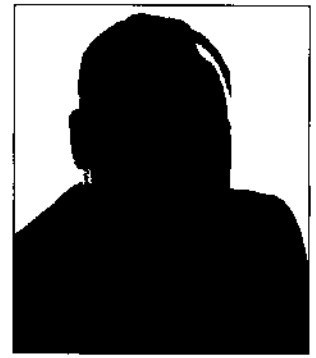




The Scottish
Parliament

Duncan McNeil MSP
GREENOCK & INVERCLYDE



31st October 2005

Argyll and Clyde Consultation
FREEPOST RLXC UYZU HXHG
Mailpoint 1
Edinburgh
EH1 3DG

Dear sir / madam,

Redrawing NHS Boundaries in Argyll & Clyde

Please find enclosed by submission to the above consultation.

Yours faithfully,

Duncan McNeil MSP
Greenock and Inverclyde

The Parliamentary Office, 20 Union Street, Greenock PA16 8JL

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Your Details

Please complete the details below. This will help ensure we handle your response appropriately. The closing date for responses is Friday 4 November 2005.

Name (required)

DUNCAN McNEIL MSP

Organisation: (if applicable)

GREENOCK + INVERCLYDE

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Are you responding (please tick one of the boxes).	As an individual	<input checked="" type="checkbox"/>
	On behalf of a group or organisation	<input type="checkbox"/>

Individuals

Do you agree to your response being made available to the public in the Scottish Executive library and on the Scottish Executive website? Please delete Yes/No as appropriate.	<input checked="" type="radio"/> YES	
	<input type="radio"/> NO	Your response will be treated as confidential
Where confidentiality is not requested, your response will be made available to the public on the following basis (please tick one of the boxes).	<input checked="" type="checkbox"/>	Make my response and my name and address available
	<input type="checkbox"/>	Make my response available, but not my name or address
	<input type="checkbox"/>	Make my response and name available but not my address

On Behalf of a Group or Organisation

The name and address of your organisation will be made available to the public in the Scottish Executive library and on the Scottish Executive website. Are you content for your response to be made available? Please delete Yes/No as appropriate.	<input type="radio"/> YES
	<input type="radio"/> NO

Please write your response here (please continue on a separate sheet of paper, if necessary.)

Please see attached sheets.

Thank you for taking the time to participate in this consultation. The Scottish Executive will acknowledge receipt of your response.

Redrawing NHS Boundaries in Argyll & Clyde – Consultation Response
Duncan McNeil MSP, Greenock and Inverclyde

NHS Argyll and Clyde's persistent underperformance left the Minister for Health and Community care with little choice but to instruct its abolition. Over a period of years and under a succession of management regimes, it has attempted to force through a series of ill-conceived reorganisation plans, its finances are not in order and it has lost the trust of those it serves.

As MSP for Greenock and Inverclyde I therefore welcome the inevitable decision to abolish the board and the Scottish Executive's pledge to write-off its accumulated £80 million debt.

I am confident that the move has the potential to tackle effectively the two issues which are causing most difficulty for health services in this area – geography and debt. Geographically, if it ever made sense to have a health board trying to balance the interests of remote and urban communities, I would contend that it certainly does not now. Writing off the debt means, as I have argued in the past, that the new board can start planning future services with a clean slate and with nothing other than the quality of patient care to consider.

In terms of the options which have been put forward on how to proceed, I welcome the fact that all 3 models under consideration for the new administrative boundaries will see health services in my constituency coming under the purview of NHS Greater Glasgow.

NHS Greater Glasgow is the expert in tackling poor public health in urban, west-central Scotland communities such as mine. It therefore seems plain that moving health services in Greenock and Inverclyde in with NHS Greater Glasgow would allow the focus to be put squarely on tackling these persistent public health problems. In addition, it would reflect the situation as it already exists in practice, whereby many of my constituents requiring highly-specialised care have, for many years, received it at hospitals in Glasgow.

The move would also mean that our health services were provided by a board which boasts university-led acute services and does not face the same challenges as NHS Argyll and Clyde around recruitment and retention. With flexible working, this would, it follows, give acute services in Inverclyde access to the wider pool of clinical staff which, against a backdrop of doctors' reduced working hours and the training requirements of the Royal Colleges, is essential to maintain near-patient, local services. Further, joining with Greater Glasgow could deliver a strategic focus for the provision of services across all of west-central Scotland and make best use of physical resources, such as the planned £350 million investment and "super-hospital" on the site of the Southern General.

Which new boundary is ultimately adopted will be a matter of greater contention in communities which will come under one board or the other depending on the model selected. I will leave it, however, to those communities with options other than Glasgow to make their case. I will confine my remarks to submitting that the question of patient flows must be considered when evaluating the 3 options set out in the consultation document.

If the principle of patient choice is to remain, can patient flows from the Cowal peninsula through Inverclyde Royal be maintained? And, if so, would it make sense, if Greater Glasgow is going to provide services to these people, that it is also responsible for the other aspects of their health?

Notwithstanding the above, my constituents do have certain expectations of NHS Greater Glasgow. There is, I believe, a need to create stability in local health services. The future of Inverclyde Royal Hospital must be confirmed and alternative proposals to Argyll and Clyde's discredited clinical strategy must be brought forward quickly as possible. These alternative plans must be acceptable to both the community and the clinicians. And to achieve this, they must be consistent with the model proposed in the report of the expert group chaired by Professor David Kerr, *Building a Health Service Fit for the Future*, delivering services as local as possible and as specialist as necessary.

A handwritten signature in black ink, appearing to read 'D. McNeil', enclosed within a large, circular scribble.

Duncan McNeil MSP
Greenock and Inverclyde

October 2005