

OPENING OF NEW STATE-OF-THE-ART AUDIOLOGY HUB

An increased range of services and the latest technology now available to Lanarkshire patients

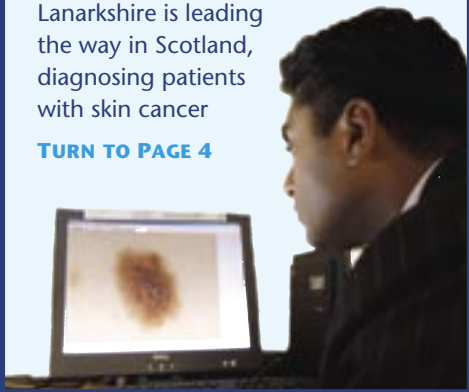
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EARLY DETECTION FOR PATIENTS WITH SKIN CONDITIONS

Lanarkshire is leading the way in Scotland, diagnosing patients with skin cancer

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NEW SCHEME TO REDUCE THE WASTE OF PRESCRIPTIONS

The savings to be made by avoiding medicines waste would greatly improve the patient care in Lanarkshire

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NEW DENTAL CARE SERVICE FOR HOMELESS PEOPLE

This scheme will improve the dental care for those patients in temporary accommodation or have

no fixed address

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Helping to keep Lanarkshire healthy - at home as well as in hospital.
William Quinn, receiving a home visit from his District Nurse, Esther Grant

A message from the Chairman

THIS has been a year of challenge and achievement. Much has been achieved. But much more remains to be done to improve the health of the people of Lanarkshire.

In October 2004, we embarked on probably the largest exercise in public engagement ever conducted by NHS Lanarkshire. Under the banner of "A Picture of Health" we sought to engage the public in helping to shape the future of Lanarkshire's health services and make them fitter for the future.

Work is still underway in considering the responses and refining the outcome. The way forward will also be informed by the recent national review of health services by Professor Kerr and by the Health Minister's response to it.

NHS Lanarkshire generated a small surplus in the 2004/2005 financial year, reversing the overspend of the two previous financial years. This is a major achievement and I wish to pay tribute to the hard work that went into achieving this outcome. There are still major financial challenges ahead. The aim is to write off the accumulated deficit of around £20 million using capital receipts from surplus land sales. The Board has agreed a plan to spend in excess of £50 million over the next five years to improve and enhance health care facilities in local communities.

Looking ahead, next spring will see the introduction of Community Health Partnerships. This represents a major initiative designed to ensure that all parts of the health and care systems are enabled to work more closely together and with our partners in local government to deliver enhanced services to the people of Lanarkshire.

I now step down as Chairman of NHS Lanarkshire. It has been a privilege to serve the people of my home county. I am grateful to my Board colleagues, the staff, our local authority and other partners, carers and the voluntary sector for their superb help and support. It has been good being part of such an outstanding team.

I hand over the reins to Ken Corsar and am confident that he will provide strong leadership in addressing the challenges ahead. I wish him

well in his new role. Major challenges lie ahead. But, with an excellent Board, Chief Executive, management team, staff and partnerships in place, NHS Lanarkshire is well placed to meet and match them.



Lex Gold CBE
Chairman
Lanarkshire
NHS Board

ACCOUNTABILITY REVIEW: MINISTER'S RESPONSE

IN August 2005 Andy Kerr, the Minister for Health and Community Care, carried out an annual accountability review of NHS Lanarkshire looking at the overall performance of the system and making recommendations.

Here is a summary of his follow-up letter to Lex Gold, Chairman of NHS Lanarkshire.

Dear Lex,

I am very grateful to you and your colleagues for making the arrangements for the Board's Annual Review on Wednesday 10 August 2005 and my visit to the Audiology Hub in Hamilton. As you know, I found my visit to the new audiology unit very informative and impressive. This new service benefits from the latest technology and provides a much improved environment for patients and staff. I was also impressed with the extent to which key groups like the Area Clinical Forum and Area Partnership Forum were engaged in your planning process.

This letter summarises the action points agreed at the Annual Review meeting. The action points from the Annual Review are:

1. Innovation: NHS Lanarkshire will continue to implement innovative initiatives to improve the health of the people of Lanarkshire, sustain current progress and seek and apply evidence based solutions from elsewhere.
2. Colorectal Services: NHS Lanarkshire will undertake a specific programme of work with the Director of National Waiting Times Unit (NWTU) to reduce the number of people waiting for a first appointment for colorectal services.
3. Availability Status Codes: you will cease in the use of ASCs by December 2007.
4. Cancer Waiting National Delivery Plan: you will ensure that NHS Lanarkshire has robust proposals to implement the plan.
5. Transport: you will continue to work with other West of Scotland Boards, the SAS and SPT on transport linkages.
6. Alcohol Hand Gels: you will submit an analysis of the audit on the use of Alcohol Hand Gels.
7. Employment contracts: you will submit a report detailing the benefits as a consequence of the introduction of the new contracts.
8. Modernising Medical Careers: you will keep the Department informed of progress on addressing MMC.
9. Revised schemes of establishment for CHPs: you were to submit your revised plans by 30 September 2005.

I commend the Board on a successful year. This was a very positive meeting and I was greatly encouraged by much that I have seen and heard. NHS Lanarkshire is making good progress towards meeting both performance and financial targets, relationships with planning partners are good and the Board is working well. The dialogue with the public on *A Picture of Health* will be very important and I am confident that the Board will tackle this in an open and meaningful way.

