.
PX30319e	1	Because of public transport as I don't drive

URN	AREA	COMMENT
PX74027r	1	As Monklands at present has a need for patients to travel with Monklands and Cumbernauld, travel is not good and never been. Train and bus routes need to be good as not everyone drives
PX77313d	4	For me accessibility is key. I am fortunate enough to drive but not all users will. The proximity of Gartcosh station being a factor in my scoring. Ease of access for staff is also a priority and M73 is a fantastic route. I travel towards Airdrie often and it's not a pleasant journey as a driver.
PY16219m	4	No comment
PY63260q	2	Vital that public - patients can access hospital by public transport and private car. Patients may have mobility issues and/or receive quick access to hospital in medical emergency, hence 60%, also important that staff have adequate transport links private and public. Ambulance emergency in particular, many staff are not paid high salaries, cleaners, porters etc and use public transport 30%. Connectivity to regional centres important but not over 10%. Contamination can be fixed 0%. Cross-boundary will even itself out over population 0%
PY68875q	4	Monklands hospital currently serves many areas of health inequalities, ease of access for patients by bus is paramount for any new hospital as is great road connectivity without impacting existing communities.
PY89006p	2	Due to a recent problem with a new school in Coatbridge concerning possible contamination, I have made this one of my priorities. It has always been my belief that people (staff, patients, customers etc) are the most important asset of any hospital, school business etc. Therefore, travel times for all are a top priority.
PY91832p	4	Public transport access extremely important for both staff and patients. Parking always seems to be an issue as hospitals therefore transport links are key to combat the issue. Also key for patients and staff that do not drive. My top scoring criteria is the access and connectivity to other hospitals ensuring the hospital is easily accessible to Emergency Services in transferring patients.
PZ16037h	1	I feel the travel and connectivity are all similar. All sites are very similar by travel. The contamination should not be an issue if none with problems. The cross-boundary flow does concern me particularly Gartcosh as it is so close to the east end of Glasgow
PZ19662j	4	I consider travel times for both patients and staff very important. Connectivity to regional centres also of the essence. Contamination and cross boundary flow less so.

Comments from staff respondents (criterion weighting)

URN	AREA	COMMENT
SP14142x	11	1) Clearing contaminated land could be costly and lead to further delays. 2) While Cross-Boundary flow is important, it has been happening for a long time. Unlikely that glasgow/Lothian residents are going to suddenly attend Lanarkshire services en masse. 3) Access for patients is important, but so is staff access important as NHSL really does need to focus on recruitments and retention as this is an issue which ultimately affects the patients. 4) Connectivity is important especially for XXX Lanarkshire services but seems least important looking at everything
SP79027c	16	1) patient needs good accessibility 2) staff require good transport links 3) internal hospital transfers of patients are important, especially emergencies, as access to services, specialists are of importance. Quick transfers are vital. 4) work to remove contamination - not so important 5) cross boundary flow - not so important as it already happens
SP87319s	21	1) Transport cost for some patients will impact based on distance travelled - could create greater inequalities 2) Crucial in terms of recruitment and retention of staff 3) Patient transport and ambulance service in place 4) Likely impact on variable build costs 5) Some cross boundary flow already established. Gartcosh site likely to be used by Northern corridor residents.
SN31406c	13	Access during adverse weather I feel is extremely important as well as it remaining a hospital for the people of Lanarkshire rather than be a Glasgow overflow
SA19672y	20	Access to hospital for staff and patients is crucial, this will hopefully reduce impact on ambulance service.
SP60856r	20	Access to services / site important and vital for both staff and patients
SM18349c	22	All area's of criteria are important in this decision. I do not have much faith or trust into how weighting in or scoring has been done for the new site. Minklands Hospital has taken this forward in a way to show / imply Gartcosh as preferred site and it's disgraceful
SC63883y	11	contamination - not an issue other than cost. Cross boundary flow can be mitigated. Travel times for staff and patients is important but in my view connectivity is critical given need to transport seriously ill patients between sites, particularly children to UHW
ST14704r	22	Currently poor public transport to Gartcosh no direct service from Airdrie or outlying villages, not everyone has a car/can drive. Despite Gartcosh having a railway line, people would have to travel by train to Glasgow and then take the Glasgow to Gartcosh train. This is not an option for elderly, people with physical health issues, no drivers. The above also applies to staff who do not drive or have access to a car. Airdrie has 3 train stations including Caldercruix and provide a regular bus service from surrounding villages and Coatbridge
SK29638r	11	Easy access for patients is paramount. However, it is also vital that we are able to attract high quality staff to work at the hospital - so travel times very important. Connectivity to Regional Centres vital. Other issues are of less significance, although still important of course.
SR15487z	13	Evenly for first 3 criteria as these are equally important for patients and staff centred care

URN	AREA	COMMENT
SY81535t	11	Getting quick access to regional centres can mean the difference between life or death for a patient, minutes make a real difference. The further away a site is the longer the journey. Travel and access for staff and patients is important.
SK27940r	23	I believe that accessibility for patients is very important I am also aware of local preventative health care delivery that is planned within the Monklands area. I would trust that public transport arrangements will be reflective of need in terms of frequency and cost. My biggest priority would be outcomes for my loved ones in an emergency for that reason I believe that access to regional centres is most important
SC64888s	21	I feel that transfer of patients between hospitals needs to be taken into account due to specialised units being on certain sites, most staff now drive to work so public transport I don't feel is important. Contamination has to be taken into account because if this isn't treated properly it can have a large cost involved if past treatments have to be done
SU16719s	13	I feel the above reflects the importance and contamination as explained is as expected and no major issues and boundary flow looks after itself. Patient staff travel and centres is far more important
SD52953c	11	I think accessibility for patients has to be the highest priority, but issues for staff (and students) is really important to make sure it doesn't deter people from working there. As I work in a tertiary unit and liaise closely with other tertiary units the access/connectivity is really important to. Contamination not that important to me, assuming it is safe. If cross-boundary flow changes need to make sure capacity does too.
SQ45769w	12	Important to lease with other people for patient intervention
SP28999r	11	Most important - travel times for patients and therefore relatives. - Access to regional centres for time critical emergencies. Reduced times saves lives. Cross boundary flow and contamination are XXXXX and can be mitigated in planning
SE29567d	19	No - thank you
SH37230k	12	None of these sites are especially well connected but Gartcosh - the indicated favourite site - is by far the worst. Access via train is misleading. I should add that I have made these journeys in order to be able to pass comment on this directly, not hypothetically. While there is a train station, it cannot be accessed directly. It can only be accessed via Cumbernauld or Glasgow Queen Street and there would be no plans to open up a more direct spur This seems to have been ignored. Cross boundary issues, while important, shouldn't factor into this If you put a large hospital near another areas population, then they will use it, not wanting to go to Glasgow Royal for distance or for them having created merry hell there on (frequent) previous visits, if nothing else, to put their whines onto social media
SA11272w	9	Patients can be anxious about hospital appointments this reducing times may be beneficial in reducing those anxieties especially utilising public transport which has to be reliable and frequent which also applies to staff
SP20328d	16	Primary importance to patient and staff accessibility followed by access to regional services and then financial and activity pressures on services cross-boundary nil score for contamination is work will need to be for any site to make safe for use

URN	AREA	COMMENT
SD30386x	14	The volume of site traffic for core functions needs to have good access, particularly by public transport, this is applicable for patients and staff. Any political environmental or xxxxxx control issues from site contaminations need to be high priority
SP14238z	19	Think very important that new hospital is accessible to patients and staff, and that patients can be transferred to regional centres easily. I feel that contamination and cross-boundary flow issues can be addressed prior to build and factored into any site chosen.
SG41777a	13	Travel times and access to public transport hubs more importance for patients/visitor to site. Access to regional centres of excellence very important for critical diagnosis/treatment. Primarily new hospital should serve its local community (North Lanarkshire)
SC35326k	11	Travel very important for patients to access services. Travel important for staff retention, cross site travel. Connectivity important but probably less so. Contamination and impact of cross boundary flow sound similar as all proposed sites and not likely of significant impact on choice

Annex E

FORM 2 - NHS Lanarkshire: scoring document

Please read the **Site Scoring Information Pack** (Document 7) and the instructions in the letter before filling in your answers

This page is for you to record your scores for each site, which are set out in alphabetical order, against a set of criteria. Please use your judgement, together with the information you have read, to objectively assess how well each of the three possible sites for a new hospital meets the criteria.

