

Redrawing NHS boundaries in Argyll & Clyde

PUBLIC CONSULTATION NEWSLETTER - OCTOBER 2005

The options for reorganisation

PAGE 2

Answers to some of your questions

PAGE 3

How to have your say

PAGE 4

THE people of Argyll & Clyde are being encouraged to have their say about who they would prefer to run their local health services in future. A series of independent public meetings, facilitated workshops and focus group discussions are being held over the coming weeks to explore all the options.

The views expressed at these sessions, along with other feedback from members of the public, will inform the Health Minister's final decision about redrawing NHS boundaries in Argyll & Clyde.

The plan to dissolve NHS Argyll & Clyde follows a long history of financial problems which were in danger of affecting patient care. That is why, in May, Health Minister Andy Kerr announced it was time for a fresh start. The Health Minister's proposal is to dissolve NHS Argyll & Clyde and transfer responsibility for the management of health services for its population to neighbouring NHS Boards.

"What matters to me is ensuring safe, sustainable healthcare services for patients," said Andy Kerr. "Redrawing the boundaries of NHS Argyll & Clyde will not affect patients' existing day-to-day access to local and regional health services. A patient's link to their GP will remain unchanged and access to hospital services will still be decided on the basis of their clinical need, and treatment provided as close to their home as possible."

The question is: which NHS Board (or Boards) do you think should have responsibility for managing health services in Argyll & Clyde?

A series of options have been drawn up by the Scottish Executive, which are explained in greater detail overleaf. Your comments on these options are important, but you may also have other suggestions which can be explored.

Photograph: M K Jackson



HEALTH Minister Andy Kerr... will give residents and staff a strong voice.

WHO SHOULD RUN HEALTH SERVICES IN YOUR AREA?

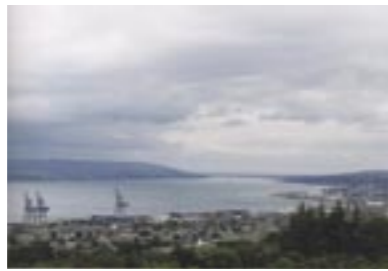
Thinking about the future, it is worth considering the broader picture.

There is already a national move towards regional planning for health care, so that specialist patient services can be delivered more efficiently across NHS Board areas. Indeed, that was one of the key recommendations made by the Kerr Group in its report 'Building a Health Service Fit for the Future', which was published earlier this year.

In addition, new Community Health Partnerships are being formed in Local Authority areas across Scotland, where it is planned that a great deal of decision-making about local health services will take place in future.

Announcing the public consultation, the Health Minister said: "I want to give the residents and staff of Argyll & Clyde, and neighbouring Health Board areas, a strong voice in this consultation. I will take account of all views expressed when I make my decision on the revised boundaries."

The public consultation closes on 4 November 2005, and the Health Minister will make his decision by the end of the year. More detailed information, including the full consultation document and copies of responses received so far, can be accessed on the website at www.show.scot.nhs.uk/sehd/argyllandclyde or by using the contact details on the back page of this newsletter.



Exploring ALL the options...

NHS Argyll & Clyde is the only Health Board in Scotland serving both large urban centres and some of Scotland's most remote and rural communities. This has been a challenge for decades, and is thought to be one reason why the Board has consistently faced financial pressures.

Over recent years NHS Argyll & Clyde has built up a predicted £72.5 million deficit. That is why the Health Minister, Andy Kerr, took the decision to dissolve the Health Board area. He wants to transfer responsibility for managing local health services to neighbouring Health Boards, but he will take no final decision until public opinion has been heard.

Now you are being asked to share your views on the options that have been drawn up by the Scottish Executive, and to make any alternative suggestions.

Three options have been selected for formal consultation by the Scottish Executive. These involve dividing the area served by NHS Argyll & Clyde between NHS Highland and NHS Greater Glasgow. Four further options were explored and have been discounted by the Scottish Executive. They are also described here as you may still wish to discuss them. However you may also have other ideas that you would like the Health Minister to consider. If so, there are a number of ways you can make your views known. Contact details are listed overleaf.

Independently-chaired public meetings are being held across Argyll & Clyde, and in neighbouring Board areas, which you are invited to attend. Workshops and focus groups are also taking place so that the widest range of opinion can be gathered before the public consultation period ends on 4 November 2005.

Tell us what you think

THE Scottish Executive has developed three options for consultation. Four other options have been explored, which you may wish to comment upon as well. And if you have other suggestions to make, they will also be given full consideration.

