



Our Ref: DB/JMcA  
 Contact: Mrs D Broadberry  
 Direct Line: 0141-201-4629

GREATER GLASGOW  
 HEALTH BOARD

30 June 1995

Dear Sir/Madam

**CONSULTATION DOCUMENT:  
 PURCHASING ACUTE SERVICES TO 2001 - RATIONALISATION OF CLINICAL SPECIALTIES**

In December 1994 the Greater Glasgow Health Board issued for consultation its purchasing intentions for acute services to the year 2001. Given the significance of the strategy, the public consultation ran for four months and the maternity element was subsequently extended to five months.

One of the issues raised in that consultation document was the possible rationalisation of clinical specialties. The consultation paper set out briefly suggestions for areas of specialist services where there might be advantages in concentrating the provision of in-patient services in a number of specialties on to fewer sites. The document was written deliberately not to be prescriptive so that the Board might have the benefit of views from consultees which did not have to be set against a preferred option.

The Board concluded at its meeting on 21 June 1995 that there should be a further round of consultation on specific proposals for the rationalisation of Ophthalmology, Dermatology and Oral/Maxillo-facial Services. These are set out in the attached document.

Comments on this document are now invited to be received by 30 September 1995 and should be submitted addressed to:

Mr J C Hamilton  
 Head of Administration  
 Greater Glasgow Health Board  
 112 Ingram Street  
 Glasgow  
 G1 1ET

Unless you indicate to the contrary, comments received will be held in a file which will be open to public inspection at this office. Copies of all comments received will be considered by the Board at the end of the consultation period.

The consultation document will also be made available in Urdu, Punjabi and Chinese languages together with an English language version on audio cassette. Requests for copies of these should be directed to Mrs D Broadberry (0141-201-4629).

Yours faithfully

JOHN DEARDEN  
 Assistant Director of Administration

NORTH LANARKSHIRE COUNCIL RECEIVED		
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**GREATER GLASGOW HEALTH BOARD**

**PURCHASING ACUTE SERVICES TO 2001**

**RATIONALISATION OF CLINICAL SPECIALTIES**

**A CONSULTATION DOCUMENT**

**JUNE 1995**

## **INTRODUCTION**

In December 1994 the Board issued for consultation proposals for the pattern of acute services care in the period to the end of the century.

One of the issues raised in that consultation document was the possible rationalisation of clinical specialties. The consultation paper set out briefly suggestions for areas of specialist services where there might be advantages in concentrating the provision of in-patient services in a number of specialties on to fewer sites. The document was written deliberately not to be prescriptive so that the Board might have the benefit of views from consultees which did not have to be set against a preferred option.

The Board concluded at its meeting on 21 June 1995 that there should be a further round of consultation on specific proposals for the rationalisation of Ophthalmology, Dermatology and Oral/Maxillofacial Services. These are set out in the following sections.

Comments are invited on these proposals no later than 30 September 1995. Comments should be returned to:

Mr J C Hamilton  
Head of Administration  
Greater Glasgow Health Board  
112 Ingram Street  
GLASGOW  
G1 1ET

# 1 OPTHALMOLOGY SERVICES

## 1.1 The Present Service

Ophthalmology in-patient and day-patient services are provided at Western/Gartnavel, Southern General Hospital, Stobhill Hospital and RHSC Yorkhill. The number of staffed beds available in 1994/95 was:-

	<b>Staffed Beds</b>
Western/Gartnavel	22.9
Southern General	27.9
Stobhill General	23.4
RHSC Yorkhill	4.1
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Total	78.3
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In addition, out-patient services are provided from all of the acute hospitals in Glasgow and at Glasgow Eye Infirmary.

Nearly half of the procedures undertaken were for cataract with further significant numbers being for glaucoma and retinal detachment.

## 1.2 Current Workload

Appendix 1 sets out the in-patient adult workload at each of the hospitals in 1994/95 and indicates the area of residence of those treated. It can be seen that a total of 4,152 adults were treated as in-patients, 3,207 from Greater Glasgow Health Board area and 945 from other Health Boards. Of the total treatments 2,000 took place at the Western/Gartnavel, 1,164 at Southern General and 988 at Stobhill.

Appendix 2 sets out the adult day-case workload in a similar way. Total day case treatments undertaken were 1,434 of which 1,237 were to residents of Greater Glasgow Health Board and 197 to residents of other Health Boards. Of the total treatments 621 took place of the Western/Gartnavel, 657 at the Southern General and 156 at Stobhill Hospital.