Please use the following scores for criteria 1, 2 and 3:

1. *Could not be worse*
2. *Very difficult*
3. *Difficult*
4. *More difficult than not*
5. *Neither difficult nor easy*
6. *More easy than not*
7. *Easy*
8. *Very easy*
9. *Could not be better*

Criterion 1: Travel times by road and public transport – patients

Please refer to pp 5–11 of the *Site Scoring Information Pack*

Please tell us how easy or difficult you think travel would be for **patients** to and from each of the possible sites.

(Please tick one box per site)

	1	2	3	4	5	6	7	8	9
Gartcosh									

	1	2	3	4	5	6	7	8	9
Glenmavis									

	1	2	3	4	5	6	7	8	9
Wester Moffat									

Criterion 2: Travel times by road and public transport – staff

Please refer to pp 5–11 of the *Site Scoring Information Pack*

Please tell us how easy or difficult you think travel would be for **staff** to and from each of the proposed sites.

(Please tick one box per site)

	1	2	3	4	5	6	7	8	9
Gartcosh									

	1	2	3	4	5	6	7	8	9
Glenmavis									

	1	2	3	4	5	6	7	8	9
Wester Moffat									

Criterion 3: Access/connectivity to regional centres

Please refer to pp 12–13 of the *Site Scoring Information Pack*

For the possible sites listed below, please tell us what you think of the ease of transfer between each site and the regional centres.

(Please tick one box per site)

	1	2	3	4	5	6	7	8	9
Gartcosh									

	1	2	3	4	5	6	7	8	9
Glenmavis									

	1	2	3	4	5	6	7	8	9
Wester Moffat									

Please use the following scores for criteria 4 and 5:

1. *Could not be worse*
2. *Very badly*
3. *Badly*
4. *Inadequately*
5. *Neither inadequately nor adequately*
6. *Adequately*
7. *Well*
8. *Very well*
9. *Could not be better*

Criterion 4: Contamination

*Please refer to p14 of the **Site Scoring Information Pack***

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?

(Please tick one box per site)

	1	2	3	4	5	6	7	8	9
Gartcosh									

	1	2	3	4	5	6	7	8	9
Glenmavis									

	1	2	3	4	5	6	7	8	9
Wester Moffat									

Criterion 5: Impact of cross-boundary flow

Please refer to pp 15–16 of the *Site Scoring Information Pack*

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

(Please tick one box per site)

1 2 3 4 5 6 7 8 9

Gartcosh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1 2 3 4 5 6 7 8 9

Glenmavis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1 2 3 4 5 6 7 8 9

Wester Moffat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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In the space beneath, please give a brief summary of how and/or why you decided on the scores you gave over Criteria 1-5 (above).

Once you have completed your scoring, please return this form to Karen Fourie at the Consultation Institute. There are four ways that you can do this (but please only use one):

1. Postal: please fold these pages in three and place them into the pre-paid, addressed envelope with and put it in a post box, along with Form 3 (Evaluation Form).
2. Email: if you have completed an electronic copy, please email together with Form 3, to **Lanarkshire@mytci.org** You can also email photos or scans of the Forms.
3. By smartphone: once filled out, please take a photo or scan of the completed Forms (making sure the whole form, including the unique reference number, is visible) and send this to the Consultation Institute at **07561 712 927**. If you are having any difficulty using this option please telephone the Consultation Institute on **0800 066 2190** for support. This is a freecall number.
4. By telephoning the Consultation Institute on **0800 066 2190** and quoting your unique reference number (at the top of this letter and on the form); read out your scores for each criterion on Form 2 and then the evaluation from Form 3. This is a freecall number.

All returns must reach the Institute by 17:00 on August

Duplicate returns or returns that cannot be identified by a unique reference number will not be analysed.

Lanarkshire Scoring Exercise
The Consultation Institute
Baystrait House
Station Road
Biggleswade, SG18 8AL

Thank you for participating

Annex G

Comments from public/patient respondents

URN	AREA	COMMENT
PC95088t	1	1) For most Gartcosh is further for peopole in area to travel to. 2) Same reason for staff as in 1). 3) Glenmavis and Wester Moffat will be on new East Airdrie bypass road with direct connection to M8 and M80. Gartcosh will have connection with M73. 4) Wester Moffat only has farm waste and need land levelled for building. Glenmavis would need coal mines filled in. Gartcosh can we be sure to remove all contamination. We only need to look at new school on Coatbridge for that.
PA20679v	1	1) for the outlying areas of Airdrie Wester Moffat or Genmavis are the best location for the new hospital, so I can't see much difference in traavel times. 2) The same as answevr 1. 3) The quicker patients get to first base gives them a better chance of survival. 4) Gartcosh is heavily contaminated from what was the steel works. 5) The new hospital would be on the Glasgow boundary so would receive a heavy cross border influx, which would affect the people of the Minjlands. 6) The three maps also show Gartcosh to be larger than the other two maps. Not Impressed.
PN89503q	1	1) Scored according to current access v future access to hospital sites. Moved further away and out of town therefore more difficult to access / not on most travel routes. 2) Most staff probably have access to vehicles therefore not much difference I would assume. 3) Gartcosh nearer motorway than other 2 locations. 4) Contamination would need to be dealtwith in line with H&S requirements irrespective of location. 5) Placing hospital nearer Glasgoww would encourage cross boundary flow meaning more patients A&E at Monklands under too much oressure currently.
PV12213m	1	1. Although train station is further away at Glenmavis it would be possible to run a shuttle bus service to site. Train station at Gartcosh is very limited in who could use it. With new road infrastructure forecast at Glenmavis, this would give better travel times to this site. 2. No new site will suit all staff, but feel Glenmavis would be best suited especially when new roads are in placw. 3. All 3 sites offer good links to other sites although Wester Moffat could be hindered more by congestion as it is close to town centre. 4. Steel works produced lots of contamination which seeped deep into spil. As this will be the base for treating sick people I feel that this could pose a bigger problem than initially thought. Glenmavis has significantly less poisonous contamination to deal with. 5. All 3 sires would cope well with cross boundary flow, but again Wester Moffat being in a residential area, close to town centre should cuase serious congestion.