I look forward to continued progress and improvement in NHS Lanarkshire in the current year.

Andy Kerr, Minister for Health & Community Care

Minister's visit to Audiology

HEALTH Minister Andy Kerr was impressed with what he saw - and heard - when he officially opened NHS Lanarkshire's new audiology hub.

The new state-of-the-art service at Princes Gate, Hamilton is fitted with the latest technology and offers an increased range of services.

Mr Kerr said: "I was delighted to be asked to officially open this very impressive state-of-the-art service. It is vital that patients receive hearing tests and the hearing aid most appropriate to their condition.

"Centres such as this play a crucial role in ensuring that we deliver the best possible care to our patients. NHS Lanarkshire should be justifiably proud of this new service and the lead they are taking in reducing waiting times for patients with hearing problems."



Health Minister Andy Kerr looks on as Noreen Clement (newborn hearing screening manager) tests the hearing of Gabriella Larsen (four weeks old) from Hamilton.

Princes Gate in Hamilton is the main base for Lanarkshire's Audiology Services, which are also provided at various other locations throughout Lanarkshire.

NHS Lanarkshire's audiology modernisation programme includes employing and training additional staff to meet the increased demand.

There are also proposals to upgrade other facilities and equipment. Next up is the audiology department at Monklands Hospital where work is due to begin later this financial year.

The existing audiology department at Monklands will be extensively refurbished with the latest technology to allow the fitting of new digital hearing aids.

There is currently one hearing test room and one hearing aid work room at the Monklands department. The refurbishment will create two fully sound-proofed test rooms and a sound-treated work room. Digital hearing aids are not the answer to all hearing problems and some patients will be better suited to remaining with the existing analogue models which continue to provide a high quality improvement in hearing.

However, for those suited to the digital technology, it can mean a real improvement as the hearing aids can be carefully customised to suit many patients' individual hearing loss. Because of the increased capabilities of digital hearing aids, patients require around five appointments with professional health staff compared to two for analogue models.



Valerie Caldwell (Medical Technical Officer 2), June Gilmour (deputy head of audiology services), Andy Kerr, Dr Insh (senior clinical medical officer), Mrs MTW Patterson (retired audiologist) and Noreen Clement.

Lanarkshire pupils with something to SMILE about

LOCAL school pupils got together to name their innovative youth smoking cessation service.

Pupils at Hunter High School in East Kilbride came up with the project name SMILE to encourage young people to think about what smoking does to their image. They also designed a logo with help from Lanarkshire graphics company Scotch Pie.

SMILE is aimed at young people aged 12-18 in the East Kilbride, Hamilton, Airdrie & Coatbridge areas. Youth smoking cessation co-ordinators Celia Watt and Alec Ward visit local schools, youth centres and community venues to provide support and information.

The project has secured funding for two years from the Big Lottery Fund and is a multi-organisational approach through voluntary organisations and local authority areas such as education, social and leisure services.

Peer education is also a main part of the SMILE quit programme and young people talk to each other about the health risks of smoking. Additionally, the project will offer a range of therapies such as drama and music to help young people to stop smoking or discourage them from starting.

Nicotine Replacement Therapy (NRT) is prescribed to young people aged over 14 where other options have been unsuccessful. NRT is only given to young people after consultation with a health professional.

Celia Watt, youth smoking cessation co-ordinator said:

"The competition has brought smoking and smoking cessation to the forefront of the minds of those attending and working within the schools. The project has a name and logo that is eye-catching and appeals to young people.

The winners chose SMILE because it portrays health, well being and refers to the benefits of quitting smoking for oral health. SMILE also raises awareness of the fact that a person's image can be affected by smoking.



Front Row (left to right): Emma Gibb (Hamilton Grammar) - Runner up; Daniel Lennon (John Ogilvie, Hamilton) - Runner Up; Julie McGuire - Scotch Pie Design Company; Celia Watt - Youth Smoking Cessation Co-ordinator, NHS Lanarkshire; Marcus McGuire - Scotch Pie Design Company; Courtney Ladds and Scott Leddie - Hunter High School, East Kilbride

Back Row (left to right): Keith Forsyth, Elidh Stevenson, Nicola McGlashan, Hannah Thomas and Michael Williamson from Hunter High School, East Kilbride

Extra support to help kick the habit

WHEN it comes to stubbing out the cigarettes, hospital volunteer Nettie Creswell knows just how hard it can be.

Which is why Nettie has become the latest recruit to the smoking cessation service at Monklands Hospital.

Nettie, who lives in Coatbridge, is the first volunteer to work with the service as a peer supporter and offers help and advice to patients who are trying to quit.

Smoking cessation specialist nurse Catherine Burke introduces Nettie to patients in the hospital who want to stop smoking and once they leave hospital Nettie will keep in touch to give them the extra support and encouragement that smokers need to kick the habit for good.

Nettie (72) said:

"I have a list of patients and I just give them a wee call to see how they are getting on. It's a great feeling when they stay off the cigarettes but it can be disappointing if they don't - but I can get away with saying things to them that Catherine can't!"

Nettie, who had smoked for more than 50 years, gave up smoking after suffering a slight stroke and she and her husband both came along to the smoking cessation service together to try and give up.



Nettie is pictured with Catherine Burke (right) and Jacqui Braidwood from Monklands smoking cessation service.

