

# Consultation on the Replacement or Refurbishment of University Hospital Monklands



This document sets out why we need to replace or refurbish University Hospital Monklands.  
Let us know what you think during the consultation which runs from  
16 July to 15 October 2018.

See inside to find out how to submit your views.

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# 1 Introduction - Why Are We Consulting?



University Hospital Monklands is more than 40 years old and, despite £35m investment over the last seven years, there are parts of the hospital that we will never be able to bring up to the standards required to deliver high-quality 21st century healthcare.

We need a hospital that can deliver modern, high-quality, safe and efficient care for our patients.

The way in which services are organised at University Hospital Monklands means we cannot improve the way care is delivered unless we make significant changes, which would be very difficult to do with the current building.

Over the last three years we have looked at the possible options for modernising and updating University Hospital Monklands.

This document sets out the work that has been undertaken so far and why, following this work, we believe we need a new hospital on a new site to deliver the improvements to services that people in Lanarkshire deserve.

We are now looking for your views on the future of University Hospital Monklands and would welcome your feedback.

There are questions at the end of this document which we would like you to consider. All responses will be collated and will form part of the report which will go to the NHS Lanarkshire Board at the end of the year. The Board will then take a decision on whether or not we can develop an outline business case for the replacement or refurbishment of the hospital.

We have undertaken an option appraisal process to explore the future redevelopment of University Hospital Monklands. The highest scoring option was to build a new hospital at a new location in Gartcosh.

This document sets out the case for change and how you can submit your views on the replacement or refurbishment of University Hospital Monklands.

## 2 Background – How Did We Get Here?

### 2.1 Achieving Excellence – NHS Lanarkshire's Healthcare Strategy

In 2016 we consulted on our healthcare strategy, Achieving Excellence, which set out our plans to improve health services in Lanarkshire.

Achieving Excellence describes the changes to health and social care needed to meet the needs of the population and ensure people live longer, healthier lives. It is also the means by which NHS Lanarkshire will implement the National Health and Social Care Delivery Plan, the National Clinical Strategy and the 2020 Workforce Vision.

The feedback we received from that consultation showed significant support for our aims:

- To reduce health inequalities, improve health and healthy life expectancy
- To shift the balance of care from hospitals to enhanced community services
- To organise hospital care into centres of excellence to provide high-quality specialist clinical services for patients
- To support people to live independently through integrated health and social care working
- To avoid hospital admission where possible and make day case treatment the norm
- To improve palliative care and support end of life services.
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## 2.2 University Hospital Monklands

To achieve the aims we set out in Achieving Excellence, we need modern, fit-for-purpose facilities to deliver specialist acute hospital services and fully integrate these with community-based health and social care services.

As part of our consultation on Achieving Excellence we asked people what their preferred option was to replace or refurbish University Hospital Monklands.

The overwhelming majority of respondents to the online survey supported the need for investment and redevelopment of Monklands.

The factors which respondents felt were important in deciding the future of the hospital were travel and transport, parking, potential for disruption and ensuring the levels of staff and services in the hospital were maintained.

This gave us a mandate to develop an initial agreement to explore options for the future of the hospital in more detail.





## 3 The Process – Developing the Plans for a New Hospital

### 3.1 The Initial Agreement

The Cabinet Secretary for Health and Sport approved NHS Lanarkshire's healthcare strategy Achieving Excellence in June 2017.

Following this we produced an Initial Agreement (IA) for the Monklands Replacement/Refurbishment Project (MRRP).

The options set out in the IA were:

- Option A – do minimum
- Option B – full refurbishment of current hospital
- Option C – new-build on current hospital site
- Option D – new-build on another site.

The IA was approved by the Scottish Government in October 2017. This meant that NHS Lanarkshire was given the go-ahead to develop an outline business case (OBC) to replace or refurbish University Hospital Monklands.

The development of the OBC is being undertaken in the broader context of achieving the aims of the National Health and Social Care Delivery Plan. This is not just about Monklands or Lanarkshire; as we develop centres of excellence and work more collaboratively with neighbouring NHS Boards, we have to take regional services into account for the whole of the west of Scotland.