In addition there were 81,438 out-patient attendances/treatments. These were undertaken at:

Western/Gartnavel	13,774
Glasgow Eye Infirmary	22,119
Southern General Hospital	11,213
Victoria Infirmary	10,634
Glasgow Royal Infirmary	10,302
Stobhill General Hospital	8,764
RHSC Yorkhill	4,632

### **1.3 The Case for Change**

It has been demonstrated in other specialties that improvements in care can be achieved by the establishing of specialist centres where skills are concentrated and where patients can obtain the optimum treatment for their particular condition.

In the case of Ophthalmology highly sophisticated, technically advanced and sensitive equipment is used and specially equipped theatres have to be permanently reserved for the specialty.

Substantial advances have been made in moving away from in-patient with more and more treatments being undertaken on a day-patient or out-patient basis. The percentage of elective cases treated as day patients has increased from 13% in 1991/92 to 32% in 1994/95 and this trend is expected to continue in the future, leading to further reductions in the need for in-patient beds.

In these circumstances the Board considers that it is neither necessary nor viable to retain the existing pattern of service and that there should be a reduction in the number of in-patient sites for adults from 3 to 2.

Representations have been made, particularly by the Area Medical Committee, that there should be only one in-patient unit but the Board has taken the view that in weighing the benefits of centralisation against the need for local access a two site option is preferable.

### **1.4 Proposals for Change**

Having concluded that the number of in-patient sites for adults be reduced from three to two consideration has to be given to which unit should close.

From an access point of view it is considered that there should be one unit to the south of the Clyde and one to the north. In these circumstances the Southern General Unit should be retained.

The unit at the Western/Gartnavel treats the largest number of patients, in fact, nearly 50% of all adult in-patients are treated there. It is also the Academic Centre for Ophthalmology and has an international reputation particularly in Ophthalmic Oncology.

On the other hand the Stobhill unit treats the smallest number of in-patients and its closure would have the least effect on patient access. The number of day cases treated (156) is very low and would not justify its retention. It is concluded that the in-patient and day patient Ophthalmology Unit be closed.

### **1.5 Effects of Change**

From Appendices 1 and 2 it can be seen that all but 53 of in-patients and 5 of the day cases from Glasgow treated at Stobhill come from north of the Clyde. In terms of access therefore it is considered that the Board should purchase an additional 812 in-patient cases and 139 day cases from the Western Infirmary University NHS Trust and an additional 53 in-patients and 5 day cases from the Southern General Hospital NHS Trust.

In addition to the services for adults the Stobhill unit treated 31 children as in-patients and 26 children as day cases. In accordance with the Board decision of June 1990 these patients will be treated at RHSC Yorkhill.

Further discussions will be held with Lanarkshire Health Board to determine their purchasing intentions in respect of their 107 in-patients and 9 day cases treated at Stobhill.

#### **1.6 Timescale for Change**

It is proposed that these revised purchasing arrangements be introduced from 1 April 1996.

**Ophthalmology - 1994/95  
Inpatients - Adults**

<b>Resident In</b>	<b>Stobhill (north)</b>	<b>Treatment In Glasgow NHS Trusts</b>		<b>Total</b>
		<b>West Glasgow (west)</b>	<b>Southern General (south west)</b>	
East	344	203	13	560
North	436	178	12	626
West	32	663	10	705
South West	8	112	566	686
South East	45	163	422	630
All GGHB	865	1319	1023	3207
Cross Boundary Flow	123 *	681	141	945
<b>Total</b>	<b>988</b>	<b>2000</b>	<b>1164</b>	<b>4152</b>

\* 107 from Lanarkshire Health Board

Current workload at Stobhill - 988 inpatients treated in 1994/95 of which :-  
436 (44%) were from the North, 344 (35%) from the East and 107 (11%) from Lanarkshire

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**Ophthalmology - 1994/95**  
**Day Cases - Adults**

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<b>Resident In</b>	<b>Stobhill</b> (north)	<b>Treatment In</b> <b>Glasgow NHS Trusts</b>		<b>Total</b>
		<b>West</b> <b>Glasgow</b> (west)	<b>Southern</b> <b>General</b> (south west)	
East	35	50	7	<b>92</b>
North	97	71	4	<b>172</b>
West	7	302	11	<b>320</b>
South West	4	23	354	<b>381</b>
South East	4	46	222	<b>272</b>
All GGHB	147	492	598	<b>1237</b>
Cross Boundary Flow	9 *	129	59	<b>197</b>
<b>Total</b>	<b>156</b>	<b>621</b>	<b>657</b>	<b>1434</b>