Option 1

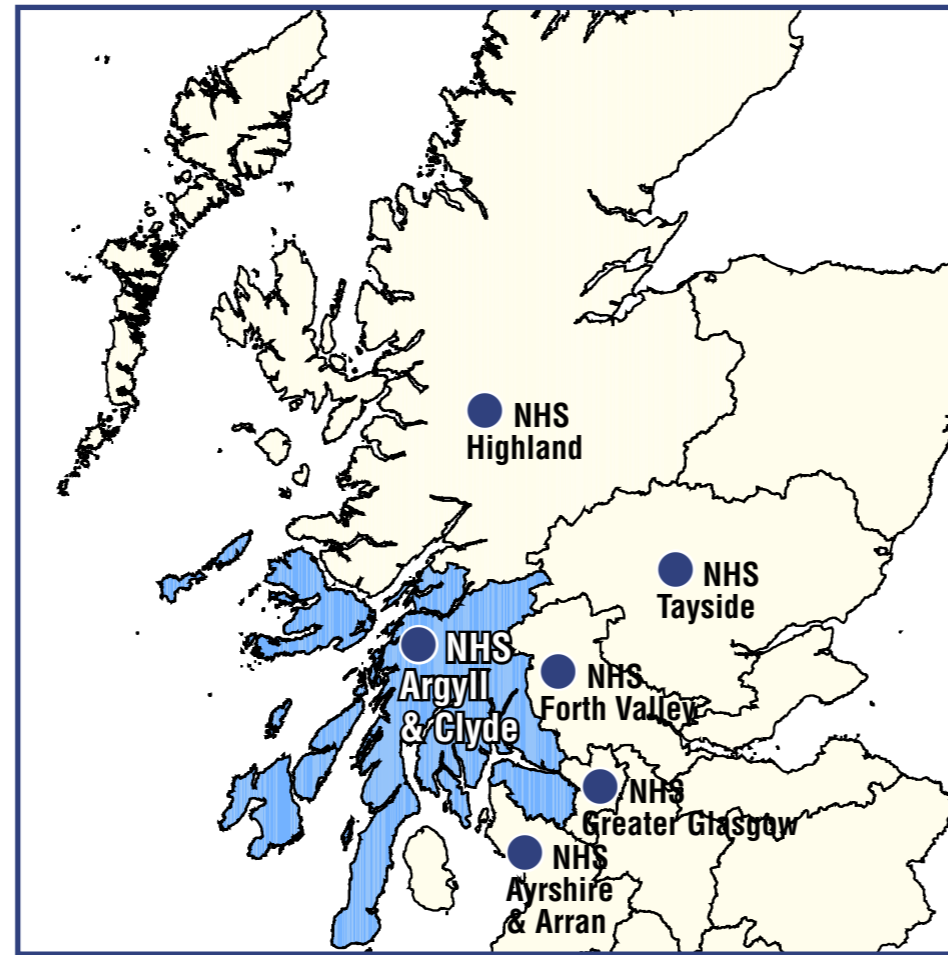
ALL the existing Argyll and Bute Council area becomes part of NHS Highland, and the rest of NHS Argyll & Clyde becomes part of NHS Greater Glasgow.

Option 2

MOST of the existing Argyll and Bute Council area goes to NHS Highland, but the former Dumbarton District Council area, which includes the west shore of Loch Lomond, Helensburgh, Cardross and the Roseneath Peninsula goes to NHS Greater Glasgow. The remainder of NHS Argyll & Clyde also becomes part of NHS Greater Glasgow.

Option 3

NHS Greater Glasgow becomes responsible for the former Dumbarton District Council area (including the west shore of Loch Lomond, Helensburgh, Cardross and the Roseneath Peninsula), as well as the Cowal Peninsula, Dunoon and Bute, Mid Argyll, the Kintyre Peninsula and the islands of Islay, Jura and Gigha. The rest of NHS Argyll & Clyde becomes part of NHS Highland.



Map of mainland Scotland showing the Argyll & Clyde NHS area and surrounding Health Boards. Source: Current NHS Boundaries - GROS 1994 (c) Crown copyright 2005. All rights reserved Scottish Executive. Scottish Executive Geographic Information Service. 22 September 2005

THE four other options that were considered by the Scottish Executive are listed below, along with reasons for their rejection. You may wish to comment on them as well.

Keep the existing NHS Argyll & Clyde structure.

ACCORDING to the Scottish Executive this is not viable as it does not address the problems that have prevented the Health Board functioning effectively in the past.

Establishing a new NHS Board with the same boundaries as Argyll and Bute Council.

THIS has local support, but the Scottish Executive believes that the creation of a small NHS Board would not address the problems encountered by NHS Argyll & Clyde, and would not be an efficient use of resources.

Including the entire area of NHS Argyll & Clyde within NHS Greater Glasgow.

IT is believed this would not address the underlying problems associated with serving the health needs of both large urban centres and remote and rural communities.

Including the entire area of NHS Argyll & Clyde within NHS Highland.

AGAIN, there is a fear this would simply transfer the area's problems to NHS Highland.

● **IF you have other proposals, we very much want to hear them. For further information about how you can get involved in the public consultation on redrawing NHS boundaries in Argyll & Clyde, see the back page.**

QUESTION & ANSWER

If NHS management changes, what happens to patients?

It is business as usual. Patients' GPs will not change, and people will continue to be treated in the way which best meets their needs.

What if the new management has different ideas about how to run my health services?

This could happen, but any new service change would have to be fully consulted upon by the relevant NHS Board, and local people's views would have to be sought before changes could be made.

NHS Argyll & Clyde is recognised as a high-performing Board when it comes to patient care, so why is this happening?