We have made a commitment to ensure the hospital will continue to have a fully-functioning A&E and will be located within the area that serves all of the current Monklands population. This includes Cumbernauld, Kilsyth, Bellshill, Airdrie, Coatbridge, Moodiesburn, Uddingston and Bothwell.

## 3.2 The Option Appraisal

To help us develop the business case for a new Monklands we needed to undertake an option appraisal to consider the best option for refurbishment or replacement.

The Scottish Capital Investment Manual (SCIM) defines the process for undertaking a formal option appraisal at OBC stage and identifies the range of participants who should be involved.

This includes patients, public, carers, staff, staff side representatives and members of the project team.

The option appraisal process also needed to comply with the national guideline CEL 4(2010) – Informing, Engaging and Consulting People in Developing Health and Community Care Services.

The North and South Health and Social Care Partnerships agreed a process to nominate and select the individuals who represented patients, public and carers. Approximately one third of total participants were public representatives.

The events also included regional representatives, the Scottish Ambulance Service, the Health and Social Care Partnerships and staff from all three acute hospitals in Lanarkshire.

The Scottish Health Council has confirmed it is satisfied that NHS Lanarkshire proceed to consultation.

### 3.2.1 Option appraisal process

Before the option appraisal events were held, two clinical cross-check events involving clinical staff from across NHS Lanarkshire took place to ensure consistency and that the clinical requirements were clearly understood.

Pre-brief sessions were then held for those taking part in the option appraisal. These outlined the detail of the options under consideration, the mechanics of the formal option appraisal and the scoring process.

A full-day event was held on 4 June 2018 to complete the non-financial scoring of options A, B, C and D to assess how well they could deliver an improved clinical model for the hospital.

As Option D, a new build at a new site, was the highest scoring option a second event was held on 8 June 2018 to look at two possible sites for the new hospital and benchmark these against the current site.

A financial appraisal of the options was then completed following the option appraisal events.

You can read the full option appraisal report on our website [www.monklands.scot.nhs.uk](http://www.monklands.scot.nhs.uk)





## 4 The Case For Change – Why We Need A New Hospital

There are two main reasons why we need a new hospital for the Monklands catchment area.

- 1 Clinical services need to be better organised to deliver care that is high quality and safe for the patients who attend Monklands
- 2 The current building is no longer fit for purpose

### 4.1 The clinical case for change

People in Lanarkshire are getting older. Within the next decade there will be a rise of around 45 per cent in the number of people in Lanarkshire aged over 65. In the years ahead, Lanarkshire will also have the largest increase in people over 75 of any area in Scotland.

Older people make a valuable contribution to our families and communities, but the older we get the more likely we are to need healthcare - often for multiple conditions.

We are already seeing the impact of this on our services with increasing pressure on our acute sites. For example, the over-75 population currently accounts for seven per cent of the population but take up 46 per cent of bed days.

This pressure will only continue unless we make changes now, especially as there are particular challenges in recruiting and retaining staff.

Taking these factors into account, our doctors, nurses and other healthcare professionals have come together to drive proposals for the Monklands of the future.

Along with healthcare planning experts, they have created a detailed clinical model - a blueprint for the way we will treat patients in the decades to come.

The clinical model will ensure patients are seen by the most suitable professional at the right time and in the right place with a minimum number of transfers between different healthcare staff and places.

We want to:

- Shift the balance of care away from stays in hospital to day case treatment, outpatient care and community care;
- Develop “centres of excellence” at our acute hospitals so the expertise required to treat specific health conditions is all in one place;
- Have hospitals that support the healthcare needs of the wider west of Scotland population and beyond, as well as Lanarkshire patients.
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## 4.2 What would the new clinical model look like?

We are committed to providing three hospitals with emergency departments in Lanarkshire. The services currently provided at Monklands will move to the new site and there are no plans to reduce bed numbers.

However, services would be arranged differently at the new hospital to deliver a new clinical model. The new hospital will have an “emergency and assessment village” on the ground floor.

This would allow a number of key clinical departments, including the emergency department (ED), radiology, assessment beds and laboratories, to be close together so patients can move round them easily after they arrive at hospital.

If more patients are successfully treated in the village, fewer will need to be admitted to a hospital bed.