URN	AREA	COMMENT
PW99939d	1	1. Large % of patients/vistors use cars but if we are to make public transport a better option, rail and bus links are vital. It is easier to get to Wester Moffat by rail and bus thanthe other sites. Gartcosh has a cllosr rail link but not as many direct routes from catchment areas. 2. Majority of staff live in NL so rail and bus links are better to Wester Moffat (more direct with less changes) (Glenmavis ruled out due to no rail link for both 1 and 2) 3. Gartcosh clearly has better connectivity to regional centres but both WM and Glenmavis do not present major issues for this. 4. Studying previous health board projects, I believe the contamination issue with Gartcosh will end up far more cost than estimated (Also previous phases cost has not been listed) Wester Moffat mey need more work done to level the site but that is better than contamination (expecisllay for a hospital site). 5. Monklands UH currently struggles with A&E and bed provision. The new hospital should not have to deal with a higher influx from other areas. Gartcosh will be overrun with GG&C and FVV patients. Wester Moffat will not have the same A&E issues.
PA45426r	1	5) proximity to Glasggow could impact on Gartcosh 4) Gartcosh site is known for contamination. 3) Based on local knowledge and documents. 2) Based on local knowledge and documents. 1) Based on the areas wwhere most patients reside.
PQ50835c	1	73% UH Monklands catchment 27% NHS Lanarkshire catchment. I think location of A&E department takes priority. MDGH has already been downgraded by loss of paediatrics
PT98075z	1	C1) Airdrie sites I believe are best for my area. No train link for Gartcosh from Airdrie (direct). C2) as above. C3) Airdrie sites provide best option. C4) Do not believe the contamination at Gartcosh is a suitable site for a hospital. C5) Not a major concern for me.
PM70746b	1	Criterion 1) Gartcosh is too far from centre of Monkalnds. We have no rail link where I live to Gartcosh. To get there I would need to take 3 separate modes/journeys to get there. Fot W/M and Glenmavis I could walk to both. New hosp needs to be incentral Monklands to service the end users. It takes almost 20 minutes to travel to gartcosh by car. God knows how long by public transport. Criterion 2) The site of the new hospital should not be decided on based on where the travelling staff live, lets face it, the docs are not travelling by train, they will mostly be travelling by car. For the local, low paid staff who will wak, cycle, bus mostly it would be better for it to be central in an area of deprovaation such as many areas of Airdrie, we need to retain jobs, esp in low paid but really essential roles eg cleaning auxillary work. Criterion 3) in times of crises you need to get to the nearest A&E. The people of Airdrie need that to be in central Monklands. i speak from family experience. My relative would have died most likely if he'd had to go to Gartcosh. Monklands stabilised him and then transferred him. criterion 4) Heavy metals present at Gartcosh - look at problems at St Ambrose and illness. Criterion 5) Build a hospital at a boundary of anther area and this will happen.

URN	AREA	COMMENT
PE86881y	1	Criterion 1-3 Regarding travel, Gartcosh is extremely problematic for most of the catchment area. The new ring road will provide excellent transport links, plus Wester Moffat is serviced by a rail line. 4) I am extremely concerned by the amount of contamination at Gartcosh/ 5) I am concerned about the possible influx of A&E patients etc from NHS Greater Glasgow if the hospital was to be sited at Gartcosh.
PS82479p	1	From a personal point of view Gartcosh is the least preferred site except for the contamination. I believe that either Glenmavis or Wester Moffat would be better to service people of Monklands.
PU14248c	1	Gartcosh – As previously stated Gartcosh would become part of Glasgow and this is unacceptable as this new hospital is for the community in Lanarkshire, also for many patients this site would be either impossible or extremely difficult to get to. If you don't have your own transport as far as getting to regional centres would be alright just like the two other sites. It is important to get a patient to hospital to have diagnosed in first instance. Glenmavis – I feel this site is acceptable as still in heart of community and could well be accessible for both patients and staff who already work Monklands. Wester Moffat – This site I feel would be acceptable to. It has good transport links for both patients and staff. Good links to regional centres will be part of community as should be as present Hylands has for past 40+ years. Being central would be an advantage to getting patients of more outlying areas to hospital much quicker.
PH11164u	1	Gartcosh & Wester Moffat - minimum transport structure exists for both Glasgow and most North Lanarkshire areas. But I would define Gartcosh as Glasgow and is at the extreme end of North Lanarkshire so travel for many that use current Monklands Hospital is further. Patients may have to use Wishaw or Hairmyres for ease/convenience. Wester Moffat is more central in North Lanarkshire with less likelihood of cross boundary flow. Glenmavis - Access via road and rail links is poor and may increase the likelihood of patients deliberately using alternative hospitals.
PG29043n	1	Gartcosh hospital would require transport from Monklands through Coatbridge to Bargeddie requiring new road / infrastructure. Glenmavis has already roads direct from Airdrie, Coatbridge, Cumbernauld, Glasgow etc will need upgrading. Wester Moffat easy access from Airdrie, Chapel Hall but new roads would need requiring from Cumbernauld, Newhouse.
PQ29217g	1	Gartcosh is situated on the Glasgow boundary therefore get cross boundary most definitely. It is supposed to be a Monklands hospital and district replacement not Glasgow!!
PS68654t	1	Gartcosh would be used as a Glasgow Hospital Wester Moffat and Glenmavis would consolidate Lanarkshire's need for 3 hospitals. Contamination is a one off cost whereas the use of the hospital is ongoing. There is a rail link and cycle route very accessible for the Wester Moffat site and the new link road makes accessibility for both Airdrie sites very accessible. New link road would improve accessibility for Cumbernauld area/ I also feel that some of the information given for the two Airdrie sites is inaccurate therefore showing the bias towards Gartcosh.

URN	AREA	COMMENT
PK57200v	1	Given the majority of users live in deprived areas of Monklands, moving to an extremely contaminated site on the northern borders of Glasgow makes absolutely no sense.
PR43846m	1	I feel that Gartcosh is taking our hospital away from our community. It's ok if you have a car, but realistically train link from Airdrie to Gartcosh is non-existent unless you travel to Glasgow or take another rail link. Wester Moffat I would believe to be the best option as there is a new main road link planned from North to South that would assist in travel to this area.
PX74027r	1	I feel that the sites as stand at moment and travel ability for rail and roadm Gartcosh ticks a lot of boxes as stands and additional bus route if agreed would further enhance. Wester Moffat good for Airdrie / Coatbridge but area is wider than here to cover LHB. Also lot of built up area there. Glenmavis again more difficult and needs lot more work to be suitable. Transport link as stand at moment would be horrendous for cross boundary flow.
PC71122t	1	I firmly believe that the additional transport promised for each site will not materialise - especially not for Gartcosh whose only easy accessibility is to from Glasgow / Cumbernauld. I think only criterion 1 and 2 are really important in the decision making process. However, I also do not trust the impartiality of the figures / %ages etc supplied as from the start they have all been biased towards Gartcosh
PM85735q	1	I have scored in favour of Glenmavis and Wester Moffat because they are both within the original catchment area of Monklands and one therefore closer to the population who attend the hospital. Both of these sites also allow easy access from the Cumbernauld area. Criteria 2 As the majority of people employed at Monklands hospital live in North Lanarkshire it makes sense to build at Glenmavis or Wester Moffat. Criterion 3 – Although connectivity can be extremely important in certain cases I believe that overall it is more important for the hospital to be sited as close to the population that it is meant to serve, where a quick diagnosis can be made. This to me negates any time advantage gained by siting the hospital close to Glasgow (Gartcosh) with longer travel times for initial assessments. Criteria 4. I have scored in favour of Glenmavis and Wester Moffat as both are rural sites with little or no ground contamination as opposed to Gartcosh which is a site of a former steel works with ground contamination, the full extent of which is unknown. I also believe the cost involved in cleaning the Gartcosh site has been vastly underestimated, with the cost of the other two being hugely over estimated.
PQ80357b	1	I have went over each question multiple times and believe I have scored accordingly. I have big fears of cross flow at Gartcosh (specifically Glasgow post codes) Wester Moffat appears to have the least amount of contaminated grounds. I believe it is important to keep the hospital central of Lanarkshire and not on the outskirts.
PH37489y	1	I strongly believe the Gartcosh site, although the cheapest to build is not central for North Lanarkshire. It is too close to Easterhouse and I do not wish to share with these residents. Wester Moffat is close to the train line and is handier for Wishaw, Motherwell, Shotts residents. As most people drive anyway, this in my opinion is the best location. If all that is required is to even out the topography, even at a cost of 7 million, it is preferable to have a site that is free from contamination or mine shafts.

