

# **ARGYLL AND CLYDE QUESTION AND ANSWER BRIEFING**

## **SERVICE ISSUES**

### **What impact will the consultation process have on the services I use?**

Current healthcare provision will continue, and the services you rely on will still be there for you.

This is not a consultation about how local NHS hospital or community services are provided, it is about redrawing the administrative boundaries of the Health Boards. Ongoing clinical developments, hospital and health centre building programmes and service redesign work will not be delayed by this consultation process.

### **What impact will this restructuring have on patients and services?**

The decision to dissolve NHS Argyll and Clyde opens up opportunities in the future for the successor Boards to introduce changes in the way services are delivered. The creation of larger geographical areas for NHS Greater Glasgow and NHS Highland is intended to improve the planning and delivery of health services through the removal of bureaucratic boundaries. The Executive's response to the recommendations of the National Framework for Service Change<sup>1</sup> carried out by Professor David Kerr will inform the planning of services in the new Board areas, as in the rest of Scotland.

### **Will there be further service cuts across Argyll and Clyde?**

Once this consultation is over decisions about the provision of healthcare services within the successor Board areas will be taken forward in the normal way. Patients, the public, staff and others will be supported and encouraged to join the debate about the future of services – what is needed is for all interested parties to pull together to deliver modernised health services that best meet the needs of local people.

Any proposals to significantly change services would be subject to separate full public consultation and final approval by the Minister for Health and Community Care.

---

<sup>1</sup> Building a Health Service **Fit for the Future**:  
<http://www.scotland.gov.uk/Publications/2005/05/23141307/13348>

**Will this mean even longer travel distances for patients and families?**

No. Patients will continue to access the services they currently use. However, it is acknowledged that transport is a concern especially in rural areas and these difficulties must be considered when services are being planned.

**With the Royal Alexandra Hospital (RAH) only a short distance from Southern General does this mean closure for RAH?**

No. The RAH will continue to have an important role in providing a range of services.

This consultation is not about the future of services and where they are delivered. It is about where changes should be made in Health Board boundaries. In the future, any proposals for service change would, as now, be subject to a full public consultation and then to final approval by the Minister for Health and Community Care.

**What about the impact on the Lorn and Islands Hospital and the Belford Hospital?**

The West Highland Health Solutions Group was of the unanimous view that the way forward for the Belford and the Lorn and Islands Hospitals was to develop new collaborative ways of working. If the outcome of the consultation suggested incorporating that part of Argyll and Clyde into NHS Highland, that could be helpful in moving forward joint service initiatives.

**Will patients from Oban who currently use hospital services in Glasgow have to go to Inverness?**

No – the way patients move through health services will not change. Any change to administrative boundaries is intended to help the successor Boards plan services for all patients and communities, now and into the future.

**What about people from Ayrshire who use services at Inverclyde Royal Hospitals (IRH)?**

Patients from North Ayrshire will continue to access services at IRH.

**This process must re-open the debate on the number of Accident and Emergency Departments in Glasgow?**

No. The proposed redrawing of Health Board boundaries will help with the introduction of planned changes to health services in those Board areas – it is not proposed to re-open discussions on decisions already made. This would halt much needed progress.

## **ARGYLL AND CLYDE QUESTION AND ANSWER BRIEFING**

### **FINANCIAL ARRANGEMENTS**

#### **Background**

#### **What is the current financial position of NHS Argyll and Clyde?**

NHS Argyll and Clyde currently has a cumulative deficit of £59.5m as at 31 March 2005 (subject to audit). This cumulative deficit has arisen over the last 4 years. The Board expect to make a further in-year deficit of £13m during 2005-06, bringing the cumulative deficit to £72.5m by 31 March 2006.