A complex care floor would have operating theatres, critical care facilities, coronary care unit and renal services close to each other.

There would be a centre of excellence for cancer services. It will have an integrated cancer unit providing chemotherapy and other systemic anti-cancer therapy as well as outpatient clinics. It will have the capacity for clinical trials to offer increased patient choice and access to new treatments.

The centre would be close to the radiotherapy department so patients don’t have to move far for treatment.

The Lanarkshire Beatson and Maggie’s Centre would also be co-located with the new hospital wherever it is built.

The new hospital would mean

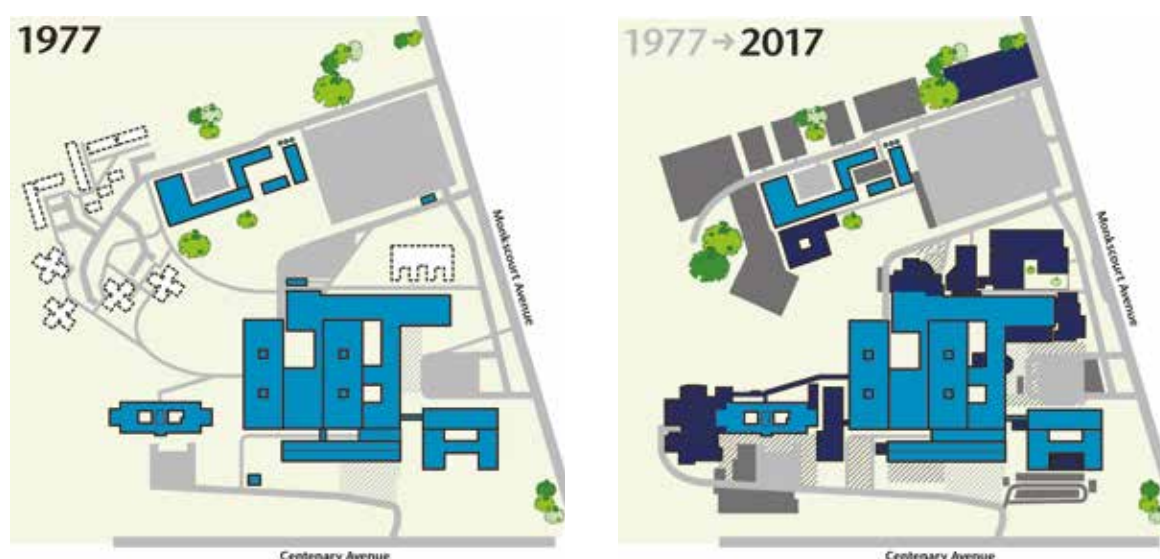
- Better outcomes for patients
- Faster access to care
- Care built around the needs of patients and carers
- Patients going to hospital only when it’s the best place to meet their needs
- Changes to the way hospital beds are used for older people’s care
- Reduced unscheduled (emergency) care
- More resources for planned care
- Reduced need for inpatient stays
- More new technology to support care
- Improved recruitment and retention of staff

## 4.3 The physical constraints of the hospital

### 4.3.1 The Infrastructure

Monklands is an ageing hospital – most of the infrastructure dates from the 1970s and has exceeded its life expectancy. Recurring failures not only have ongoing and increasing financial implications but also have an impact on the delivery of clinical services. The building also contains asbestos and is frequently affected by ground-floor flooding.

We currently use 70 per cent of the hospital site which makes it difficult to expand services or build on the site. All access to the site is via the war memorial junction, which causes issues with access, particularly for emergency vehicles.



The amount of available parking has increased over the years but is still limited and insufficient to meet demand.

### 4.3.2 Fire safety challenges

Considerable investment has gone into improving fire prevention and detection across the site, but much of it does not comply with current fire code and building standards. This would make evacuation difficult in the event of a fire.

We have done everything we can to mitigate the fire risks on the site but as more patients attend in the future it will become increasingly difficult to maintain fire safety.

### 4.3.3 Infection prevention and control challenges

The ability to prevent and control infection is affected by the difficulty in isolating patients due to ward layouts, limitations and poor design of ward shower facilities and the flooding caused by failures of the drainage system.