URN	AREA	COMMENT
PF29569d	1	<p>I think NHS (L) are playing another game to achieve it's always been preferred choice of Gartcosh as part of a Glasgow City deal with associated councils. First consultation for present Monklands site was never going to be considered – a nonstarter. It split the vote for a central Monklands location. Same happening again with the inclusion of Wester Moffat. Is there nowhere in the sparsely populated of far West NHS (L) that could provide a site to compete with Gartcosh, a designated area of growth by the Scottish Govt? 68% of existing Monklands staff live in North Lanarkshire. Most of them will probably be auxiliary/lower paid staff. A Gartcosh site would make public transport travel would make their jobs unsustainable in terms of a much longer working day and financial costs. No consideration on the many routes at peak times of congestion between NL and Gartcosh. A large proportion of the other 32% of staff (from S Lanarkshire, Glasgow etc) are likely to be professional staff with access to private transport of road travel from Glasgow. Drive times – 8am – mostly for staff travelling to/from work. Significant time saving applies mainly to communities, including Gartcosh on far west side of North Lanarkshire. Most other communities listed would benefit or find little difference in travel to either Wester Moffat or Glenmavis. Travel from 10am would mainly affect patients. Those from the west would face significant additional travel time but majority would see travel times to Wester Moffat or Glenmavis reduced or little different to existing times. 15% of Lanarkshire population is a substantial portion of the Lanarkshire population. Existing public transport in multitude of NL communities has been totally inadequate for several years. Many do not have access to rail services within reasonable distance. For many journeys to Gartcosh would involve bus/taxi transport and 2 rail journeys. NL adamant they do not have funding to improve public transport services (bus). Cost to improve transport would be enormous if improvement to provide adequate transport. Table outlining potential for improving transport to Wester Moffat is good. Good transport necessary to address the needs of the many communities in top 20% of multiple deprivation. Majority of these are in NL where comparative level of serious health problems including diabetes, high blood pressure, cardiac and respiratory disease. A community health and well being village is very welcome, but the first priority is for an accessible hospital to treat ill people. Contamination. Given the overall estimated cost of the new hospital ie circa £700 million, I don't consider estimated costs to address this at whatever site is chosen, is a major factor in choosing the new hospital site. Cross Boundary flow impact: Impact will mainly arise from cross boundary flow from East Glasgow. This would be a natural response given the existing cross boundary flow from far NL western towns/villages to Glasgow hospitals, GPs, other health services. These were incorporated into NHS (L) in 2014 but allowed to keep their Glasgow postcodes and to continue access medical services in Glasgow. For these communities. A hospital at Gartcosh would be like having your cake and eating it. NHS (L) need to revisit and address this unacceptable situation. There would be little, if any, cross boundary impact if the hospital was sited at either Glenmavis or Wester Moffat. A new 'Monklands' hospital should be, by definition</p>

		automatically located in the Monklands area. Travel by public transport to both Hairmyres and Wishaw takes hours, sometimes many hours. Siting a hospital at Gartcosh would only add further to this situation for the many NL residents who have no access to private transport.
PH50917e	1	I want Monklands Hospital kept in Monkland. Gartcosh should not be an option.
PU71821v	1	In my opinion Gartcosh is not suitable compared to the other sits. I have also taken into consideration how travelling will affect the visitors for the patients.
PU92272z	1	In my opinion the existing Monklands Hospital was built and sited on the location that best served the people of the Monklands and immediate surrounding areas. Gartcosh was never, nor will ever be classed as "Monklands" area! Any replacement building should be situated where it will continue to service Monklands patients, staff and associated services best! The possible "realignment" of the existing Motherwell / Lanark railway line to include Gartcosh will add a substantial cost to the overall project and will more than likely be unavailable until long after the new hospital opening. (I base this latter thought on the experience of the opening of the new Wishaw Hospital nearly 20 years ago, when residents of Monklands were assured of the provisions of plenty of easy access transport links when currently the opposite is true). I appreciate that re-building on the current Monklands site is not viable, but surely a site as close to it is essential for patients and staff alike.
PB40457b	1	In my opinion the nearer to existing hospital is best for patients and staff. Therefore, Wester Moffat is best and Gartcosh worst for new hospital. The new link road near Wester Moffat and Glenmavis will provide easier accessibility and together with bus routes being tweaked should help this. Contamination appears to be less at WEster Moffat and that is a big plus for me. Cross boundary flow will probably continue as at present and therefore cross changing between relevant health boards may not have a huge impact. I accept the costs vary between sites but that is not as important to me as the suitability of the site of the new hospital. It is in my opinion that costs in any case will be unlikely to stay as expected and will vary as work progresses.
PJ20128t	1	It's not all about money and we shouldn't build the hospital for the benefit of the people of Greater Glasgow. The Monklands should stay in the Monklands
PM36100y	1	Monklands in Airdrie supports all current patient base and staff base. 2 main motorways nearby and quick access also to Wishaw and Hairmyres road network. Public transport for current Monklands population excellent for both Airdrie sites - Not for Gartcosh! two trains over 1 hour one way. Total bias of information provided. really obvious in maps - one of the oldest tricks in the book to make something look bigger than it is! Cross boundary flow - is this going to be as minimal as you project?

URN	AREA	COMMENT
PN52052h	1	On question 1 I scored wester Moffst because it is on a main line Glasgow / Edinburgh. Every 15 mins. It could be possible to add another s easy as re-aligning a line to Gartcosh. 20 - same as question 1. 3) with proposed Airdrie East link carriageway I think all centres will be equally accessible. 4) With no contamination at WEster Moffat and no pollution to be considered it surely must ahead of the other options, knowing what I know and read about Gartcosh site, I find your estimates very low. 5) This would give the best option but don't consider this to be of greatest of value.
PG79325m	2	1) I still don't understand why the hospital needs to move. It's so costly – better spend the money on staff/medicine/equipment. 2) What is going to happen to the land the hospital sits on. What will happen to the Beatson and Maggies? 3) The new site needs parking – especially for clinic days and plenty of transport links. 4) There needs to be a bus service at least running on a regular basis. 5) The new hospital should be a hospital we don't need fancy Atriums and shopping!! 6) Look what happened at the QE Hospital. Hospitals can be too big!! The contractor will need to be on very high quality we don't want issues. 7) Why can't all that money be spent on each medical practice. Give them the ability to do small ops, blood tests etc to relieve pressure on A&E
PY63260q	2	Criteria 1 - Gartcosh has major motorway M73 existing as well as 2 other minor road works scores higher in proposed rail network. Both Glenmavis and Wester Moffat would need significant infrastructure to upgrade. Criteria 2 - as above. Criteria 3 - Gartcosh is geographically in a superior position to link with other specialist health care providers over Glenmavis and Wester Moffat. Criteria 4 - For the overall cost of the new hospital this cost is not a deciding factor. However, Gartcosh would be easily secured to provide safe physical environment. Criteria 5 - Again gartcosh reflects the best possible site for best cost boundary flow.
PB48632s	2	Criteria 4) Glenmavis, too many issues with the land, potential for subsidence is extremely high. Difficult to assess future transport issues s it is rliant on this new road being completed. If you have access to a car, trnsport is straightforward otherwise the locations are not that easy to get to.
PA77444x	2	I believe that the information provided was not very clear such as travel times for all sites is not accurate and is misleading. The forms of transport such as cycling etc that you can take shows that Glenmavis and Weter Moffst is not true. Construed and misleading.
PT82827f	2	I read all the pdf docs and held two meetings of my Community Council to assess the mood and scoring of all 5 questions using available information on the web site etc.
PK64683z	2	I tried to access in line with the information provided however I did feel that Gartcosh was quite remote. You will also need to deal with the fact that areas like Gartcosh and Borgeddie are in Glasgow postcodes. (and this may also screw up your cross boundary flow figures)