#### **The SEHD agreed a financial recovery plan with NHS Argyll and Clyde in May which would see the Board return to recurring financial balance by 2007-08. Why did you agree to this plan if you do not intend to allow the Board to implement it?**

In order to improve the planning and management of health services across the existing geographical boundaries, the decision has been taken to dissolve NHS Argyll and Clyde. The successor Boards will be expected to implement the financial recovery plan as agreed by NHS Argyll and Clyde, although there may need to be changes to the plan to reflect any decisions that are made by the successor Boards.

#### **If NHS Argyll and Clyde is under-funded, surely dissolution of the Board will simply transfer the problem to other NHS Boards?**

NHS Argyll and Clyde is funded according to the same formula as all other NHS Boards. All NHS Boards have received record levels of funding in recent years, supplemented by additional allocations to assist with pay and service modernisation. Boards' unified budgets increased by an average of 7.8% in 2003-04; 7.25% in 2004-05 and 7.6% in the current year, with the minimum increases in each year being more than twice the rate of inflation.

And as previously stated, the successor Boards will be required to implement NHS Argyll and Clyde's financial recovery plan.

## **Writing off the Accumulated Deficit**

### **What will happen to the accumulated deficit following dissolution of the Board?**

The Scottish Executive recognises that redrawing the Health Board boundaries will not in itself address the financial difficulties and that merely passing the accumulated deficit to NHS Greater Glasgow and NHS Highland would not be helpful. Therefore, when responsibility for health services in the Argyll and Clyde area is transferred to NHS Greater Glasgow and NHS Highland the accumulated deficit will be written off to ensure that these Boards are not burdened by an inherited deficit.

The Minister for Health and Community Care has agreed to write off NHS Argyll and Clyde's cumulative deficit at the time of dissolution up to a maximum of £80m. Given that the NHS Argyll and Clyde are expected to end financial year 2005-06 with a cumulative deficit of £72.5m, the Scottish Executive should be able to cover the full value of the deficit. Any remaining funding will be available during 2006-07 to cover any outstanding deficits incurred in respect of the old NHS Argyll and Clyde Board area. The NHS Argyll and Clyde financial recovery plan should bring a return to financial balance by 2007-08 and no further shortfalls should therefore be incurred by successor Boards.

### **Where will the money come from to write off the accumulated deficit?**

The funding to write-off the deficit will mainly come from Scottish Executive reserves: £53m. In addition, the Scottish Executive will supplement this from an unallocated under-spend carried forward from 2004/05. No planned health initiatives have been cut back to make room for this.

### **What would these reserves otherwise have been used for?**

The Scottish Executive maintains reserves to enable Ministers to respond to genuinely unforeseen or unavoidable contingencies, and to deal with situations like this. By definition therefore, no prior decisions had been made on the use of these reserves. No planned initiatives have had to be cancelled or postponed.

The Scottish Executive's decision to make reserves available for this purpose is a clear sign of the priority it attaches to addressing the financial problems in the Argyll and Clyde area.

## **Effect on NHS Greater Glasgow and Highland**

### **How will the changing of boundaries solve the financial or structural problems of NHS Argyll and Clyde?**

The key purpose behind the dissolution is to bring about a fresh start for NHS staff and services in Argyll and Clyde area. Both NHS Greater Glasgow and NHS Highland have a good track record in managing their financial resources and will be able to apply this experience and knowledge in working across the Argyll and Clyde area.

At present, NHS Argyll and Clyde spends approximately 10% to 12% of their budget within NHS Greater Glasgow and other NHS Boards for the treatment of patients from Argyll and Clyde. Changing the geographical boundaries will help the Boards to plan and operate more on a regional basis where appropriate.

### **Will NHS Greater Glasgow and NHS Highland be given assurance that they will not be worse off financially as a result of taking on part of NHS Argyll and Clyde?**

£80m is available to cover the cumulative deficit of NHS Argyll and Clyde. NHS Argyll and Clyde currently has a deficit of £59.5m and the Scottish Executive propose to cover this and any additional deficit incurred up to a maximum of £80m. NHS Argyll and Clyde's financial recovery plan should keep the deficit below £80m. The successor Boards will continue the recovery plan after April 2006, and the situation will continue to be monitored by the Scottish Executive.