## 5 The Option Appraisal – The Potential for Replacing or Refurbishing University Hospital Monklands

At our option appraisal event in June 2018, we explored four possible options for the future of University Hospital Monklands:

- Option A – do minimum; maintain existing building
- Option B – full refurbishment of current hospital
- Option C – new-build on current hospital site
- Option D – new-build on another site.

Each of these have advantages and disadvantages that were explored at the events and a summary of the key themes is listed in the tables below.

### 5.1 Option A – Do minimum. Could we maintain the existing building?

Advantages	Disadvantages
<ol style="list-style-type: none"><li>1 Scottish Ministers own the site</li><li>2 Hospital in a familiar location</li><li>3 Established transport links</li><li>4 Lanarkshire Beatson and Maggie's Lanarkshire retained on site</li></ol>	<ol style="list-style-type: none"><li>1 Would fail to deliver the clinical model, including lack of site space to provide the large ground floor area required</li><li>2 No end-point to ongoing maintenance</li><li>3 Continued construction work very close to a working hospital with major traffic disruption, noise and dust</li><li>4 Loss of 150 parking spaces</li><li>5 Unattractive working environment and lack of staff facilities, e.g. childcare</li><li>6 Inability to functionally expand</li><li>7 Doesn't meet current fire regulations</li></ol>

## 5.2 Option B – Could we refurbish the existing building?

Advantages	Disadvantages
<ol style="list-style-type: none"> <li>1 Scottish Ministers own the site</li> <li>2 Delivers limited elements of the clinical model</li> <li>3 A completion point would eventually be reached</li> <li>4 Hospital in a familiar location</li> <li>5 Established transport links</li> <li>6 Lanarkshire Beatson and Maggie's Lanarkshire retained on site</li> </ol>	<ol style="list-style-type: none"> <li>1 Would fail to deliver significant elements of the clinical model, including lack of site space to provide the large ground floor area required</li> <li>2 A phased refurbishment would take an estimated 23 years to complete</li> <li>3 There would be construction work very close to a working hospital, Lanarkshire Beatson and Maggie's Lanarkshire, with major traffic disruption, noise and dust</li> <li>4 A new building would need to be constructed to decant services into during the work, meaning the renal, infectious diseases and endoscopy services would have to be moved, probably off site</li> <li>5 Loss of 150 parking spaces</li> <li>6 Benefits limited by fixed building envelope</li> <li>7 Unattractive working environment and lack of staff facilities e.g. childcare</li> <li>8 Continued non-compliance with current fire regulations within retained accommodation</li> </ol>



### 5.3 Option C: Could we build a new hospital on the current site?

Advantages	Disadvantages
<ol style="list-style-type: none"> <li>1 Scottish Ministers own the site</li> <li>2 Would provide some elements of the clinical model</li> <li>3 Would take an estimated 13 years to complete – shorter time period than option B</li> <li>4 Hospital in a familiar location</li> <li>5 Established transport links</li> <li>6 Able to provide appropriate accommodation for children and young people</li> <li>7 Has ability to standardise key clinical spaces</li> <li>8 Limited expansion possible</li> <li>9 Improved staff environment and facilities e.g. childcare</li> <li>10 Accommodation will meet current health planning standards, including fire safety</li> <li>11 Lanarkshire Beatson and Maggie's Lanarkshire retained on site</li> </ol>	<ol style="list-style-type: none"> <li>1 Demolition/parking/access/construction – hugely disruptive. Construction work very close to a working hospital, Lanarkshire Beatson and Maggie's Lanarkshire, with major traffic disruption, noise and dust</li> <li>2 Some services would have to be moved to other hospital sites, where space is also limited, while work was ongoing</li> <li>3 Potential for valid planning objections to the new main building which would need to be built on sloped area of current site</li> <li>4 The David Mathews Diabetes Centre and pathology would require to be relocated</li> <li>5 Loss of up to 600 parking spaces during phases of the construction period</li> <li>6 Compromises in the delivery of safe, patient centred care within any expansion zone</li> <li>7 Lanarkshire Beatson and Maggie's Lanarkshire relatively isolated and poorly integrated</li> </ol>