\* 9 from Lanarkshire Health Board

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## 2 DERMATOLOGY SERVICES

### 2.1 The Present Service

Dermatology in-patient and day patient services are provided at Western/Gartnavel, Southern General Hospital, Stobhill Hospital and RHSC Yorkhill. The number of staffed beds available in 1994/95 was:-

	<b>Staffed Beds</b>
Western/Gartnavel	16.4
Southern General	19.2
Stobhill General	16.8
RHSC Yorkhill	3.3
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Total	55.7
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In addition, out-patient services are provided from all of the acute hospitals in Glasgow.

Two fifths of the in-patient treatments were for psoriasis and related disorders; one fifth for contact dermatitis and eczema with significant numbers of malignant melanoma and atopic dermatitis.

### 2.2 Current Workload

Appendix 3 sets out the in-patient adult workload at each of the hospitals in 1994/95 and indicates the area of residence of those treated. It can be seen that a total of 1,057 adults were treated as in-patients, 770 from Greater Glasgow Health Board area and 287 from other Health Boards. Of the total treatments 478 took place at the Western/Gartnavel, 331 at the Southern General and 248 at Stobhill.

Appendix 4 sets out the adult day-case workload in a similar way. Total day case treatments undertaken were 1,660 of which 1,438 were to residents of Greater Glasgow Health Board area and 222 to residents of other Health Boards. Of the total treatments recorded 1,243 took place at the Western/Gartnavel and 417 at the Southern General.

In addition, there were 95,120 out-patient attendances/treatments. These were undertaken at:

Western/Gartnavel	28,953
Southern General Hospital	16,341
Victoria Infirmary	11,809
Glasgow Royal Infirmary	18,189
Stobhill General Hospital	16,675
RHSC Yorkhill	3,153

### **2.3 The Case for Change**

Dermatology, probably more than any other clinical specialty, is admitting fewer in-patients and treating more patients on a day or out-patient basis. In addition the complex cases that require in-patient treatment benefit more when the necessary skills are concentrated on a smaller number of centres.

As can be seen from Appendices 3 and 4 most treatments do not warrant an in-patient stay and the number that do has fallen by 10% between 1991/92 and 1994/95. This trend is expected to continue with a consequent need for fewer in-patient beds. In these circumstances the Board considers that it is neither necessary nor viable to retain the existing pattern of service and that there should be a reduction in the number of in-patient sites for adults from three to two.

Representations have been made, particularly by the Area Medical Committee, that there should be only one in-patient unit but the Board has taken the view that, in weighing the benefits of centralisation against the need for local access, a two site option is preferable. In addition the Board considers that the existing arrangements for day and out-patient treatments should be maintained.

### **2.4 Proposals for Change**

As with Ophthalmology it is considered that from an access point of view there should be one unit to the south and one to the north; the units at the Southern General and Western/Gartnavel should therefore be retained.

Again, in the same vein as Ophthalmology, the unit at Stobhill treats the smallest number of in-patients and as its closure would therefore have the least effect on patient access it is recommended that that in-patient unit should close.

The current provision of Dermatology out-patient services will be retained.

### **2.5 Effects of Change**

From Appendices 3 and 4 it can be seen that all but 5 Glasgow residents treated at Stobhill come from north of the Clyde. It is therefore recommended that the Board should purchase an additional 142 in-patient cases from the West Glasgow Trust and an additional 5 in-patient cases from the Southern General.

The current provision of day case and out-patient treatment will be maintained.

Discussions will be held with Lanarkshire and Forth Valley Health Boards to determine their future purchasing intentions.

### **2.6 Timescale for Change**

It is proposed that these revised purchasing arrangements be introduced from 1 April 1996.