SMOKING CESSATION

THROUGHOUT the year NHS Lanarkshire stepped up its work in smoking cessation as part of Scotland's preparations for a total ban on smoking in public places.

At Wishaw General a buddy support scheme was set up to help patients kick the habit, a scheme which won praise from the Health Minister Andy Kerr.

Led by Smoking Cessation Specialist Nurse Jean Girvan the service has just taken on a team of volunteers.

The volunteers will act as buddies to patients who want to give up smoking, offering moral support and shared experience to help them through their cravings.



Left to right: Kathleen Tierney, Health Visitor, Bellshill Clinic; Cathy Murphy, Midwife, Bellshill Clinic; Janice Kean, CLASP Buddy; Anne MacDonald, Smoking Cessation Co-ordinator

Once Jean has initially assessed a patient the volunteers will then visit them in the ward and provide telephone support to them at least once a week to find out how they are coping without cigarettes following discharge.

NHS Lanarkshire's Smoking Cessation Service has also developed a training course for all staff in the organisation to help them give their patients brief advice on quitting smoking. It is the first course of its kind in Scotland to gain Partnership Action on Tobacco and Health (PATH) approval.

Tobacco use is the single biggest preventable cause of ill health and premature death in Scotland and is a major cause of inequalities in health. In Scotland 13,000 people die every year from tobacco related diseases including heart disease and many cancers.

NHS Lanarkshire also launched the first project in the area to help pregnant women to stop smoking.

The Cross-Lanarkshire Action on Smoking in Pregnancy (CLASP) project helps women quit smoking during pregnancy by offering a buddy scheme.

Buddies are volunteer ex-smokers who have stopped smoking for at least one year. They are available to offer a friendly, non-judgemental ear with assurance of confidentiality and support.

Pregnant women who want to stop smoking can use one-to-one support in person or over the telephone.

More information is available from midwives, GPs, health visitors, practice nurses or smoking cessation co-ordinators.

The benefits for baby include a reduced risk of cot death, better growth, less risk of chest complaints like asthma, fewer ear infections and improved brain development.

Mothers will benefit from a healthier pregnancy, healthier heart and lungs and more money for the new baby.

The project is supported by Partnership on Tobacco and Health (PATH) which is part of a national strategy to encourage more people in Scotland to stop smoking.

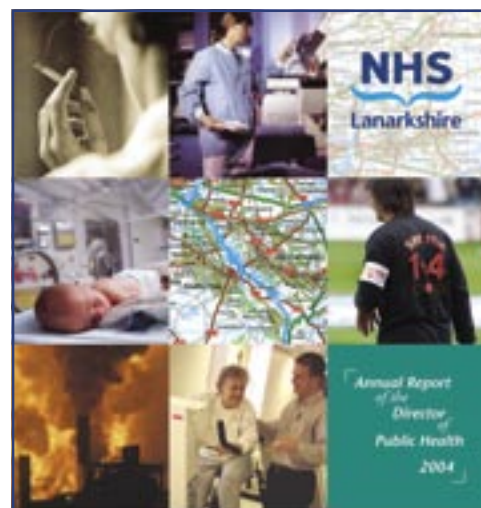
WORKING TOGETHER FOR A HEALTHIER LANARKSHIRE

Extracts from
the Report of the
Director of Public Health
by Dr Dorothy C Moir, CBE

Foreword

Public health has been defined as the "science and art of preventing disease, prolonging life and promoting health through the organised efforts of society". Key to this endeavour is the analysis and interpretation of data about the health of the population drawn from an increasing and varied number of sources, which helps to clarify priorities for targeted action to improve health in Lanarkshire. This year's report provides many examples.

Public health skills are increasingly in demand and I extend my special thanks to all staff in public health who are committed to promoting, maintaining and improving the health of the people of Lanarkshire. I am also grateful to clinical colleagues for their support and to colleagues in the local authorities for their co-operation and support, and to those service users and their carers who provide insights that influence service developments.



A full version of Dr Moir's report can be seen on the NHS Lanarkshire website at: www.nhslanarkshire.org.uk

Or can be obtained from:
The Department of Public Health
NHS Lanarkshire
14 Beckford Street, Hamilton ML3 0TA



Health improvement

Health of the People of Lanarkshire

Coronary heart disease mortality under the age of 75 is steadily decreasing in Lanarkshire although Lanarkshire deaths from coronary heart disease in this age group are 17% higher than Scotland as a whole. Cancer mortality under the age of 75 is decreasing very slowly with little improvement in the last five years.

Smoking is the single biggest cause of preventable illness and premature death in Scotland. The prevalence of smoking among 16-64 year olds and in pregnant women is declining gradually.

Health Promotion

Motivating and encouraging individuals to adopt more healthy behaviours is an important part of the overall effort to improve the health of the population. While much of the visible effort to encourage healthier lifestyles takes place through media campaigns and public debate, one-to-one interventions with patients/people by frontline staff can help individuals to make relevant lifestyle changes.

Promoting health in the community also has an important role and a men's weight reduction service in Coatbridge, an area with high cardiovascular morbidity, is a good example of this.

Pharmaceutical Public Health

The ability of health care to improve health is dependent on several factors including prescription of appropriate medication. Prescribing of generic medicines, using the approved name rather than brand names, generally results in more cost-effective prescribing and has helped to reduce the rate at which the expenditure on medicines has been increasing year on year.

While many see such services within their community as a threat, it is important to appreciate that the provision of facilities for drug users near to home, addresses issues at local level. Forcing this situation underground could result in unsafe practice for both drug user and public alike.