## 5.4 Option D: Could we build a new hospital on a new site?

Advantages	Disadvantages
<ol style="list-style-type: none"> <li>1 All elements of the clinical model and layout of hospital can be delivered including plan to have particular departments and services located close to each other</li> <li>2 Ability to provide at least 20 per cent expansion</li> <li>3 Can standardise clinical spaces</li> <li>4 Would be completed in eight years – the shortest timescale of all potential options</li> <li>5 No construction or demolition work at working hospital</li> <li>6 No impact on services or car parking at hospital during construction</li> <li>7 Better staff environment and facilities could be planned, such as childcare</li> <li>8 Accommodation would meet current health planning standards, including fire safety</li> </ol>	<ol style="list-style-type: none"> <li>1 Would need to acquire a site – potential for delays</li> <li>2 Unfamiliar site</li> <li>3 Requirement to establish additional public transport routes</li> <li>4 Need to relocate Lanarkshire Beatson and Maggie's Lanarkshire</li> </ol>

## 5.5 Conclusions at the end of Option Appraisal - Day 1

The participants at the option appraisal accepted that it was not feasible to continue with the existing hospital due to the risks associated with the ageing building.

Refurbishment would deliver some benefits but would not achieve the full clinical model and would involve significant disruption on the site and to the services currently provided.

A new build hospital on the site had more advantages than refurbishment and could be achieved in a shorter timescale but would still mean significant disruption and would not be able to deliver a large enough ground floor to achieve the clinical model.

The outcome of the option appraisal was that option D emerged as the highest scoring option by a significant margin – a new build hospital at a new site. This option scored very highly, at almost double the second best option – to build a new hospital on the current site.

This was due to the fact it could be built with no disruption to the existing hospital while work was ongoing. It could therefore be achieved much more quickly. A new site would also deliver the full clinical model and the potential to expand the site if required to meet future demand.

The full scorings can be found in the option appraisal document on the website [www.monklands.scot.nhs.uk](http://www.monklands.scot.nhs.uk)

As the first option appraisal event identified the highest scoring option for replacing Monklands was a new build on a new site, a second event was held to look at what options were available for a new site within the Monklands Hospital catchment area.

## 6 Where Would the New Hospital Be?

### 6.1 Location

Finding a site big enough to accommodate a brand new hospital is not easy as 40 acres are required.

We began with a long list of 37 locations in Lanarkshire which could potentially accommodate a new-build hospital.

- 7 of these sites were rejected because they were in South Lanarkshire
- 14 were rejected because they were outwith the Monklands catchment area
- 6 were rejected because they were too small
- 4 were rejected due to planning and road infrastructure issues
- 4 were rejected because they change the catchment areas of Lanarkshire's hospitals, so more patients would attend A&E at the new hospital

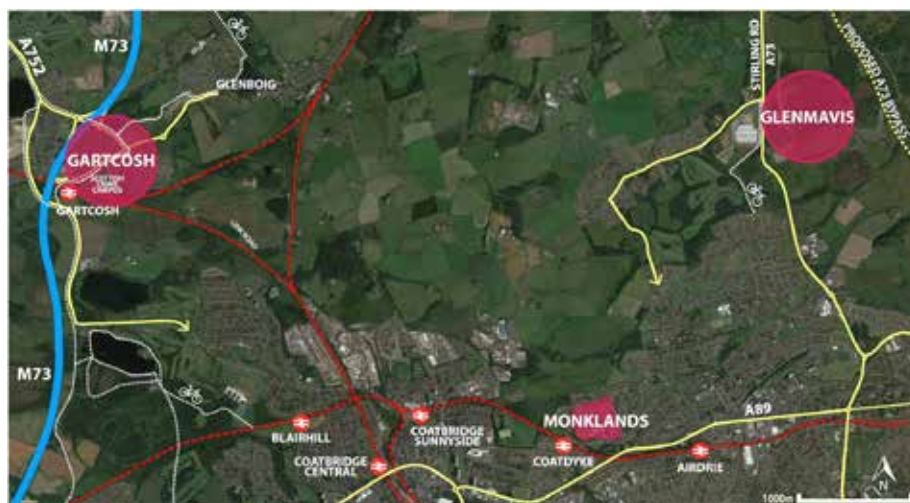
This left two possible options – Gartcosh and Glenmavis – which were large enough to accommodate a new hospital and allow expansion of at least 20 per cent to meet future demand.