### **How much additional resources will NHS Greater Glasgow and NHS Highland receive and will they have to cut services?**

The funding currently available to NHS Argyll and Clyde will be distributed to NHS Greater Glasgow and NHS Highland based on the Arbutnott formula. This formula ensures that funds are distributed fairly on the basis of relative healthcare needs of each Board area and fully recognises the influence of remoteness and deprivation. The Arbutnott formula aims to give each NHS Board its fair share of the resources available nationally. Detailed work on this with the three Boards will be

finalised following the decision on the successor Boards' new boundaries.

**Will other NHS Boards' resource allocations be affected by the dissolution of NHS Argyll and Clyde?**

No. The dissolution of NHS Argyll and Clyde will only affect the allocation shares of NHS Greater Glasgow and NHS Highland. Other Boards will not be affected.

## **ARGYLL AND CLYDE QUESTION AND ANSWER BRIEFING**

### **MANAGEMENT ISSUES**

#### **What about the Chairman, Board members and Chief Executive of NHS Argyll and Clyde?**

The Chairman, Board and the Chief Executive of NHS Argyll and Clyde support the Minister's decision to dissolve NHS Argyll and Clyde and consult on extending the geographical areas of NHS Greater Glasgow and NHS Highland. Their commitment to work with the Executive and the two other Boards in progressing the consultation and implementing the Minister's decision over the coming months is welcomed.

#### **Has the Board failed?**

No. The Minister for Health and Community Care told the Health Committee that he wanted to consider whether effective management of Argyll and Clyde was achievable under the current arrangements. He has come to the conclusion that it is not. The Minister has also stated that the NHS Argyll and Clyde NHS Board and their management team have made significant improvements and progress – not least in tackling waiting times and delayed discharges.

# **ARGYLL AND CLYDE QUESTION AND ANSWER BRIEFING**

## **STAFF ISSUES**

### **What impact will this decision have on staff?**

NHS Argyll and Clyde will continue to have employer responsibility for their staff until such time as the Board is dissolved and contracts of employment are transferred to the successor Boards. Dissolution will take place after full discussion with staff on transfer issues. Staff representatives will be involved in any decisions affecting staff.

### **Will staff be forced to move to different hospital locations?**

Where and how NHS staff work is a matter for their employer. Any potential changes to employment arrangements as a result of changes to Board boundaries will be the subject of negotiation between management and staff representatives.

### **Will there be compulsory redundancies?**

This consultation is not about service configuration or workforce issues – it is about redrawing the administrative boundaries of NHS Boards. However, it is recognised that this creates a period of uncertainty for staff and their employing Board must support their staff through this period. When the successor Boards take responsibility for services and staff in the current NHS Argyll and Clyde area, any proposed changes to services and any implications for staff will be addressed openly with staff and that their views fully taken into account in making any decisions.

### **What safeguards will be available to staff?**

The *Organisational Change Policy*<sup>2</sup> will be applied in all cases where any change to employment arrangements is considered. The Scottish Executive expects the three Boards to ensure that communication with staff is clear and effective.

---

<sup>2</sup> Reference to the organisational change policy

## **ARGYLL AND CLYDE QUESTION AND ANSWER BRIEFING**

### **CONSULTATION ISSUES**

#### **What exactly will the consultation cover? When will it begin and how long will it last?**

The public consultation<sup>3</sup> will seek views on re-drawing the administrative boundaries of NHS Greater Glasgow and NHS Highland to allow them to take over the management of NHS services in appropriate areas of NHS Argyll and Clyde from 1 April 2006.

#### **When will the consultation begin and how long will it last?**

The consultation started on Tuesday 9 August and will last for three months until Friday 4 November 2005.

#### **Why the delay? Wasn't the consultation due to begin in late June?**

Yes. The Minister for Health and Community Care wanted to have as meaningful a debate as possible. It seemed wrong to launch a consultation at the time local people were going on holiday and local organisations were suspending their meetings for the holiday period. That is why the Minister decided to retime the launch of the formal consultation process to ensure that it is as inclusive as it can be.