Dental Public Health

Dental health in children is improving but poor diet amongst the youngest members of our community is reflected in the dental health levels of 5 year olds.

The large amount of sugar eaten mainly in the form of sweets, cakes, biscuits and sugary drinks means that most Lanarkshire 5 year olds have been affected by dental disease and the National Dental Inspection Programme showed that approximately 700 were in need of urgent care either for abscesses or for serious dental decay.



National Screening Programmes in Lanarkshire

In 2004, the foundations were laid for the introduction of newborn hearing screening which will detect significant hearing losses present at birth; the introduction of a national call recall system for cervical screening was progressed and preparations for the introduction of the community health educator project, which should lead to improvements in uptake of breast and cervical screening in minority ethnic and disadvantaged communities, were completed. The 5th round of breast screening commenced at the end of 2003 with introduction of age extension from 64-70 years of age. Uptake of screening in pregnancy for hepatitis B, HIV and syphilis was over 90%.

Lanarkshire NHS Board

The need for smoking cessation services was highlighted in the 2001 Annual Report. Since then much greater emphasis has been given to reducing the prevalence of smoking in Scotland. A Smoking Cessation Strategy was approved by NHS Lanarkshire Board in December 2003. It recommended services including brief intervention, motivational support and nicotine replacement in both primary care and hospitals, as well as a manager for the service and collection of standardised data. There has been some progress in all aspects. Local cessation rates compare well with those expected - nearly 2000 people have stopped smoking for 12 months as a direct result of local services. Key developments are improved engagement with pregnant women, children and adolescents, adults in deprived areas who smoke, and sufficient funding of nicotine replacement therapy.

Children and Young People's Health

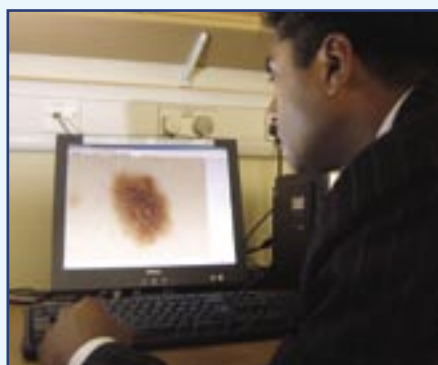
Children and young people represent about 25-30% of accident and emergency attendances and calls to out-of-hours general practice services. It is estimated that around a fifth of children aged 2-15 years experience an injury requiring medical attention every year and about 30,000 children attend one of the three accident and emergency departments in Lanarkshire each year. Repeated frequent attendance for emergency care may indicate particular vulnerability. About 4400 ill Lanarkshire children are admitted to paediatric wards as emergencies every year; an average of 12 admissions each day.

Communicable Disease & Environmental Health

The number of notifiable diseases remained similar to 2003 but mumps showed a vast increase in 2004, part of a Scotland-wide outbreak mainly in teenagers and young adults (17-21 years). The familiar 'polio drops' were replaced in 2004 with a new injectable polio vaccine, given in combination with whooping cough, diphtheria, tetanus and Hib. MMR uptake reached the highest and most stable position locally since 2000.

Early detection for skin conditions

LANARKSHIRE is leading the way in Scotland in diagnosing and prioritising patients with skin cancer thanks to an innovative new screening programme.



Patients visiting their GP with this potentially lethal condition can have their skin lesion photographed within one working day, allowing dermatologists to view the digital images and fast-track anyone with suspected skin cancer.

Dr Girish Gupta, Consultant Dermatologist, explains:

"It is important that certain skin cancers are detected as early as possible as the patient's chances of survival largely depend on how early the treatment is started. The only real cure for certain cancers such as melanoma is to cut them out and the smaller and thinner it is, the better the prognosis for the patient."

"From the GP's referral letter it may be impossible to determine how serious a patient's lesion is, so we try to see any patient referred to us with suspected skin cancer within two-weeks."

"However, GPs are not skin cancer specialists and refer anyone they are slightly concerned about, rather than risk missing a case. This has led to us being swamped with lots of potentially urgent referrals, when in fact only a small number of patients had skin cancer. In one month alone we had 120 referrals from GPs for patients with possible skin cancer, but only about 10% actually had the condition."

"This has often meant that patients with other serious, but not potentially life-threatening, skin conditions such as psoriasis were waiting longer for an appointment than those with benign, non-harmful moles or lesions."

"The digital images give us a way of ensuring we fast-track the patients who need to be fast-tracked, without becoming overwhelmed by referrals."

New ENT clinic

PATIENTS in Lanarkshire are set to benefit from a new nurse-led tonsil clinic at Monklands Hospital.

The clinic, led by Mary Wilson, will help reduce waiting times for patients. Previously patients with throat problems would have been referred by their GP to a consultant.

But now Mary will be able to assess patients and refer them for treatment, freeing up the consultants' time and reducing waiting times.

Project manager Graeme McGibbon said:

"We want to ensure that patients receive the right treatment in the right place as soon as possible. As well as the tonsil clinic we are setting up nurse-led ear care clinics in Wishaw and Hairmyres hospitals, a satellite ENT clinic in Cumbernauld and a speech and language voice review clinic."

Initially the clinic will see around 40 patients a month.

INFECTION CONTROL

NHS Lanarkshire is stepping up the fight against healthcare associated infection (HAI) with new alcohol hand gel dispensers.