Our option appraisal process examined the two remaining sites in detail. These were benchmarked against the existing site in terms of ease of access, transport links, potential for expansion and their ability to develop centres of excellence and meet regional requirements for healthcare.

Both sites could accommodate a new hospital however the transport links to Gartcosh made this the highest scoring option.

One of the key elements was its train link to Glasgow which participants felt was an important element, given the workforce challenges the NHS faces, to attract and retain new doctors, nurses and other clinical staff.

Close access to the M73 and the strategic motorway network was also seen as an advantage.



## 6.2 Access

Currently, 85 per cent of people travel to University Hospital Monklands by car with almost five per cent going by bus and more than three per cent by train. The remaining patients either walk, cycle or use taxis.

Car	Bus	Walk	Train	Taxi	Cycle
85.12%	4.98%	3.72%	3.58%	1.82%	0.78%

Because the majority of people travel by car, the time it takes to drive to the hospital and the availability of parking is key.

### Drive times for people within the University Hospital Monklands catchment area

	Monklands	Gartcosh	Glenmavis
Within 15 minutes	82%	90%	55%
Within 20 minutes	100%	100%	97%
Within 25 minutes	100%	100%	100%

### Drive times for people within the wider NHS Lanarkshire catchment area

	Monklands	Gartcosh	Glenmavis
Within 25 minutes	93%	89%	78%
Within 30 minutes	97%	96%	91%
Within 35 minutes	98%	98%	97%
Within 40 minutes	99%	99%	98%

### What about parking?

Building a new hospital will allow us to create additional parking.

### What about buses?

We will ensure that regular and accessible bus services would be established in a new location. These services would be at least as good as those to the current hospital site.

### What about trains?

Both Monklands and Gartcosh are close to train stations. Glenmavis does not have a train station nearby.

Currently Monklands is served by the Glasgow to Edinburgh line which stops at Coatbridge and Airdrie while Gartcosh is on the Glasgow to Cumbernauld line.

If the hospital is built at Gartcosh there is an opportunity to develop a link between Glasgow/Lanark via Motherwell, Coatbridge and Gartcosh which would ensure patients from across Lanarkshire can access the hospital by train.



## 6.3 Advantages and Disadvantages

Below is a summary of the advantages and disadvantages of the Gartcosh and Glenmavis sites compared with the current site at Monklands.

### 6.3.1 Monklands

Advantages	Disadvantages
<ol style="list-style-type: none"><li>1 Established existing public transport Links</li><li>2 Rail in close proximity</li><li>3 Embedded in the local community</li><li>4 82 per cent Monklands catchment area less than 15 minutes' drive</li><li>5 No disruption to existing travel arrangements for those who live locally</li></ol>	<ol style="list-style-type: none"><li>1 Local road capacities serviced by A roads only</li><li>2 Poor linkage to strategic road network</li><li>3 Single road entry point</li></ol>

### 6.3.2 Gartcosh

Advantages	Disadvantages
<ol style="list-style-type: none"><li>1 Good access to the strategic motorway network</li><li>2 Can accommodate new clinical model</li><li>3 Ability to provide expansion</li><li>4 A new link road to the local network (north Coatbridge) is planned</li><li>5 Two entrance/exit points to the hospital</li><li>6 Close proximity to a train station</li><li>7 90 per cent of people in the Monklands catchment area are less than 15 minutes' drive away</li></ol>	<ol style="list-style-type: none"><li>1 Local road and junction capacities would require improvement</li><li>2 There is a culvert (a tunnel carrying the Bothlin burn) at the location</li><li>3 Remaining steelworks substructure</li><li>4 Increased journey times for some patients and visitors</li></ol>

### 6.3.3 Glenmavis

Advantages	Disadvantages
<ol style="list-style-type: none"> <li>1 Largest available site</li> <li>2 Can accommodate new clinical model</li> <li>3 Ability to provide expansion</li> <li>4 Two entrance/exit points to the hospital</li> </ol>	<ol style="list-style-type: none"> <li>1 55 per cent of people in the Monklands catchment area would take up to 15 minutes to drive there</li> <li>2 Local road and junction capacities would require improvement</li> <li>3 No rail links</li> <li>4 There is a high-pressure gas main that would need to be built around</li> </ol>

## 6.4 Scoring

Participants on day two of the option appraisal scored three options with Gartcosh emerging with the highest score.

