

**New site for Monklands hospital, Lanarkshire:
Remote criterion-weighting and scoring
exercise, Summer 2020: analysis of comments
on the scoring form**

Report by the Consultation Institute

Introduction

1. This report represents a brief, top-level analysis of the comments made by both public/patients and staff at the end of the scoring-exercise form.
2. The analysis was conducted with a view to identifying any areas of risk that were not already known to the Lanarkshire team. It did not involve a full coding exercise, although a limited amount of coding was undertaken on comments that seemed to be making points outside of the well-known areas (these mostly fall under transport, and include such things as possible motorway congestion, and the railway situation close to Gartcosh, as well as the importance of a more centrally located hospital).
3. In general, respondents used to comments box to expand on the answers they had already given in the scoring exercise, and most comments fell along the lines expected: few around the Wester Moffat and Glenmavis sites, and a clear division of opinion around the Gartcosh site.
4. Given that the access/transport issues are already well known (plus the fact that a detailed transport analysis has been undertaken), much of the analysis below concentrates on the lower-scoring criteria, particularly around hospital transfer, contamination and cross-boundary issues. No major comments around big financial issues were made (beyond comments on, for example, the cost estimates).
5. The analysis has been divided by proposed site, with a general section at the end.

Gartcosh

6. The issues surrounding transport and access predominated in both staff and patients/public. The Gartcosh proposal is clearly the issue that divides respondents, with, generally, those from Airdrie expressing a dislike for the site, while others citing it as 'the best option' or remaining neutral.

Hospital transfer

7. Only a few respondents made lengthy comments on this aspect. One staff response, however, raised the following point:
"This is most important to me as medicine progresses the number of time critical procedures increase. Gartcosh is the only one that is a shorter drive in all cases. A longer transfer time in cardiology and brain injuries even by minutes, to the other 2 sites would concern me" [Staff response]

Cross-boundary flow

8. On cross-boundary issues, views are divided. Many (particularly from Airdrie) see the proximity to Glasgow as a negative: that the new hospital will attract patients from Glasgow, 'crowding out' the local Lanarkshire population and increasing waiting times at A&E:

"As previously stated Gartcosh would become part of Glasgow and this is unacceptable as this new hospital is for the community in Lanarkshire" [Public/patient response]

One patient/public respondent pointed out that *"60% of existing Monklands staff live in North Lanarkshire"*, and that, as many of these are auxiliary/lower-paid staff, the transport issues would make their jobs unsustainable in terms of longer working days and travel times.

9. One staff respondent also highlighted the negative impacts of cross-boundary flow at Gartcosh in terms of the possible influx of 'unknown' and possibly 'problematic' patients:

"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" [Staff response]

10. Those in favour of Gartcosh tend to see the proximity to Glasgow as an opportunity to attract more staff:

"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." [Public/patient response].

11. One staff respondent pointed out that staffing considerations needed to involve more than simply doctors:

"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 (...) that said, the train station at Gartcosh is not accessible for Airdrie residents as it is on the wrong line!" [Staff response]

12. Others in favour of Gartcosh highlighted the easier transport links, and the fact that many staff were car-drivers.

Contamination

13. Those opposed to Gartcosh raised the issue of contamination, particularly in reference to its former use for steel processing:

"Gartcosh can we be sure to remove all contamination? We only need to look at new school on Coatbridge for that." [Public/patient response]

14. Several respondents also felt that the cost of decontamination had been underestimated.

15. Several of those in favour of Gartcosh mentioned that remediation of the contamination was already underway:

"In category 4 costs of remediation work to make sites safe was lowest at Gartcosh as some work already completed." [Public/patient response].

Other

16. Although linked to the well-covered transport concerns, the following, specific point around the walk from the station to Gartcosh was made by a staff member:

“The walk between Gartcosh Station and the proposed Gartcosh site is treacherous 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!” [Staff response]

17. Another point was made also by a staff member around referral processes:

“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, both using different referral polices, one site would benefit GP admin team.” [Staff response].

Glenmavis

18. Many fewer issues were made around Glenmavis (other than, by default, as a positive comparison to negative comments around Gartcosh, particularly on hospital transfer and cross-boundary issues)

Contamination

19. A couple of respondents raised concerns about the danger from the mines, and the possibility of subsidence:

“Glenmavis, too many issues with the land, potential for subsidence is extremely high.”
[Public/patient response].

20. Those who were opposed to the Gartcosh site tended to see Glenmavis (and Wester Moffat) as ‘rural’, and therefore less requiring of decontamination:

“I have scored in favour of Glenmavis and Wester Moffat as both are rural sites with little or no ground contamination” [Public/patient response]

Wester Moffat

21. Again, many fewer issues were made around Wester Moffat (other than, by default, as a positive comparison to negative comments around Gartcosh, particularly on hospital transfer and cross-boundary issues)

Contamination

22. A couple of points were raised under this heading setting out concerns around the land topography at the Wester Moffat site:

“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”. [Public/patient response]

General

23. A few respondents made comments that applied to all three sites.

Planning and business case

24. *"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 single 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 huge 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."* [Staff response].

Finance

25. *"Money follows patients so any GGC / FY patients would be funded by their own healthboards."* [Staff response]

Impact on other hospitals

26. *"A bigger concern should be the impact on Wishaw who already struggle with bed occupancy with patients redirected to Monklands."* [Staff response]

Digital features

27. *"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."* [Public/patient response]

Contamination

28. *"Figures of decontamination and reinstatement are grossly low on all sites. Ex railways have high polycarbon deposits and levels so £0 to remove is not true."* [Public/patient response]

Transport

29. *"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."* [Public/patient response]

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