URN	AREA	COMMENT
PY89006p	2	My decisions were made after reading all the provided information, some of which was previously unknown to me and has subsequently altered my thinking on the proposed new hospital sites. I was surprised by the disparity in my scores for Criteria 1 & 2. This is because of the staff postcode information supplied but none for patients. But of course, this will be dependant on the new hospital location.
PV82636h	3	I personally scored Gartcosh higher than Glenmavis or Wester Moffat due to the fact I know the Gartcosh area better. I find it easier to travel to as it has direct roads leading to it like the M73. I just feel its best overall location for the new hospital, in my own opinion.
PB91589d	4	1 Public) Public transport is poor to all sites and needs improvement to facilitate expected footfall. 2 Staff) All 3 sites cause issues for staff getting to sites. Forces car use as poor public transport facilities. 3 Regional Centres) Lack of public transport to get between sites and regional centres. 4 Contamination) Figures of de contamination and reinstatement are grossly low on all sites. Ex railways have high polycarbon deposits and levels so £0 to remove is not true. Gartcosh costs to reinstate = £10m+ due to compact and deep levels of ground contamination Gartcosh is only favourite site as can't get planning for anything else on it! 5 Cross boundary) Gartcosh may have best road connections but all 3 need work on travel etc.
PT32249x	4	1) Existing transport in place is Gartcosh with improvements needed for bus. Wester Moffat is currently very poor, but with improvement can be good. In current environment the potential can go either way. Glenmavis is currently very poor even with the potential is not great for people without car or bus. 2) largest amount of staff live in Airdrie Coatbridge. On 2017 staff mode share 81% of staff were car drivers and 3% car passenger = 84% car. Extra drive time is between 5 and 11 minutes from Coatbridge/Airdrie. Current transport links for Gartcosh v good for majority of staff with potential improvement. Both transport links for Glenmavis and Wester Moffat poor, but Wester Moffat can improve more if potential improvements are made. 3) Gartcosh transfer times in all areas shows an improvement. Both Glenmavis and Wester Moffat show additional times for transfer in vital areas - to hairmyres for heart attack and Queen Elizabeth for brain injuries. Time is critical! Gartcosh - £2.36m (1) Glenmavis £9.35m (3) Wester Moffat £7m (2). Gartcosh - solid water, already has phases of remediation, inground structures. Glenmavis - Mines in area, mines require grouting and capping of shafts, sewage sludge, regrading of area. Wester Moffat - topography
PH76303w	4	1) Patient accessibility at Gartcosh is excellent. 2) Staff accessibility is excellent 3) Connectivity to Regional Centres at Gartcosh is excellent 4) Removal of contamination at Gartcosh will be the easiest because of accessibility and location. 5) Cross boundary flow will be best at Gartcosh because of the centralisation and ease of access.
PQ97601y	4	Based on info received site preparation - Gartcosh least expensive, transport links easier with m/way adjacent train station existing - there is currently a poor bus service to Gartcosh but this could be rectified.

URN	AREA	COMMENT
PC92998n	4	Criteria 1 - Travel times from Cumbernauld are best for Gartcosh due to train link. The other two sites would require to go to Glasgow and then take another train. Road links to Gartcosh are very good, the other 2 sites can see congested routes. Criteria 2 - Staff would find motorway links and train links easy to use for Gartcosh. Criteria 3 - Connectivity to Regional Centres would be easier if Gartcosh is utilised. Criteria 4 - Based on cost cheapest option is not always the best as Wester Moffat sits in a zone that includes Coma sites and may have to be evacuated in an emergency. Criteria 5 - Gartcosh transport links and motorway access makes transfers easier between boundaries. However, this site would alleviate cross boundary flow.
PM79095q	4	Criterion 1 - Gartcosh is more accessible than other 2 options reading transport strategy report. This has been identified as the most important criteria. Criterion 2 - Again for staff travelling to the hospital Gartcosh appears the best option. Criterion 3 - Gartcosh appears to cut time, the other 2 sites appear equal in transfer times. Criterion 4 - Estimated costs are least in Gartcosh followed by Glenmavis and coming in last Glenmavis. Criterion 5 - Wester \Moffat less cross boundary flow than other 2 sites.
PK80957n	4	Criterion 1) All sites will have improved infrastructure to service each site. By far Gartcosh with motorway and rail links which can be adapted for the larger XXXXXXXX is significantly higher. 2) Same comment as 1. 3) Gartcosh is quicker for Hairmyres, QEUH, GRT and Wishaw. A lot of ENT conditions would be serviced on site as Monklands has a centre for excellence and would move to Gartcosh. 4) Gartcosh has access now a contamination costs one at £1.6m. Topography at Wester Moffat is an issue and cases at both sites are high when compared to Gartcosh. 5) Current flow for cross boundary work will better utilise resource for NHS Lanarkshire. I have also looked at the digital features of the services in the USA being used to administer care. This will help monitor and prescribe care in a community setting rather than acute ie NHS Lanarkshire don't cut corners on the application. It will in fact reduce beds by working in a different way. NB - I am angry at the political interference in this process the representatives have not served the communities of Lanarkshire Health Board well in this issue.
PX77313d	4	Criterion 1) The proximity to the M73, Gartcosh station had heavy influence in my scoring. The M73 has good links to the M3 M80 and M74 and Gartcosh covers a good area with a fairly well served frequency. The proposed EALR would benefit Glenmavis and Wester Moffat but this needs to be in place. The current infrastructure will also be under construction. Criterion 2) As close but please provide sufficient parking and take note of the restrictions due to the overflow of Police Scotland. Criterion 3- weighed improvements v transfer time for EAD Gartcosh exceeds all by far.
PQ92706z	4	Criteria 1 Gartcosh has the motorway and railway access so would be easy to get to the other 2 don't have the motorways or railways. Criteria 2) The staff will have the same access as Criteria 1. Criteria 3) With Gartcosh having motorway link, it would be quicker to get to regional centres. Criteria 4) My scoring was decided by the overall cost. Criteria 5) I think all sites will be able to cope with cross boundary flow

URN	AREA	COMMENT
PB69714v	4	gartcosh is a more centrl area and could be more accessible for buses and general public who drive or don't drive.
PW60007e	4	Gartcosh scores well for travel times and access because of proximity to a motorway and a station. The other two also rely on a new road which will not be dual carriageway. Contamination can be solved fairly easily on all sites, access by road and train makes Gartcosh flexible for cross boundary flows.
PB98341v	4	Gartcosh site are close to M73 and not in a built up area. Easy access north nad south to all routes.
PR85529p	4	Gartcosh will suffer most from cross boundry flow but this is by virute of its far superior transport links and I believe it could actually be a positive thing as it would ease the strain on other nearby centres meaning expert staff would actually be more available. It is clear that the Gartcosh site would cost the least in terms of avoiding contamination. The nearby motorway would create minimal noise pollution through modern double glazing and sound proofing and there would be nice views.
PJ92968r	4	I based my scores on location and access by car, public trsndport and the impact on surrounding area due to increase in trsffic. Also reflecting on the cost of the clear up of contamination - very important
PD55196w	4	I believe gartcosh to be the best option due to access for patients aand staff being quite good at the moment. Gartcosh is also quite central for cross / access connectivity to regional centres. Cost should not been the only option for the removaal of contamination. However, the treatment required is a reasonable estimate and there are no mine workings. Oerall I think Gartcoshto be the best option
PK82728u	4	I believe the site at Gartcosh already demonstrates that the nature of the development has good connectivity and is a cost effective development and is the best option of the three.
PA54723b	4	I think the access to gartcosh is much easier because of the new roads and train station which has been built. Glenmais requires 2 trains for appointments or taxis. Wester Moffat is just too far away.
PZ19662j	4	In terms of accessibility road links and nearness to regional centres.
PM84013j	4	In terms of connectivity, Gartcosh has road and rail advantages which are also capable of improveement going forward, compared to the other sites. Public transport for Gartcosh would benefit from improvement as would the other sites but Gartcosh should be easier to implement sustainability. I completley agree with Sir henry Burns assessment on the impact of the relocation of an acute hospital on SIMD statistics. The provision of enhanced community based healthcare not only on the existing Monklands site but also in the northren corridor should be the direction of travel wherever the new hospital is located. The site of the former Stoneyetts Hospital owned byNHS G&GC has been suggested by the Moodiesburn Community Development Trust as suitble for the creation of a Health and WELLbeing Village to address the long-standing and well documented needs of the Moodiesburn west data zone and provide the opportunity for the economic regeneration following coalfield closures in the area. On balance gartcosh is the best location option.