	Option 1 Monklands	Option 2 Gartcosh	Option 3 Glenmavis
Score	471	856.8	530

These scores were combined with those from Day 1 of the option appraisal event to give a final total for each option. Gartcosh remained the highest scoring option.

	Option A Do minimum	Option B Refurbish	Option C Monklands new build	Option D1 Gartcosh new build	Option D2 Glenmavis new build
Score	234.1	304.2	464.9	921.6	823.7

## 6.5 Financial appraisal

Following the option appraisal NHS Lanarkshire undertook a financial appraisal of all of the options. This is a mandatory Scottish Capital Investment Manual process which is used to identify the most cost effective option.

The capital cost is the cost of building the hospital and includes for example, the cost of purchasing any land and relocating the Beatson and Maggie's Centres.

The annual equivalent cost shows the annual costs of both the capital and revenue costs (such as staffing, utilities and rates) of the hospital over time.

To determine the most cost effective option, the Annual Equivalent Cost is divided by the benefit points identified at the option appraisal event, with the lowest figure showing the option which offers best value.

The table below shows these figures for each option considered during the option appraisal process.

	Option A Do Minimum £000s	Option B Refurbish £000s	Option C Monklands new build £000s	Option D1 Gartcosh new build £000s	Option D2 Glenmavis new build £000s
1 Capital Cost	326,221	851,185	613,492	562,360	567,976
2 Annual Equivalent Cost	10,637	17,445	17,676	17,449	17,448
3 Total Benefit Points	234.1	304.2	464.9	921.6	823.7
4 Cost Per Benefit Point	46.437	57.347	38.023	18.934	21.219

## 6.6 Conclusion

The option appraisal and financial appraisal suggest that building on the existing site would be challenging. It would impact significantly on the services currently provided at the hospital and would reduce the available parking for staff and patients. Also, it would not be able to deliver the full clinical model.



As a result, the option which can deliver the best clinical outcomes for patients, and can be completed with the least disruption to services, is a new hospital at Gartcosh.

## 7 More Information

This document is a brief summary of all the work that has been undertaken to get us to this point.

If you would like to read more about the Monklands Replacement / Refurbishment Project you can go the dedicated Monklands webpage where you can find all the latest news on the consultation.



You can also find all the documents and papers we have produced up to this stage in the process including:

- The Initial Agreement
- The Option Appraisal
- Frequently Asked Questions (FAQs).

For more information visit [www.monklands.scot.nhs.uk](http://www.monklands.scot.nhs.uk)



## 8 What Do You Think?

We want to hear what you think of our plans for a new hospital for the Monklands catchment area and we want to make sure that everyone has the opportunity to get involved.

The formal consultation period runs from 16 July to 15 October 2018.

- You can send us your feedback by completing the consultation questions on pages 25–26 and sending them to FREEPOST RTEJ-HZLK-AETZ, NHS Lanarkshire, Kirklands, Fallside Road, Bothwell, G71 8BB
- You can also complete the consultation questionnaire at **[www.monklands.scot.nhs.uk](http://www.monklands.scot.nhs.uk)**
- To email your views or request a presentation at your local group please contact **[monklands.consultation@lanarkshire.scot.nhs.uk](mailto:monklands.consultation@lanarkshire.scot.nhs.uk)**

### 8.1 Equalities Monitoring information

NHS Lanarkshire is committed to providing equal access to the consultation process. As part of this we would like to build an accurate picture of who is completing the questionnaire. This will help us ensure equality and diversity in future consultations. Answering questions 1–5 is voluntary. If you do choose to respond, the personal information you provide to these equality monitoring questions will be treated as confidential.

**Question 1** Age at last birthday: ..... ☐ Prefer not to answer

**Question 2** The first three characters of your postcode: .....

**Question 3** Do you consider yourself as having a disability?

☐ Yes (please specify) .....