The widespread use of alcohol gel is one of several initiatives underway to help control and prevent HAI in Lanarkshire's hospitals and other premises. Within hospital wards, gel dispensers will be available as near to the patient's bedside as possible. Some members of staff will have their own personal clip-on dispenser where this is unsuitable.

Dr Dorothy Moir, NHS Lanarkshire's Director of Public Health, said:

"Studies have shown that infection rates can be significantly reduced when healthcare staff follow correct hand hygiene practice. Alcohol hand gel can help significantly, although it should be used in addition to proper hand washing, not as an alternative."

Patients' relatives and other visitors will also be encouraged to use the alcohol hand gel as part of a campaign to remind people that infection control is everyone's business.

NHS Lanarkshire Nurse Director Paul Wilson said:

"Our staff have carried out a lot of excellent work to tackle the issue of Healthcare Associated Infection and the public can have confidence that cleanliness is a priority for NHS Lanarkshire."

"We want to keep on improving and relatives and visitors have an important role to play in helping us achieve this. By following a few simple guidelines, we can all help reduce the risk of infection."

The five top tips for hospitals visitors from Scotland's Chief Medical and Chief Nursing Officer are:

- ❖ Think about keeping patients safe before you visit someone in hospital. If you, or someone you live with has a cold or diarrhoea, or if you feel unwell, try to stay away until you're better.
- ❖ Wash and dry your hands before visiting a hospital ward, particularly after going to the toilet. If there is alcohol hand gel provided at the ward door or at the bedside, use it.
- ❖ Ask ward staff for advice before you bring in food or drink for someone you are visiting in hospital.
- ❖ If you visit someone in hospital, don't sit on their bed and keep the number of visitors to a minimum at any one time. Never touch dressings, drips, or other equipment around the bed.
- ❖ If you think NHS premises are not as clean as they should be, let the Sister/Charge Nurse know. If you think a healthcare worker has forgotten to wash their hands, remind them about this.

NHS Lanarkshire is also looking to build on the success of its Cleanliness Champions training programme. There are already more than 70 trained NHS Lanarkshire Cleanliness Champions, whose role includes raising awareness about good practice in infection control.

In addition, all new staff now receive basic infection control training and there are plans to introduce additional hand washing training for support staff.



Staff demonstrate the alcohol hand rub at Strathclyde Hospital.

In recent years, NHS Lanarkshire has carried out the following work to prevent and control Healthcare Associated Infections in line with national guidance:

- ❖ Training and development of key staff, especially nurses, as Cleanliness Champions to give support and guidance to colleagues.
- ❖ Sisters and charge nurses made responsible for ensuring clean working conditions within their ward or clinical area.
- ❖ "Visitors - Help Us To Fight Infection" poster campaign providing infection control tips and asking visitors to report any concerns to the sister or charge nurse.
- ❖ The purchase of new instrumentation to reduce the need for on site decontamination. Basic infection control training for new staff.



Infection Control Advisers Margaret Maxwell and June McAlpine.

- ❖ Student Nurses at Bell College completing Cleanliness Champion training as part of their basic nurse training programme.

WHAT A WASTE!

DID you know that more than £15million worth of prescribed medicines are wasted in Scotland each year with over £1 million worth wasted in Lanarkshire alone?

Much of this waste is due to people hoarding medicines and ordering repeat prescriptions for medicines they don't need.

East Kilbride local healthcare co-operative (LHCC) is urging people to help them to reduce the number of medicines wasted.

A 10 percent reduction in medicines waste in Lanarkshire would produce savings that could pay for 15 coronary bypass operations or 150 cataract operations.

Dr Chris Mackintosh, East Kilbride LHCC chairperson, said:

"The amount of money spent on prescriptions is huge. Even small changes can have a big effect on costs, allowing us to do more of what is important - good health care. Reducing waste medications will benefit everybody."

You can help to reduce wastage in the following ways:

- ❖ Tell your GP practice if you no longer require a repeat prescription and it continues to be issued.
- ❖ Inform your GP practice if you are being prescribed the wrong amount of medication.
- ❖ Only order the medicines that you need and do not hoard medicines at home.

Meanwhile patients at Wishaw General will now be able to use their own drugs while in hospital.

Traditionally any medicines brought into hospital with patients were returned home with relatives, stored in the ward, returned to the patient on discharge or destroyed.

But a new scheme called Patients' Own Drugs (PODs) allows patients to bring their own drugs into hospital where they are assessed for suitability for use and stored in a lockable medicine cabinet at the patient's bedside. Any medicines initiated while the patient is in hospital are supplied in a patient pack, complete with patient information leaflet, labelled with directions for discharge.

Instead of the traditional ward drug trolley, nursing staff administered medicines to patients from the supplies in the bedside locker.

Now following a successful pilot the scheme will be rolled out to all medical and surgical wards.

Delays at discharge have also been reduced as all drugs required to complete the discharge prescription should be in the bedside medicine lockers ready to be checked on the ward by pharmacy staff.

Results of the pilot study using patients' own drugs (PODs) have recently been reported at the United Kingdom Clinical Pharmacy Association Autumn Symposium in Blackpool.

Alexa Wall, Principal Clinical Pharmacist, Lynn Fyfe, Chief Pharmacy Technician and Sandra Crawford, Drug Administration Co-ordinator, won the UKCPA/Merck Pharmaceuticals Medicines Management Award 2004 for their work on the project and also presented a poster at the American Society of Health Systems Pharmacists Conference in Florida.