URN	AREA	COMMENT
PH66288s	4	Looking at the evidence provided, the previous meetings and thinking of the bigger picture for all NL
PM36687d	4	Most important is people's access. I'm sure plans will be made well in advance to ensure hospital can deal with this impact. Quick, easy access for people is most important
PT77007y	4	Not enough time - holiday period in Scotland
PK18523p	5	1) Location and patient travel to it's location, Gartcosh should remove pressure from GG&C and NHS FV Health Boards allowing Lanarkshire residents to be treated in Lanarkshire instead of Glasgow and NHS Lanarkshire Regional Centres of excellence. 4) Contamination - This is a transient issue and by calculating the costs stated Gartcosh is the cheapest option allowing more funding for essential building works. 5) cross boundary flow - Due to it's location, Gartcosh should remove pressure from GG&C and NHS FV Health Boards allowing Lanarkshire residents to be treated in Lanarkshire
PC88435x	5	Gartcosh having better access to motorways seems to fit best if you have private transport but would need upgrading of public transport but I have grave misgivings concerning contamination. Equally the two other sites also have many pros and cons and given my location it is difficult without much more details to opt for a particular site.
PG27347d	5	I was surprised to see that scoring was combined for 'road and public transport'. As clearly stated in the site info pack, Scottish Government have committed to getting people out of private transport and onto public transport. By combining these transport modalities into one criteria it is impossible to account for a site's ability to better cater for public transport. That said, Gartcosh has scored considerably higher than the other options. This is principally due to public transport links, the suitability of the land to cope with a major hospital and a lack of potentially hazardous industries located close by (e.g. potential for energy from waste facility and a distillery).
PA70949y	6	1) From a Clydesdale perspective Wester Moffat is best option. 2) as 1) also most of SIMD patients look as though they will be better placed at Wester Moffat site (other than Coatbridge). 3) Much of a same as with 3 sites but Gartcosh will always come out on top due to access to motorway. However at peak times motorways are at a distance. 4) Greenfield site must be a better option. 5) The stats speak for themselves. Additional note: many patients from Clydesdale find Monklands efficient to access and any site closer is a bonus.
PK45330h	6	1) Travel infrastructure already in place. Possibility of traffic congestion so requires input to overall travel policy for the area. Gartcosh preferred. 2) as for 1) some staff from Fife and Lothian may have special difficulties requiring job redesign. 3) Transfer options improved all round but best outcome at Gartcosh for CVA, RTA and Cardiac. 4) Cost sig lower for Gartcosh site. 5) Travel and staffing crucial. Also ease in supplying goods such as PPE from Larkhall site is important. *Impact on rural communities over the duration of the project not considered esp at Glenmavis*
PK39810b	6	Best located hospital for ML7

URN	AREA	COMMENT
PA58354s	6	Gartcosh is the only site which is accessible, least contaminated. The only site within north/south rail connections. The other two sites depend on the new road being built <u>first</u> and then it cuts them in two making future development difficult. Sadly, this is trying to reconcile 'local' with "non Lanarkshire" which is not possible. Gartcosh problem will be its location at centre of motorway network it will be seized on to provide other facilities to serve the central belt and cease at any pretence as a 'local replacement' and additional facility at Monklands <u>will</u> be necessary. The opportunity should have been taken to build a new <u>specialist hospital</u> taking <u>all</u> the "lanarkshire" services off the 3 district hospitals (relieving pressure and parking) at the <u>low</u> site which is clear and <u>central</u> to <u>whole</u> county. Now sold after 20 years, it should be repurchased. This would resolve a raft of problems on all 3 sites and Monkland can be rebuilt as a 'local' facility, perhaps even where it is.
PC77629q	6	Gartcosh location is best for transport from outside areas. Impact on local residents would be less in Gartcosh. Cost to implement Gartcosh better. Less likelihood of issues with old mine shafts at Gartcosh
PB53954n	6	Gartcosh was given the highest score in categories 1-3. This site has good access from the M73 which has links to M8 and M9. There are also good infrastructure in place as Gartcosh is a brownfield site with A class roads and a train station nearby. Both Glenmavis and Wester Moffat are dependant on the construction of the East Airdrie Link Road. Time and construction costs could be a problem especially if the hospital was completed before the new road link. Building the new road link could destroy valuable farmland is a greenfield site do should be preserved. Glenmavis has no rail link and that could make access difficult for patients / staff / visitors. All 3 sites would require more buses for access and roads could become congested especially at peak time. In category 4 costs of remediation work to make sites safe was lowest at Gartcosh as some work already completed. Too many mine workings and shafts make this the most expensive site to develop. Could lead to subsidence problems in the future. In category 5 Gartcosh scored well for reasons already outlined above. Glenmavis is the furthest from the motorway and has no train station. Local roads could become very congested at peak times.
PT10798b	6	I believe Gartcosh to be the better site.
PS46038g	6	In respect of travel both patients and staff Gartcosh has the best infrastructure for all modes of transport with a train station 750m and good access to the motorway. Gartcosh has the best access to all other hospital locations. The other hospital sites have similar access times. I have real concerns about the difference in time to the Glasgow Royal and Queen Elizabeth Hospitals. In respect of contamination Gartcosh has the least costs to treat and much of the remediation is completed. Glenmavis requires extensive remediate contamination and I have extreme concern regarding the site being a land fill site especially after extensive public concern for the contamination at the 2 schools in Coatbridge, the Wester Moffat site needs extensive preparation work. Wester Moffat has the least impact on the cross boundary flow and Gartcosh has the most being closer to Glasgow.

Comments from staff respondents

URN	AREA	COMMENT
SP63225a	11	1) and 2) road and rail access already established at Gartcosh. Single carriage way EALR would not be adequate for peak times. 3) Road links to other centres much better from Gartcosh. 4) Wester Moffat - topography of site not ideal otherwise contamination can all be dealt with but costs lower at Gartcosh. 5) Cross boundary flow - extra work to deal with this at Gartcosh. Money follows patients so any GGC / FY patients would be funded by their own healthboards.
SF54837y	23	1) Gartcosh appears to have the best infrastructure for patient and staff travel. Close to train line optional bus stop and less travelling time (total) from all locations. 2) As above. 3) Good connectivity between Gartcosh site and regional centres. 4) Clear plans of costs to address potential contamination issues as the Gartcosh site. 5) Gartcosh will help to align patients who require hospital attendance to the appropriate health board it appears within reason.
SY83278p	8	1-3 - Easiest site to access from all routes and modes. 2 sites also contingent on new road network, still not as accessible from south Lanarkshire. 4 - cost of contamination is indicative of contamination levels. One site should be ruled out instantaneously. 5 - cross boundary occurs for all NHS Boards. Specialist centres of excellence will also impact.
SA11272w	9	A multi purpose bulky hospital should be able to quantify numbers seen within and outwith their board area. Easier access via motorway limited and good public transport available will be beneficial to patients access.
SE29567d	19	COMMENT ILLEGIBLE
SJ36235y	8	Completed based on my personal knowledge of sites and the needs of all staff who will work in new hospital.
SP89379c	11	Cross boundary flow and contamination are of secondary importance. Transport links for patients, staff and those needing urgent and emergency care are of major importance. Clearly Gartcosh's position next to major motorway links is ideal. The other 2 sites are relying on a road not built yet that will not be able to service a hospital of this size.
ST91228t	8	Decision made regarding the numbers provided in pack and from the information that appeared to be high in Gartcosh to low in Wester Moffat.
SU16227m	8	Do not live in that area but have spoken to colleagues who do and ascertained public transport etc availability.