☐ No

☐ Prefer not to answer

**Question 4** Are you: ☐ Male

☐ Female

☐ Prefer not to answer

**Question 5** Ethnicity (*please tick one box only*)

**A. White**

☐ Scottish

☐ Other British

☐ Irish

☐ Polish

☐ Gypsy/Traveller

☐ Other white ethnic group  
(please specify)

.....

**B. Mixed or Multiple Ethnic Groups**

☐ Any mixed or multiple ethnic  
groups (please specify)

.....

**D. African**

☐ African, African Scottish or  
African British

☐ Other African group  
(please specify)

.....

**F. Other Ethnic Group**

☐ Other ethnic group (please specify)

.....

**C. Asian, Asian Scottish or  
Asian British**

☐ Pakistani, Pakistani Scottish or  
Pakistani British

☐ Indian, Indian Scottish or  
Indian British

☐ Bangladeshi, Bangladeshi Scottish  
or Bangladeshi British

☐ Chinese, Chinese Scottish or  
Chinese British

☐ Other Asian group (please specify)

.....

**E. Caribbean or Black**

☐ Caribbean, Caribbean Scottish or  
Caribbean British

☐ Black, Black Scottish or Black British

☐ Other Caribbean or Black group  
(please specify)

.....

**G. ☐ Prefer not to answer**

## Consultation questions

Following the conclusions of both the option appraisal events and the subsequent financial appraisal, a new build hospital on a new site in Gartcosh is being consulted on as the highest scoring option to replace University Hospital Monklands.

### 1 What are your views on this proposal?

### 2 What else should we take into consideration in planning to replace or refurbish University Hospital Monklands?

### 3 Are you responding as an individual or on behalf of a group? If you are responding for a group, please provide the name of the group.

## 9 How to Get Involved

There will be a wide range of ways to get involved during this period as we engage with patients, local communities, staff and other stakeholders to seek views on plans for a new hospital in North Lanarkshire.

Open public meetings will be held at:

- **East Kilbride – 22 August 2018**  
Ballerup Hall, Civic Centre, Andrew St, East Kilbride G74 1AB
- **Cumbernauld – 29 August 2018**  
New Town Hall, Bron Way, Cumbernauld G67 1DZ
- **Coatbridge – 4 September 2018**  
101 Park Street, Kildonan Street, Coatbridge ML5 3LS
- **Bellshill – 6 September 2018**  
Sir Matt Busby Sports Complex, Main Street, Bellshill ML4 3DP
- **Carluke – 11 September 2018**  
Carluke Lifestyles, Carnwath Road, Carluke ML8 4DF
- **Airdrie – 13 September 2018**  
Airdrie Town Hall, Stirling Street, Airdrie ML6 0ES
- **Wishaw – 19 September 2018**  
University Hospital Wishaw, Ronald Miller Lecture Theatre, 50 Netherton St, Wishaw ML2 0DP
- **Hamilton – 25 September 2018**  
South Lanarkshire Council, Banqueting Suite, Almada St, Hamilton ML3 0AA

Doors open at 6.30pm for all meetings.

Contact us by emailing [monklands.consultation@lanarkshire.scot.nhs.uk](mailto:monklands.consultation@lanarkshire.scot.nhs.uk) or calling 01698 858111 to

- Find out more about opportunities to get involved in your area
- Request a presentation on the refurbishment or replacement of University Hospital Monklands
- Request a copy of the consultation document in another language or format

Copies of the consultation document, videos and frequently asked questions are available at [www.monklands.scot.nhs.uk](http://www.monklands.scot.nhs.uk)

## 10 Next Steps

We will consider all feedback received during the consultation period as part of the decision making process for the future of University Hospital Monklands.

Your response will help inform and shape the final decision to ensure it best meets the needs of the Lanarkshire population.

Following the consultation, a report will be submitted to the NHS Lanarkshire Board, taking into account the public consultation process, affordability and practical issues, the option appraisal and financial appraisal. The Board will then take a decision on whether or not we can develop an outline business case for the replacement or refurbishment of University Hospital Monklands.

NHS Lanarkshire will then prepare an outline business case to be submitted to the Scottish Government for approval in 2019, before the project can move on to a full business case in 2020.



## Timeline