**Dermatology - 1994/95**  
**Inpatients - Adults**

<b>Resident In</b>	<b>Treatment In Glasgow NHS Trusts</b>			<b>Total</b>
	<b>Stobhill (north)</b>	<b>West Glasgow (west)</b>	<b>Southern General (south west)</b>	
East	57	13	2	<b>72</b>
North	80	43	0	<b>123</b>
West	5	240	18	<b>263</b>
South West	1	18	169	<b>188</b>
South East	4	14	106	<b>124</b>
All GGHB	147	328	295	<b>770</b>
Cross Boundary Flow	101 •	150	36	<b>287</b>
<b>Total</b>	<b>248</b>	<b>478</b>	<b>331</b>	<b>1057</b>

- 74 from Forth Valley Health Board  
22 from Lanarkshire Health Board

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**Dermatology - 1994/95**  
**Day Cases - Adults**


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<b>Resident In</b>	<b>Treatment In Glasgow NHS Trusts</b>			<b>Total</b>
	<b>Stobhill (north)</b>	<b>West Glasgow (west)</b>	<b>Southern General (south west)</b>	
East	0	23	2	<b>25</b>
North	0	77	2	<b>79</b>
West	0	896	10	<b>906</b>
South West	0	32	277	<b>309</b>
South East	0	44	75	<b>119</b>
All GGHB	0	1072	366	<b>1438</b>
Cross Boundary Flow	0	171	51	<b>222</b>
<b>Total</b>	<b>0</b>	<b>1243</b>	<b>417</b>	<b>1660</b>

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**3.1 The Present Service**

Oral Surgery and Medicine in-patient services are provided at Glasgow Royal Infirmary/Canniesburn, Stobhill Hospital, West Glasgow, Southern General and the Victoria Infirmary. Bed utilisation during 1994/95 was as follows:

	<b>Staffed Beds</b>
Canniesburn/GRI	6.2
Stobhill	4.2
Southern General Hospital	0.1
Western	3.7
Victoria Infirmary	5.8
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Total	20.0
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Day case services are provided at each of the above sites in addition to the Dental Hospital and School where the greatest volume of day case work (some 87% of the total) is undertaken.

Three quarters of the in-patient procedures undertaken arose from disease of the hard tissue of the teeth with a further significant number being due to disorders of tooth development.

**3.2 Current Workload**

Appendix 5 sets out the in-patient workload at each of the hospitals in 1994/95 and indicates the area of residence of those treated. A total of 1,774 patients were treated as in-patients; 1,097 adults and children from the Board's catchment area and 677 residents from other Health Boards.

Appendix 6 sets out the day case workload and shows that a total of 5,747 day case treatments were undertaken of which 3,474 were adults or children resident in Greater Glasgow. The remaining 2,273 day case treatments were performed on patients resident outwith the Board's boundaries.

In addition, there were 57,627 out-patient attendances/treatments. These were undertaken at:

Western/Gartnavel	1,067
Dental Hospital	38,545
Southern General Hospital	710
Victoria Infirmary	4,195
Glasgow Royal Infirmary	2,419
Canniesburn Hospital	7,370
Stobhill General Hospital	3,034
RHSC Yorkhill	297

### **3.3 The Case for Change**

It is recognised that this is a small specialty with a diminishing in-patient bed requirement in the future (10 beds by 2001). The Board's view that better use of resources would be achieved by concentrating on one or 2 sites was endorsed during the Acute Service consultation period by the Area Medical Committee, the Dean of Dental Education Glasgow University, and the British Dental Association. All 3 groups of consultees indicated their preference for a single site only. Substantial advances in moving away from in-patient treatments and hence a reduction in bed requirements indicate that a reduction in the number of in-patient sites will be necessary to achieve economy of scale.

### **3.4 Proposals for Change**

Having received strong support for a single site the Board has taken the view that this is indeed the best option.

Two acute sites offer specific benefits; siting the unit within the Glasgow Royal Infirmary Trust would continue links with plastic surgery while a unit situated within the Southern General would offer benefits in the linkage of oral surgery/maxillo facial surgery and neurosurgical services.

The Board therefore welcomes bids from both Trusts for further evaluation; in addition it is recognised that other Trusts may wish to submit Business Cases in respect of Oral Surgery and Medicine.

### **3.5 Effects of Change**

Following the results of the consultation and the evaluation of Business Cases, all in-patient treatments will be concentrated on a single site yet to be determined.

Day case activity and out-patient Oral Surgery and Medicine services will be maintained in all 5 acute adult sites.

Further discussion will be held with neighbouring Health Boards to determine their purchasing intentions in respect of their patients currently treated in Glasgow Hospitals.

### **3.6 Management Arrangements**

It is proposed that, with effect from 1 April 1996 the Board will contract with the selected provider of oral surgery and medicine (including maxillo facial surgery services); the provider will be responsible for the employment of all the staff necessary to provide the service.