From left to right: East Kilbride LHCC General Manager Jim Loudon, Ruth MacDonald - Pharmacist with Alliance Pharmacy in East Kilbride and Chair of East Kilbride LHCC Dr Chris Mackintosh show some of the medicines that are wasted in East Kilbride each year.

Patient complaints

NHS LANARKSHIRE actively encourages patients, their relatives and visitors to provide feedback on our services so that we better understand what they feel we have done well and what we could do better.

It is clear from the very many thank you cards received that the care our staff deliver is greatly appreciated. However, there will be occasions when things do not go as well as they might have or when we have failed to meet expectations. In these circumstances, we hope that patients or their relatives will feel able to discuss the issues with staff. If they do wish to make a more formal complaint we have a procedure in place that reflects the guidance to the NHS.

A total of 568 formal complaints were received by the Acute Operating Division in 2004/05. This represents a very small fraction of the total number of patient episodes and equates to one formal complaint for every 1138 patient episodes. Overall, the number of formal complaints received fell by 9% when compared with 2003/04.

The principal issues raised in these formal complaints reflected previous local and national experience: clinical treatment; staff attitude, behaviour or communication; and waiting times. It is believed that poor communication lies at the root of many complaints.

The national target for responding to formal complaints is 20 working days. This was achieved in 92% of cases, a marginal decrease on the figure reached in 2003/04.

Braveheart saves lives

SANDRA Beattie gave a heartfelt commendation to the Braveheart project after a minor health check resulted in a heart operation.

Sandra, an administrative officer at Uddingston Grammar, believes that a health check carried out by NHS Lanarkshire's Braveheart nurses saved her life.

Sandra said:

"The Braveheart nurses were at the school doing health checks for staff so I decided to go along. The nurse took my blood pressure and checked my cholesterol levels. The results showed both of them to be unusually high and I was advised to visit my GP."

"Although I felt healthy, I went along to my doctor and after more tests, I ended up getting a double heart bypass operation last year. I can honestly say that without that health check at work I wouldn't have gone to my doctor and could have suffered a heart attack."

The Braveheart campaign is dedicated to improving heart health in Lanarkshire and the team conduct health checks in the community.

Braveheart nurse Helen Sneddon said:

"As in Sandra's situation, coronary heart disease is preventable if diagnosed early enough."

"We aim to identify risk factors for coronary heart disease, stroke and diabetes. If there were any risk factors detected we would advise the client to contact their GP for review. Sandra's early diagnosis by her GP had a dramatic impact on her life"

Since her operation, Sandra has made a real effort to improve her health - including giving up smoking and trying to do more exercise. Making simple lifestyle changes such as exercise and a balanced diet can make a huge difference to your heart health.

Aerobic activity such as brisk walking, cycling or swimming for a minimum of 30 minutes on five days of the week reduces blood pressure, helps prevent blood clotting and increases the good cholesterol in your blood.

Sandra Beattie (right) says a big thank you to Helen Sneddon, Braveheart Nurse (left).



Patient complaints (continued from page 6)

Where an individual is unhappy with the response they receive to a formal complaint, we hope that they will feel able to speak with us so that their remaining concerns can be addressed. Under the national procedure in force until 1 April 2005 they did, however, have the right to request that an independent review panel be set up to consider their complaint. During 2004/05 there were 10 such requests, the majority of which were related to clinical care. In four cases, the lay convenor decided to refer the complaint back to the hospital for a further attempt at local resolution; no further action was taken in the other six.

In the event of the complainant remaining unhappy, they have the right to raise their complaint with the Scottish Public Services Ombudsman. During 2004/05, the Ombudsman decided not to investigate two complaints previously made to NHS Lanarkshire; at 31 March 2005, decisions were outstanding as to whether the Ombudsman would investigate a further two complaints.

In 2005/06, the Patient Services Department at the Primary Care Operating Division will be working with Acute Services colleagues to develop a more consistent approach to gathering feedback, both positive and negative.

A total of 136 Hospital & Community Health Services (HCHS) formal complaints were received by the Primary Care Operating Division between 1 April 2004 and 31 March 2005. All Family Health Services (FHS) are logged as formal complaints after consent has been received to forward these to the complained against practice/shop. As the Division does not have any direct input to the management of the complaint, no consideration is given as to whether the complaint is an enquiry, informal or formal complaint.

In regard to the national standard that complaints should be acknowledged within three working days, unless a full response is made within five working days, the Division achieved 97% compliance compared to 94% last year, when acknowledging HCHS complaints. Regardless of where formal complaints are received within the Division, effort continues to be made to ensure that these are forwarded to the Patient Services Department without delay. Through greater awareness services across the Division are forwarding complaints via fax to ensure there is greater compliance in meeting the three-day acknowledgement standard.

In the event of the complainant remaining unhappy, they have the right to raise their complaint with the Scottish Public Services Ombudsman. During 2004/05, the Ombudsman received eight complaints, seven of which were Family Health Service complaints.

*The full patient complaint reports from the Acute and Primary Care Operating Divisions of NHS Lanarkshire are available on our website at www.nhslanarkshire.org.uk

Financial Targets

The Scottish Executive set three budget limits for NHS Boards on an annual basis. These limits are:

- ❖ Revenue Resource Limit - a resource budget for ongoing operations.
- ❖ Capital Resource Limit - a resource budget for new capital investment.
- ❖ Cash Requirement - a financing requirement to fund the cash consequences of the ongoing operations and the new capital investment.