URN	AREA	COMMENT
SE24233e	22	<p>Firstly, i thought about transport links for the general public, there are good variable transport links to Gartcosh and Wester Moffat however Glenmavis is not easily accessible given that many patients get public transport then mobilise to these hospitals. Secondly, many staff travel to work but car/ train, again Gartcosh and Wester Moffat are favorable however not Glenmavis. There are staff members whom walk to work and this would be extremely dangerous to Glenmavis. Thirdly, contamination at Gartcosh seem to be pretty expensive, NHS need to look at saving money therefore Wester Moffat for this reason only would be favourable. Lastly, I feel that many patients whom live in areas surrounding Gartcosh/ Easterhouse/ Stepps/ Moodiesburn whom use Glasgow Hospitals such as Glasgow Royal Infirmary would attend Gartcosh site which would then increase waiting times in A&E and also waiting times for appointments/ surgeries etc. Given this ongoing pandemic waiting times will already be raised, this puts extreme pressure on Lanarkshire and will increase anxiety in patients/ complaints.</p>
SD52953c	11	<p>For the whole of the North Lanarkshire (and for some services, including my service - renal it's pan-Lanarkshire) we need to consider that the route to Gartcosh incl motorway/dual carriageway allows quick access by road. I think the fact that there is a train station there also helps accessibility, and presume that bus services etc will follow. Although the local population is used to having Monklands where it is, there are plenty of our catchment area who have to travel NOW and therefore I think moving the hospital may benefit some, where it disadvantages others. I trust that decontaminations will be carried out safely and don't think this is a useful way to choose between the sites. Gartcosh seems like it would have the greatest impact on cross boundary flow, but as long as resources are distrubuted appropriately, this may actually be of benefit.</p>
SB24220c	22	<p>From the information supplied my choice of location favours gartcosh for the following reasons: Travel time by road and public transport: gartcosh has easy road access by north and south Lanarkshire via M73 motorway. The area is also serviced by train. I am unaware of bus service, but this service would be advantagious. Access and connectivity - the location of gartcosh in relation to other regional services is satisfactory in relation to drive time. Contamination - gartcosh appears to be cost effective in relation to Glenmavis and Western Moffat sites. Cross boundary - gartcosh would service more patients with increase number to inpatient bed numbers. As an ANP working in the North Lanarkshire / Glasgow corridor, Gartcosh site would improve referral processes as this could be streamlined to one site, instead of the current situation of referring patients to Monklands or GRI depending on location, bith using different referral polices, one site would benefit GP admin team.</p>
SR15487z	13	<p>Gartcosh and Wester Moffat have ease of access to rail links. Gartcosh is nearer the motorway for ease of access to other sites for transfer. Gartcosh may be impacted on by Glasgow the other 2 sites have no cross boundary flow.</p>

URN	AREA	COMMENT
SP14238z	19	Gartcosh has easy road access resulting in reduced journey times for many patients, staff and journeys to other hospitals/regional centres. Gartcosh has existing rail links and cycling routes possible. Costs of removing contaminations significantly lower at Gartcosh. Impact on beds factored into build and better transport links mean Gartcosh site will be able to deal with this better in my opinion
SY29365z	9	Gartcosh has main roads motorways and rail Glenmavis- roads can be congested Wester Moffat - Middle of town can deal with traffic? Most staff use own transport if using public transport Glenmavis will be worst 3. Motorway and A road is best Gartcosh will have the best links 4. Proposals are sound, but easier would be Gartcosh Wester moffat then Glenmavis 5. Dealing with cross boundary flow is about design of sites Gartcosh will affect more Wester moffat 2nd then Glenmavis
SH11194u	12	Gartcosh is best placed for connectivity, easy access to other motorway networks for patient transfer between other centre and cross boundary flow. Also the lowest contamination costs.
SC63883y	11	Gartcosh is best situated for patient and staff transport given easy road access and train station. I am concerned that the east Airdrie Link Road may not ever happen (particularly given national overspend on road) the route for it has not even been determined. Similarly Gartcosh has excellent connectivity to regional services - critical for transferring sick patients given that each of the 3 NHS Lanarkshire sites hosts different services, and also the need to transfer severely ill patients to Glasgow. Criterion 4) Gartcosh incurs the lowest cost for contamination / site preparation. Criterion 5) - cross boundary flows can be accommodated as regards size of hospital (Emergency department and number of beds) Again the position of Gartcosh allows future flexibility in boundaries e.g. centralisation of ENT services on the Monklands site for Forth Valley patients. The limited impact of cross boundary flow on the Wester Moffat site again emphasises its remoteness from wider healthcare networks.
SA19672y	20	Gartcosh location could potentially reduce attendance to other 2 NHS sites. Potential also with location near to GGC it would have positive impact. Unsure of Glenmavis / Wester Moffat ability to deal with cross boundary flow. Seems from maps more remote.
SY81535t	11	Gartcosh site has the best access to it via road, rail bus and foot and not dependant on a new road. Access by multiple means (including not relying on a car) to Gartcosh site. Gartcosh site would cost the least to prepare for building work, Gartcosh site travel times shorter for many people (staff and patients) and shortest for transfer to regional centres for life saving treatment. Wester moffat site is hilly thus costs to level out site / site built across multiple different levels could exceed planned costs. Working on a split level site is also confusing for patients (different "ground floors") Glenmavis site - mines / poor access to rail network.

URN	AREA	COMMENT
SH37230k	12	Gartcosh will receive a huge number of cross boundary patients simply for its proximity. This means that problematic patients will gravitate towards areas to which they are unknown and create difficulties for the staff who deal with them - their records will be inaccessible resulting in potential issues for staff. As the other sites are further away, this may - and does - still happen however as Gartcosh is only a few railway stops directly from Glasgow, this increases the probability that this will happen. Different health boards use different and inaccessible e-filing and info on patients will not be able to communicate with each other at times of need
SG41777a	13	I believe Gartcosh site will experience a high percentage of patients from outer regions of GGC Health Board to seek treatment within the new facility. This will impact on the service delivery capacity for the current UH Monklands catchment. It will also impact on the in-patient capacity required on the project build.
SB16078x	13	I believe if Gartcosh is the chosen site that the hospital could not cope with any influx from Glasgow patients.
SP14142x	11	I consider my responses are balanced. For transport times patients, overall drive were best for Western Moffat. For transport times, staff, I have scored higher for Gartcosh, although Doctors do not make up the majority of staff, we do have a recruitment problem in this profession. This is not factored in anywhere else in the scoring. transport times to Gartcosh reasonable for all staff and train station is closer (Western moffat's nearby train station is outwith the recommended max 800M) that said, the train station at Gartcosh is not accessible for Airdrie residents as it is on the wrong line! Connectivity to regional centres was reasonable for all in terms of time, but clearly best for Gartcosh. Western Moffat is clearly the best in terms of contamination levels. Western moffat is clearly least affected by cross border flow.
SC64888s	21	I don't think either site has great transport links but Gartcosh is probably the best of the three.
ST10275w	13	I feel Glenmavis and Wester Moffat are closer to the original hospital therefore some patients attending , Gartcosh is too close to Glasgow and will have lots more patients because of that.
SH22942d	22	I feel people living in Glasgow would attend the Gartcosh site, would impact on the capacity of beds for Lanarkshire patients. Glenmavis and Wester Moffat are better sites for patients living in North Lanarkshire.
SF62487r	12	I have considered costs, access to main transport links, safety of patients transferring to regional centres (including transfer times for time critical emergencies), as well as many other factors. Using the priorities identified in the weighting exercise, travel times for patients and staff are higher than other priorities. Access to existing methods of transport will reduce the amount of money NHS Lanarkshire will have to pay. Travelling can have a major impact on retention and staff satisfaction, as well as patient safety – hence my scoring. Difficult to plan for future roads / links etc, however main routes eg M73 should remain fairly consistent.