### **3.7 Timescale for Change**

It is proposed that the revised arrangements approved by the Board be introduced from 1 April 1996 and that any consequent cessation of contract activity be effected simultaneously.

**Oral Surgery and Medicine -1994/95**  
**(Including Maxillo Facial Surgery)**  
**Inpatients - Adults and Children**

Resident In	Treatment In Glasgow NHS Trusts						Total
	GRI and Canniesburn (east/west)	Stobhill (north)	West Glasgow (west)	Southern General (south west)	Victoria Infirmary (south east)	Dental Hospital	
East	154	38	1	2	23	0	<b>218</b>
North	62	185	7	1	8	0	<b>263</b>
West	140	38	38	2	34	0	<b>252</b>
South West	24	10	2	11	113	0	<b>160</b>
South East	25	9	0	0	170	0	<b>204</b>
All GGHB	405	280	48	16	348	0	<b>1097</b>
Cross Boundary Flow	442	84	7	11	133	0	<b>677</b>
<b>Total</b>	<b>847</b>	<b>364</b>	<b>55</b>	<b>27</b>	<b>481</b>	<b>0</b>	<b>1774</b>

Note : Although located in the west, Canniesburn is part of the Glasgow Royal Infirmary NHS Trust

**Oral Surgery and Medicine -1994/95**  
**(Including Maxillo Facial Surgery)**  
**Day Cases - Adults and Children**

Resident In	Treatment In Glasgow NHS Trusts						Total
	GRI and Canniesburn (east/west)	Stobhill (north)	West Glasgow (west)	Southern General (south west)	Victoria Infirmary (south east)	Dental Hospital	
East	19	0	0	6	21	820	<b>866</b>
North	14	2	0	9	2	710	<b>737</b>
West	117	1	0	35	9	568	<b>730</b>
South West	7	1	0	29	52	536	<b>625</b>
South East	4	0	0	1	101	410	<b>516</b>
All GGHB	161	4	0	80	185	3044	<b>3474</b>
Cross Boundary Flow	189	2	0	101	33	1948	<b>2273</b>
<b>Total</b>	<b>350</b>	<b>6</b>	<b>0</b>	<b>181</b>	<b>218</b>	<b>4992</b>	<b>5747</b>

Note :1 Although located in the west, Canniesburn is part of the Glasgow Royal Infirmary NHS Trust  
2 The Glasgow Dental Hospital and School predominately treat children as day cases - 4909 episodes or 98% of total workload

**Strathclyde Regional Council**  
**Chief Executive's Department**  
Strathclyde House, 20 India Street, Glasgow G2 4PF

**AGENDA ITEM No. 17**



**Strathclyde**  
**SCOTLAND**



**Chief Executive: Neil McIntosh, CBE**

Tel: Direct Line 0141-227 3370  
Telex: 77428 Fax: 0141-227 2870  
Our Ref: PS/SW/COM/16/45  
Your Ref:  
Date: 13 July 1995  
If phoning or calling please ask for Mr Gibson

Mr Andrew Cowie  
Chief Executive  
North Lanarkshire Council  
Civic Centre  
Motherwell  
ML1 1TW

Dear Mr Cowie

**GREATER GLASGOW HEALTH BOARD - PURCHASING ACUTE SERVICES TO 2001 -  
RATIONALISATION OF CLINICAL SPECIALTIES**

Please find enclosed a copy of the above mentioned Consultation Document and I write to inform you that the Director of Social Work is at present co-ordinating responses from appropriate Departments within the Council to enable her to prepare a Committee report for the Social Work (Community Care) Sub-Committee of 26 September 1995 and consideration will also be given by the appropriate Divisional Community Development and Local Committees of this Council.

You may wish to bring this matter to the attention of the new Shadow Authority.

Yours sincerely

Avril Lewis  
Principal Administrative Officer

Enc

LCS04872/MR3

AGENDA ITEM No. 17  
NORTH LANARKSHIRE COUNCIL

Social Work Department

Source Director of Social Work  
Destination Chief Executive  
Subject Consultation Document from Greater Glasgow Health Board  
"Purchasing Acute Services to 2001 - Rationalisation of  
Clinical Specialities".  
Committee Submission  
(if applicable)  
Date 8th September, 1995.  
My Ref DMCK/HS  
Your Ref  
Distribution



The general nature of the information available makes it difficult to comment on the effect of the acute services review for the majority of residents within North Lanarkshire.