NHS Boards are expected to stay within these limits and to report on any variation to them.

Performance against Financial Targets

Lanarkshire NHS Board met its Capital Resource Limit and Cash Requirement. It exceeded its Revenue Resource Limit by £20.042m.

This excess against Revenue Resource Limit (RRL) includes the brought forward deficit from 2003/04 of £20.418m. When the brought forward deficit is removed from the £20.042m, this produces the in year saving for 2004/05, of £0.376m.

Intensive work took place during the year on the Board's Clinical and Financial Sustainability Plan aimed at providing services in a more cost effective way and reducing the Board's deficit. During the year the in year potential deficit had reduced from c. £48m to a surplus of £0.376m, and this represents a major step towards achieving a robust, recurring financial base.

The approach is designed to continue the process of modernisation of patient services. We have adopted a robust plan which will address the deficit while at the same time recognising our commitment to patient care and the development of services.

NHS Lanarkshire will eliminate the deficit by using additional investment while at the same time making efficiencies in support services and management costs. Areas for modernisation are being reviewed and some clinical services are being redesigned.

NHS Lanarkshire, in common with other areas of Scotland, has revised its structures in line with Government policy on the future shape of the health service. These changes and the substantial programme of innovation that is in place will contribute to achieving the fundamental aim of financial sustainability with its consequent benefits for the future of health improvement and the further development of health services.

A full copy of the NHS Lanarkshire summary consolidated financial information is available on request from Neil Agnew, Board Secretary, NHS Lanarkshire, 14 Beckford Street, Hamilton ML3 0TA.

FINANCIAL PERFORMANCE**Operating Cost Statement**

For the Year Ended 31 March 2005

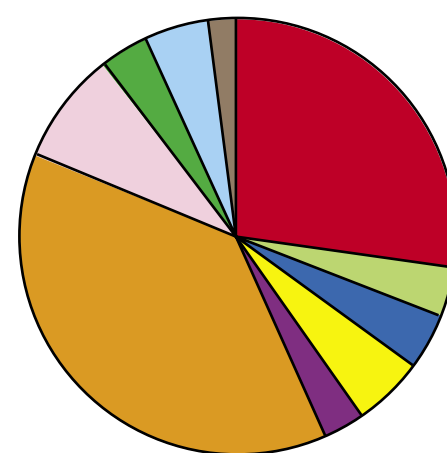
Restated 2004 £000		2005 £000
495,010	Clinical Services Costs	
21,194	Hospital and Community	542,418
<u>473,816</u>	Less: Hospital and Community Income	<u>21,693</u>
190,048		<u>520,725</u>
11,046	Family Health	204,002
<u>179,002</u>	Less: Family Health Income	<u>11,257</u>
		<u>192,745</u>
652,818	Total Clinical Services Costs	713,470
5,114	Administration Costs	4,380
0	Less: Administration Income	0
<u>5,114</u>		<u>4,380</u>
7,943	Other Non Clinical Services	13,237
14,376	Less: Other Operating Income	<u>13,722</u>
<u>(6,433)</u>		<u>(485)</u>
229	Local Health Councils	221
<u>651,728</u>	Net Operating Costs	717,586

SUMMARY OF RESOURCE OUTTURN

651,728	Net Operating Costs (per above)	717,586
0	Less: Capital Grants (to) / from Public Bodies	(188)
<u>(63,391)</u>	Less: FHS Non Discretionary Allocation	<u>(34,551)</u>
(164)	Less: Local Health Council Allocation/Expenditure	(174)
<u>(35)</u>	Less: Other Allocations	<u>(36)</u>
588,138	Net Resource Outturn	682,637
567,720	Revenue Resource Limit	662,595
<u>(20,418)</u>	Saving/(Excess) against Revenue Resource Limit	<u>(20,042)</u>

MEMORANDUM FOR IN YEAR OUTTURN

6,552	Brought forward deficit/(surplus) from previous financial year	20,418
(13,866)	Saving/(excess) against in year Revenue Resource Limit	376

Total expenditure by Lanarkshire NHS Board on Hospital, Community and Family Health Services

	2004-05 £million	2003-04 £million
Family Health Services	204.0	190.0
Maternity	26.5	24.3
Learning Disabilities	31.0	28.4
Geriatric Continuing Care	40.4	37.0
Resource Transfers	23.2	20.4
Acute	280.7	254.1
Mental Health	63.3	58.0
Geriatric Assessment	25.6	23.5
Community Services	36.8	34.7
Other	14.8	14.5
	<u>746.3</u>	<u>684.9</u>

PLANNING A HEALTHY FUTURE

SINCE the launch of A Picture of Health significant public and staff engagement has taken place to develop proposals for service changes to raise levels of health and well-being in Lanarkshire and to develop health services fit for the future.

More than 25 meetings have taken place since the November 2004 launch with groups including the public, carers and service users, staff, voluntary organisations and partner agencies, such as the local councils. The responses and feedback received was fed into NHS Lanarkshire's planning process, which is being taken forward by four project boards looking at the following key areas:

- ❖ Planned care
- ❖ Unplanned care
- ❖ Long term condition management
- ❖ Older people's care

The project boards are made up of NHS Lanarkshire staff, patients, service users and others including local authorities with expertise in these four areas. They have used the feedback collected through A Picture of Health to develop proposals for the future of health services in Lanarkshire.