URN	AREA	COMMENT
SM96953k	12	I have scored to what I see fit and to what I feel would be important for patients and staff. Travel to me is a massive criteria and gartcosh does not have great links unless it is Coatbridge. Also cross boundary would have a massive impact on patient care, if larger amounts of patient had to be treated.
SK27940r	23	I resides within Monklands Hospital catchment area and also work for NHS Lanarkshire so am doubly invested in this process. My two biggest priorities are clinical outcome and accessibility. I therefore consider the Gartcosh site to be the preferred option. Gartcosh has the best access to regional centres and the closest proximiry to the motorway and rail links.
SU41838h	12	I think there will be far more pts from the east end of Glasgow will attend this site at Gartcosh and this will have a delay in Lanarkshire pts being seen as well as poor flow of those in patients back to the appropriate trust which will be detrimental to the people of Lanarkshire
SX59548a	19	I used the detailed information included in the information pack to score.
SF37629k	11	Major benefits are road and rail connectivity. These have influenced my score for patient and staff travel and access to regional centres. Although contamination was manageable for all 3 sites, it was significantly more expensive for some. Hospitals ED and bed numbers will be scaled to manage the impact of cross boundary flow.
SE22007n	11	Method - Simple Scoring based on criteria and information given. Close grouping for 4 as mitigated. 5 Fully mitigated.
SG16708y	17	Mr primary concern is clinical care and service delivery. Gartcosh location seems a clear winner for access for patients and staff, but also ambulances in and out of the location. Gartcosh also seems a clear dwinner in terms of contamination, ie the least funding required to appropriately prepare the sight. despite the projected increase in ED attendees at Gartcosh, i have assumed an element of funding transfer would come ovre time.
SY29392d	12	On information given for each site I appraoched each criteria individually and scored on that criteria only.
SP79027c	16	Public and staff access is priority to the new site, which requires adequate public transport if no provate transport available
SP80459u	18	Q5 significant impact on flow to UHW
SV12751k	8	The Gartcosh site appears to be the easiest to get to with the best transport links, existing and potential according to the list. Travel times vary considerbaly depending on thee area travelling from. It is difficult to say which site has the best travel times overall. Connectivity with regional centres appears to be best from the Gartcosh site with traveel times reduced the greatest to the 5 centres listed. The contamination issues on all 3 sites will be addressed adequately.
SN33463y	8	The Gatrcosh site wpuld see the largest increase in pt numbers that saying if planned and staffed appropriately and accordingly, the scoring could be higher.

URN	AREA	COMMENT
SK29638r	11	The main difficulty with an objective scoring exercise is the issue of the EALR The North Lanarkshire Council website makes it clear that: a) Planning is at an early stage (Stage 2) b) The project will create a new <u>single</u> carriageway road.... c) The route of the road has not been determined yet. d) An outline business case is not expected until 2021/2022 and planning application 2022. Hence there appears to be a <u>huge</u> risk in basing key planning assumptions on the EALR if built at all. It will be single carriageway and we have no control over the route or the timescales. My response to Criterion 1 - 5 attempt to factor in this risk.
SM18349c	22	The new hospital MRRP/MRP from the start has been steered towards Gartcosh site by Monkland Hospital Management team. I have given my scores based on my knowledge as a staff member of NHS but more importantly as a resident of N Lanarkshire who would love to see our 'local' hospital remain local. If a general survey had been done to the residents of north lanarkshire or the hospital staff out with the management team only then would the results be an accurate and fait reflection of what suits the people of north Lanarkshire who use the hospital.
SJ76201z	23	The new site should mimic as near as possible the locality for the current site to suit public transport and driving - Patients, Visitors and Staff are used to travelling in Airdrie to the current site. Gartcosh train station is used regularly in my family - trains are infrequent compared to Airdrie stations and often cancelled. The walk between Gartcosh Station and the proposed Gartcosh site is trecherous due to Staff parking along every kerb and available space by the new HMRC / Police/Customs joint campus Staff - due to lack of their car park facilities and the new car park for the Hospital presumably will also be a car park for this office block. There are substantial numbers of cars involved in this that cannot be overlooked!
SQ77488y	22	The reason I have scored as above is that taking all the relevant information into account it would appear that Gartcosh is a more accessible site for both patients and staff. Also financially it would appear that the remedial work for Gartcosh's site is less than half of both Glenmavis and Wester Moffat. Therefore I think that Gartcosh is a much more feasible site for the new hospital.
SG43321g	24	The road infrastructure at the Gartcosh site is the best of any of the three proposaed sites. The travel times for patient transfers is also the quickest for the Gartcosh site.
SW27300f	11	There is little to choose from between thte Glenmavis and Wester Moffat sites Neither are ideal and have significant access restrictions with appropriate infrastructure and transport investment the Gartcosh site provided the most flexibilty for both patinets access as well as hospital functionality
SF88435y	13	There is no out and out favourite hospital when the criteria are over the 5 domains. Where one hospital is beneficial in one category it is less favourable in another.

URN	AREA	COMMENT
SP60856r	20	Transport - factored in train station proximity and road networks. Think Gartcosh has better road links for connectivity to regional centres with its close motorway links. Concerned of the Gartcosh site and its proximity to Easterhouse and worry it may pick up increased use from this area
SP87319s	21	Transport infrastructure better for Gartcosh site and given staff and visitors predominately use cars there would be a reduction in travel time and positive environmental impact. Gartcosh site provides better access to regional centres saving valuable clinical time and swifter access to critical care. Gartcosh has previous clearance of contamination and remedial waste would be more cost efficient. Gartcosh would require increased beds, staff and therefore higher running costs. There would be some reduction of pressure at Wishaw Hospital. There would have to be resource allocation transfer from NHS GGC & FV to NHSL, but this would be within the original planning future context.
SF50783h	15	Travel - Gartcosh has the best-established road links and the closest railway station. It also had the benefit of being close to Glasgow which, in my opinion, will help to recruit medical staff. Recruitment and retention of medical staff is a major issue across NHSL which I think would be more problematic with the other 2 sites. Transfer times: I am reluctant to accept estimated transfer times to the minutes of a proposed road. Again Gartcosh's road links proximity to Glasgow is a benefit. Decontamination Price one off cost and relatively small compared to overall cost but Gartcosh cheapest. Costs often rise in my limited experience. Presumably lower cost will rise less. Cross boundary flow XXXX marker of proximity to Glasgow which for reasons stated above I think is a benefit. I agree the need to deliver high quality patient care for the people of NHSL
SP20328d	16	Travel and access for both [patients and staff is clear, however, impact on boundary flow appears more complex and driven by location. Contamination was scored purely on financial aspect as all sites would need some work
SF78519y	11	Travel times for the majority of areas favours Gartcosh with Western Miffa next. Given motorway access and public transport access for staff as well as access to regional centres is easier at Gartcosh. Costs for contamination speak for themselves. Cross boundary flow ultimately has little impact from a scoring perspective as the number of beds and staffing will have to vary. A bigger concern should be the impact on Wishaw who already struggle with bed occupancy with patients redirected to Monklands.
SN39963v	12	with regards to travel and accessibility, all are able to be accessed by rail although Gartcosh has probably got the best access with regards to rail, all sites area accessible by road and assurances have been given that bus routes would be the same as presently given to UHM.