



Major Service Change

A report on NHS Grampian's Consultation on proposed changes to the Maternity Service in Grampian

Report **June 2012**

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1 Summary

- 1.1. NHS Boards need to work with patients and local communities when changes to a health service are being considered. The Scottish Government issued guidance in February 2010, entitled 'Informing, Engaging and Consulting People in Developing Health and Community Care Services', to assist NHS Boards in their engagement with local people on the delivery of healthcare services. When a service change is considered by the Scottish Government to be 'major', the Scottish Health Council produces a report assessing whether the relevant NHS Board has involved people in accordance with the expectations set out in the guidance.
- 1.2. This report on NHS Grampian's process for involving local people in the review of maternity services outlines our approach to quality assurance, charts our communication with NHS staff in relation to the engagement and consultation process and highlights the issues raised by local people during the engagement and consultation process.
- 1.3. NHS Grampian's consultation on proposed changes to maternity services is part of its wider review of maternity services which began in April 2010. NHS Grampian undertook an option appraisal in spring 2011 to discuss the configuration of services with clinicians, managers and public representatives. Formal consultation took place between 11 December 2011 and 22 March 2012. The Board's preferred option is to retain home births, close the three Birthing Units (Banff - not currently operational, Fraserburgh and Aboyne) and replace them with two Community Maternity Units (Peterhead and Inverurie) in Aberdeenshire with the introduction of more consultant outreach and scanning in localities. The services at Elgin would remain unchanged. Although not part of this consultation longer term aims are to relocate Aberdeen Maternity Hospital within the Foresterhill site and the Midwife Led Unit at Aberdeen Maternity Hospital would be developed into a Community Maternity Unit.
- 1.4. The current service model includes home births, three Birth Units (Banff - not currently operational, Fraserburgh and Aboyne), the Aberdeen alongside Midwife Led Unit at Aberdeen Maternity Hospital, the Specialist Unit at Aberdeen Maternity Hospital and the Consultant Unit in Dr Gray's Hospital, Elgin. NHS Grampian also provides specialist care to women from Orkney, Shetland, Highland and Tayside NHS Board areas.
- 1.5. A Maternity Services Leadership Group was established for the maternity review with three public representatives and this group helped to plan the option appraisal and the consultation process.
- 1.6. An improvement event known as a 'Value Stream Analysis' (VSA) was held in August 2010 with staff, public representatives and neighbouring NHS Boards. The outcomes from the event included the draft maternity strategy and the decision to undertake the option appraisal on the configuration of services. Other workstreams which would not require public consultation were also identified.
- 1.7. The consultation on NHS Grampian's draft strategy for maternity services 2010-2015 was carried out between October and November 2010. This raised the awareness of the challenges facing maternity services, and enabled NHS Grampian to add groups with an interest in maternity services to their contacts database which provided a foundation for the later consultation on the configuration of services.

- 1.8. After the option appraisal NHS Grampian carried out further work during May and June 2011 with clinicians, managerial staff and public representatives to consider potential locations for the Community Maternity Units in Aberdeenshire. The group recommended Peterhead and Inverurie as the best locations for the two units.
- 1.9. NHS Grampian's Board reviewed the results of the option appraisal and agreed to consult on the preferred option in December 2011. NHS Grampian stated in its consultation paper that although it had a preferred option it would consider alternative suggestions that were put forward during the consultation process.
- 1.10. A range of methods were used to gather the views of women, staff, the public and other interested parties during the consultation including; a survey, open meetings, discussion groups with women and families, responses (email and letter), staff briefings, presentations to key NHS staff and local authority groups and committees and meetings with MPs, MSPs, and local councillors.
- 1.11. The main issues raised at most of the meetings related to intrapartum care (management and delivery of care to women in labour) and especially in those areas where the Birth Units were being considered for closure. There was also discussion about parts of the maternity review that were not the subject of the consultation: for example, NHS Grampian's routine transfer of care policy and how it is applied.
- 1.12. The Scottish Health Council quality assured the process followed by NHS Grampian using a variety of methods, for example:
 - attendance at Maternity Service Leadership Group meetings, the option appraisal workshops and at the open meetings organised by NHS Grampian
 - evaluation with the public representatives who took part in the option appraisal and joint evaluation of the open meetings
 - asking for people's views on the Board's engagement and consultation process via questionnaires, telephone interviews and discussions with groups
 - reviewing NHS documents relating to the service change.
- 1.13. The Scottish Health Council is satisfied that NHS Grampian has followed the Scottish Government's guidance¹ on involving local people in service change.
- 1.14. The Scottish Health Council acknowledges the work undertaken by NHS Grampian in conducting this engagement and consultation and the range of methods it has used to engage with people.
- 1.15. NHS Grampian has expressed its commitment to continuing its involvement of service users and communities across Grampian in the implementation of the proposals if the preferred option for service change as set out in the consultation is approved. This would be particularly important in areas where concern has been expressed about the potential impact of closing existing facilities.