The proposals are at a final stage of development and an engagement event involved a range of people, including patients, carers, staff and partner agencies, to provide an opportunity to comment on and influence the proposals developed by the project boards.

The proposals considered at this event covered a number of key areas of work on:

- ❖ Developing an NHS and social model of care for people with long-term conditions
- ❖ Developing models for emergency care
- ❖ Developing referral management systems and protocol-based care
- ❖ Emergency surgery
- ❖ Improving inpatient assessment and rehabilitation on acute hospital sites
- ❖ Case management

The proposals will now be further refined taking into account the feedback received. They will also reflect the vision set out in The Kerr Report "A National Framework for Service Change in the NHS in Scotland: Building A Health Service Fit For The Future" published in May 2005.

It is anticipated that NHS Lanarkshire's proposals will be finalised to go out to full public consultation early in 2006, when there will be a further opportunity for all interested parties to comment on them. The consultation document will outline a vision for health services in Lanarkshire for the next five to 10 years.

If you or colleagues wish to hear more about these proposals Pam Milliken and her team will be delighted to make a presentation to you in your local area. Pam can be contacted on 01698 377812.

Further information on A Picture of Health and copies of engagement documents, workshop reports and feedback on events that have been held since the launch of the process in November 2004 can be provided by Pam or via the website at:

www.a-picture-of-health.org

Thoracic services update

The proposal to transfer thoracic inpatient services from Hairmyres Hospital to the Golden Jubilee National Hospital is part of regional development to create a West of Scotland Cardiothoracic Centre and was subject to a 12-week consultation earlier this year.

This was a parallel consultation by both NHS Lanarkshire and NHS Greater Glasgow. Public and NHS staff in Lanarkshire were supportive of the proposal and the outcome from the consultation has been approved by the Greater Glasgow and Lanarkshire NHS Boards.

The final outcome from the consultation and a submission from both Boards has now gone to the Health Minister and if approved the new centre at the Golden Jubilee National Hospital is expected to open in late 2006 or early 2007.

Urology & Gynaecology consultation ends

The Health Minister, Andy Kerr, has approved the proposal to concentrate urology inpatient services at Monklands Hospital and gynaecology inpatient services at Wishaw General Hospital, which had been subject to public consultation earlier this year. With this proposal all daycase and outpatient urology and gynaecology services would continue to be provided from the three acute hospital sites. This means that 87 per cent of urology and 92 per cent of gynaecology patient contacts would remain as currently provided with no change. The changes will be implemented in February 2006.

Homeless dental care

NHS LANARKSHIRE has launched a new dental care service exclusively for homeless people.

The dental care service, based at Central Clinic, Orchard Street, Hamilton, will run as a pilot project for one year with funding from the Scottish Executive.

The clinic offers homeless people a range of dental care from general checkups to more complex procedures such as fillings and root canal work.

Mike Devine, Director of Community Dental Services, said: "This is a new service for NHS Lanarkshire and the homeless population. General and Community Dental Practitioners are working in partnership to help improve access to dental care for homeless people."

The clinic has proved to be very popular for homeless patients due to the convenient location and drop-in appointments. The service improves access to health services for people with no fixed address or those in temporary accommodation.

The service is available, by appointment, to all homeless people in the Lanarkshire area and opens every Wednesday between 6:30pm and 9:30pm

Meanwhile NHS LANARKSHIRE patients are benefiting from two recently upgraded dental surgeries in Abronhill Health Centre and Coathill Hospital.

Community Dental Services have completed refurbishment of a dental unit primarily for children at Abronhill Health Centre and a unit for patients with restricted mobility and complex medical histories at Coathill Hospital.

Dental services at Abronhill Health Centre have been designed for children, but also for adults with special care requirements.

Coathill Hospital offers disabled patients and people with restricted mobility the chance to receive a broader range of dental care. The Coathill surgery design reflects the needs of patients with severe mobility problems and incorporates a hoist and special dentist chair.

Patients can be referred to Community Dental Services by their general dental practitioner and are seen by appointment during weekdays.



From left to right: Jean Kerr, Senior Dental Nurse, patient (in chair), Jackie Morrison, Dental Officer

Successful new HECT initiative

THIS year saw the introduction of the Hospital Emergency Care Teams (HECTs) across our three acute hospital sites. This leading NHS Lanarkshire initiative was largely in response to the application of the European Working Time Directive which significantly reduced junior doctors' hours.

Most out of hours hospital emergencies are now dealt with directly by a member of the HECT team of two G grade Charge Nurses and Senior House Officers.

Team Leader Martin Carberry said:

"The initiative has been successfully implemented. The HECT Charge nurses deal with around 33 calls each night and have seen on average 1140 patients per month in each site. Interventions range from ECG recording and cannulation to arterial blood gas analysis and comprehensive physical assessment of sick patients. A critical care outreach programme has been operational during the day. This entails follow up of ICU step down patients and review of ward-based patients who are identified as causing concern."

"Our aim now is to consolidate and develop the current service via robust data collection, clinical audit and research initiatives. A number of further developments are planned. These include the teaching and clinical supervision of nursing colleagues, in partnership with the Practice Development Centre, within the ward environment and the finalisation of Patient Group Directions (PGDs) to facilitate HECT nurse prescribing. A key element of the HECT nurses' responsibility is to empower and develop the skills of ward nurses. This can only be achieved by working together to improve outcomes for patients".

Martin Carberry (far right) pictured with Hairmyres HECT Team