However, it can be assumed that for those residents of Stepps, Chryston and Moodiesburn the effects of the review may perhaps be greater than for residents in other parts of North Lanarkshire.

The consultation document reviews ophthalmology services, dermatology services, and oral/Maxillo-facial services.

Ophthalmology Services

The consultation paper indicates that the case for change in this speciality is concerned with the need to concentrate skills and to have highly sophisticated equipment and specially equipped theatres permanently reserved for this speciality.

The service is currently provided at the Southern General Hospital on the south of the City, at the Western/Gartnavel in the west of the City and at Stobhill in the North of the City.

The paper indicates that the number of in-patients treated at Stobhill is the smallest number amongst the three hospitals and also indicates that the number of day cases treated is so low that it would not justify the retention of a day facility. It is therefore proposed to close the Stobhill unit.

The effects of such a change are only described in the broadest terms particularly in relation to alternative measures of securing a particular service. There is no indication as to the social consequences of the rationalisation of clinical specialities in this way, e.g. the extent and cost of the increased travel for residents in Cumbernauld/Kilsyth or the Stepps/Chryston area or for other residents who might have in the past used these services but are currently living within the geographic area of North Lanarkshire.

Greater Glasgow Health Board intend however to have further discussions with Lanarkshire Health Board in respect of the in-patients and day cases treated at Stobhill.

### Dermatology Services

Here again the proposal is that the dermatology unit at Stobhill which provides in-patient care should be closed and that discussions should be held with Lanarkshire Health Board to determine future purchase intentions.

Again the general nature of the information available does not allow a judgement to be made as to the effects of this change on residents of North Lanarkshire nor are any of the social consequences examined in relation to this service.

### Oral Surgery/Maxillo-facial Services

The consultation paper indicates that this is a small speciality with a diminishing in-patient bed requirement in the future. Notwithstanding this the service is currently offered from five sites including Stobhill hospital and the proposal here is to concentrate future services on a single site.

Greater Glasgow Health Board is inviting bids from two trusts within Glasgow Royal Infirmary and the Southern General hospital for further evaluation and recognise that other trusts may wish to submit business cases in respect of oral surgery and medicine.

### Conclusion

The consultation paper "Purchasing Acute Services to 2001 - Rationalisation of Clinical Specialities" clearly intends a reduction in the number of hospital service bases available. It would also appear that Stobhill hospital will suffer most from the Board's intentions to concentrate services on a reduced number of sites.

However, the information provided is of such a general nature that it is not possible to know with any degree of certainty what effect this will have on residents within the area of North Lanarkshire Council. It is clear, however, that residents of Stepps/Chryston/Muirhead/Kilsyth/Cumbernauld will be considerably inconvenienced by the centralising of these services, but the effect on employment is not able to be judged. It might be assumed, however, because of Stobhill's proximity to North Lanarkshire areas of population that some of the North Lanarkshire residents will have received services in Stobhill and may indeed be employed in that hospital.

The consultation paper gives no indication as to any likely social consequences of the rationalisation of clinical specialities although it does indicate that further consultation is to be held with Lanarkshire Health Board in terms of their purchasing intentions. It is understood that Lanarkshire Health Board have not yet finalised their response to the Consultation Document.

### Recommendation

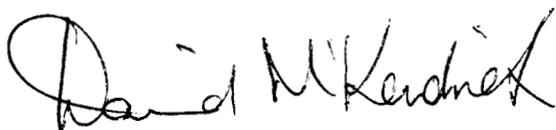
That Council ask Lanarkshire Health Board for their views on the effect of Greater Glasgow Health Board's consultation paper "Purchasing Acute Services to 2001 - Rationalisation of Clinical Specialities" on residents within North Lanarkshire who to this date have had ophthalmology, dermatology, and oral surgery and medicine services provided by Greater Glasgow Health Board.

Lanarkshire Health Board be invited to indicate what their intentions are in respect of the availability of these services in the future.

Greater Glasgow Health Board be asked for further information regarding the numbers of North Lanarkshire residents who were included in the statistics provided in the consultation paper.

Greater Glasgow Health Board be asked for their view on the social consequences of the rationalisation of these specialities, e.g. any job losses, alternative employment opportunities to be made available, increased travel for patients etc.

That this Council reserves the right to comment further on the consultation paper when the additional information suggested above is provided.



David McKendrick,  
Director of Social Work.