The staff have improved patient care, and their commitment is very much appreciated. However Scotland's NHS Boards have a duty to operate within budget. Despite record investment over recent years NHS Argyll & Clyde has consistently over-spent, and that led to the Health Minister's boundary change proposals.

If there is a funding problem with NHS Argyll & Clyde, why not put in more money?

The funding level of Scotland's NHS Boards is calculated according to the Arbutnot Formula, which is currently under review. However the Health Minister believes that increasing Argyll & Clyde's budget would not resolve all the problems.

Where will the £72.5 million to clear the predicted overspend come from?

It will come from Scottish Executive reserves, so patient care will not be affected.

Will savings still have to be made?

There is a financial recovery plan for addressing the over-spend so that it does not build up again. The Health Minister believes that money can be saved by removing some of the management costs of running NHS Argyll & Clyde, and having services planned and managed by neighbouring Health Boards.

Why have NHS Highland and NHS Greater Glasgow been selected to run services in Argyll & Clyde?

As well as being neighbouring Boards, they each have particular areas of expertise. NHS Greater Glasgow has a track-record of serving a large urban population, including many deprived communities, and it already provides specialist treatment for many people in Argyll & Clyde. NHS Highland has established skills in serving remote, rural and island communities.

How would the communities of Argyll & Clyde be represented if health services were managed elsewhere?

Plans would be put in place to ensure that the people of the Argyll & Clyde area are properly represented on any successor Board. Other changes taking place at the local level, such as the establishment of Community Health Partnerships, will mean that local communities will have greater control over the way health services are delivered in those communities. Further information about Community Health Partnerships can be found on the website www.show.scot.nhs.uk/sehd/chp

Is keeping NHS Argyll & Clyde an option?

All views and opinions will be considered during the public consultation, but the Health Minister has said he believes that is not an option because of the underlying cost-pressures. He is only able to write off NHS Argyll & Clyde's predicted deficit of £72.5 million if a new management structure is put in place.

Can I make other suggestions?

Yes. If you think your local health care should be managed by another Board area, you are encouraged to let us know.

What difference will this make for staff?

When the Health Minister reaches a decision further work will take place with NHS staff on issues relating to their transfer to a successor Board, if that is applicable.

WHO IS GOING TO LISTEN TO WHAT I SAY?

THIS public consultation is using various methods to tap into public opinion, and there are a number of ways you can express your views.

- A consultation paper has been widely distributed that invites responses in writing
- A website allows members of the public to respond to the consultation on-line
- An e-mail address invites questions about the consultation
- Public meetings are being held across Argyll & Clyde as well in neighbouring Health Boards
- Workshops and focus groups for community representatives and voluntary organisations are being conducted

Through all these activities, people are being encouraged to express their views about the proposed boundary changes and debate all the issues and possible options. For more information about the meetings and related events, please use



PUBLIC meetings will be held throughout Argyll and Clyde, from Campbeltown in the south to Oban (pictured) in the north.

the contact details shown below.

The public meetings are being independently chaired by journalist and health specialist Pennie Taylor, a well-known advocate of better public involvement in the NHS. Pennie has been asked to listen to the views and opinions expressed during the public meetings, and to report what she hears to the Health Minister.

All responses to the consultation will be analysed objectively. The research and data analysis is being conducted by FMR Research Ltd, a Glasgow-based company that specialises in running innovative and rigorous public consultation and research.

The public consultation is being supported by an advisory group made up of public and voluntary sector representatives, the Scottish Consumer Council, the Scottish Health Council, Local Authority members and NHS

staff. The group is providing advice on how best to gather public opinion on who should run health services in Argyll & Clyde.

When the public consultation period closes on 4 November 2005 a report will be presented to the Health Minister, Andy Kerr. That report will be made available through the Scottish Executive website, and it will be sent to anyone who requests it.

The Health Minister will then make a decision, having considered what people have said. Following that decision, the staff of NHS Argyll & Clyde will be engaged in further consultation about what it means for them.

If you wish to be kept informed about the progress of the public consultation, or you have questions you would like to ask, please use the contact details printed below.

HOW YOU CAN KEEP IN TOUCH

FURTHER information about the public consultation on redrawing NHS boundaries in Argyll & Clyde is available on the website at www.show.scot.nhs.uk/sehd/argyllandclyde

The website carries some of the responses received so far, where the senders have given permission for their views to be shared. You can also complete the public consultation response form online.

If you would like to find out where your nearest public internet access point is, please call (Freephone) 0800-771234.

You can email nhsargyllandclyde@scotland.gsi.gov.uk or call

free on **0800-917 0343** between Monday and Friday, 10am to 4.30pm (there is a telephone answering service out-of-office hours). Or you can write free to the Scottish Executive at:

**Argyll & Clyde Consultation
FREEPOST RLXC UYUZ HXHG
Scottish Executive Health
Department
Mailpoint 1
Edinburgh
EH1 3DG**

If you would like to be kept in touch with the progress of the public consultation, please complete this form, cut it out, and send it to the address above – postage is free.

I WOULD like to be kept informed about the progress of the public consultation on redrawing NHS boundaries in Argyll & Clyde.

My name.....

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My address.....

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E-mail address.....

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