#### **Have there already been consultation meetings?**

There have been many discussions and planning meetings between officials, representatives of the three relevant NHS Boards, trade unions and others since the Minister for Health and Community Care announced the Scottish Executive's intention to dissolve NHS Argyll and Clyde. For example, the Minister visited Lochgilphead and Oban on 21 June to meet with NHS staff and give them the same opportunity to ask questions and express their views as the staff at the Vale of Leven, Inverclyde Royal Infirmary and the Royal Alexandra Hospital had done when he met them on 19 May.

---

<sup>3</sup>Public consultation is required on proposals to alter the boundaries of Health Boards under the National Health Service (Scotland) Act 1978

## **What has been the role of the Scottish Consumer Council and the Consultation Institute?**

We have had discussions with the Scottish Consumer Council and the Consultation Institute on how to achieve best practice in this important consultation. It was their clear advice that it would not be helpful to commence the consultation exercise at a time when many people were heading off on holiday and many local organisations – for example, community councils – suspend their usual meeting cycle in July because of the holidays.

The Minister for Health and Community Care reflected on this advice and the need to ensure that the detailed work around the consultation is complete and made the decision to launch the public consultation on our proposals in early August.

We hope the Scottish Consumer Council and the Consultation Institute will continue to be associated with the consultation process to provide advice on best public sector practice at key stages.

## **Is the outcome a foregone conclusion?**

No. The Scottish Executive has made clear its intention to dissolve NHS Argyll and Clyde on 31 March 2006. The Minister for Health and Community Care is, however, seeking the views of local people on what parts of the current NHS Argyll and Clyde area should in the future be managed by NHS Greater Glasgow and what parts by NHS Highland. The Minister will consider very carefully the responses to consultation and his final decision will be informed by those responses.

## **Will Helensburgh and Lomond become part of NHS Highland or NHS Greater Glasgow?**

There may be views expressed that these communities should become part of an extended NHS Greater Glasgow Board area. Views may also be expressed about the need to have common boundaries between the Health Board and Argyll and Bute Council. The Minister for Health and Community Care will consider all the arguments made in responses to the consultation process very carefully before making his decision on what the new NHS Board boundaries should be.

## **What about Campbeltown? Can it really be run from Inverness?**

Patients will continue to use the services which they currently use without regard to the NHS administrative area they are in. People across Argyll and Clyde can be assured that they will continue to receive good, local health services when they need them.

Any rural areas within Argyll and Clyde which become part of NHS Highland can be reassured that NHS Highland has a strong track record in providing health services over large rural areas, everywhere from John O'Groats to Ardnamurchan.

## **Who will run the consultation?**

The Scottish Executive will work with the local organisations to capture the views of communities across the Board areas and an independent organisation will be contracted to analyse all the responses submitted to this consultation paper.

## **Will the NHS Boards be involved?**

Yes. The three NHS Boards will be closely involved in the whole process.

## **Who will be consulted?**

The consultation will be wide-ranging and will welcome the views of everyone who feels they may be affected by the proposal.

## **What form will the consultation take?**

The Scottish Executive will work with the three Boards and key local stakeholders to ensure that people in local communities have the opportunity to feed their views in. The consultation will use a number of means of reaching people and will draw on what has worked well in other consultation exercises. As well as paper copies of the consultation document, there will be a consultation website at [www.show.scot.nhs.uk/sehd/argyllandclyde](http://www.show.scot.nhs.uk/sehd/argyllandclyde). Information events are being organised to give people the opportunity to receive more information on the proposals. There will be a mailbox for additional queries at [NHSArgyllandClyde@scotland.gsi.gov.uk](mailto:NHSArgyllandClyde@scotland.gsi.gov.uk) and a Freephone number for queries about the consultation process – 0800 917 0343.