¹ Informing, Engaging and Consulting People in Developing Health and Community Care Services, CEL 4 (2010), The Scottish Government, 10 February 2010. In this report, the phrase 'the guidance' shall refer to this Chief Executive Letter (CEL).

- 1.16. We recognise the efforts made by NHS Grampian to support and involve the public in the option appraisal process. Several aspects were particularly helpful - the guide to option appraisal, the table with specific examples of what the criteria meant, and the midway evaluation with the public representatives. We recommend sharing these aspects within NHS Grampian and with other NHS Boards to consider implementing in future option appraisal processes.
- 1.17. NHS Grampian used the learning from a previous consultation on maternity services in 2006 to inform its approach to this consultation, and ensured that service users who had been involved in the previous process had opportunities to be involved again.
- 1.18. NHS Grampian engaged with the Scottish Health Council at an early stage in its process. It invited us to attend the Maternity Services Leadership Group meetings to advise on the engagement process and has been responsive to feedback we have provided throughout the process. This has resulted in good and continuing communication between the organisations.
- 1.19. Some of the public representatives who had been involved in the option appraisal attended the open meetings in their own area. The Scottish Health Council felt this was helpful in explaining the public representatives' role in the process and their perspective on the proposals.
- 1.20. The Scottish Health Council has identified the following learning points:
 - NHS Grampian should consider the terminology used in consultation papers to describe the consultation methods that will be used in order to ensure that this is clear. Public feedback mentioned that the term 'open meetings' led to some confusion about who could attend these meetings.
 - Reflecting on the public feedback we have received, NHS Grampian may wish to consider how it uses social media to raise awareness of its consultations. We note that NHS Grampian used its Facebook and Twitter pages, however in this situation it may have been more effective to have posted links on relevant online forums, such as 'Netmums', directing people back to the NHS Grampian website and the online survey.
- 1.21. This report was submitted to NHS Grampian for consideration at its Board meeting on 12 June 2012, where the Board will consider the outcome of the consultation process. Following discussion and a decision, NHS Grampian will make a submission to the Cabinet Secretary for Health and Wellbeing for Ministerial approval. In the submission, the Board should demonstrate how it has taken into account the suggestions and concerns that arose during the consultation.

2 Introduction

- 2.1. NHS Boards need to work with patients and local communities when changes to a health service are being considered. The Scottish Government issued guidance in February 2010, entitled 'Informing, Engaging and Consulting People in Developing Health and Community Care Services', to assist NHS Boards in their engagement with local people on the delivery of healthcare services. When a service change is considered by the Scottish Government to be 'major', the Scottish Health Council produces a report assessing whether the relevant NHS Board has involved people in accordance with the expectations set out in the guidance.
- 2.2. This report on NHS Grampian's process for involving local people in the consultation on proposed changes to Maternity Services in Grampian provides our assessment of how NHS Grampian has involved people throughout the engagement process, in line with the guidance, and suggests learning points for the future. The report also outlines our approach to quality assurance, charts our communication with NHS staff in relation to the engagement and consultation process and highlights the issues raised by local people during this process.
- 2.3. The Scottish Government has indicated that it views the proposed changes to the maternity service in Grampian as a major service change and as such the Board will submit its final proposal to the Minister for approval after its Board meeting on 12 June 2012.
- 2.4. While this report focuses on the consultation process which ran from 9 December 2011 to 22 March 2012, the engagement work undertaken as part of the review of maternity services and on NHS Grampian's Maternity Strategy 2010-2015 formed the basis for the later consultation work and has been taken into account in our assessment.

Review of Maternity Services

- 2.5. NHS Grampian's review of maternity services started in April 2010. NHS Grampian states that maternity services are being reviewed to ensure they deliver the best possible care now and in the future. The review aims to ensure care continues to be safer, more effective, sustainable and closer to home whenever possible; supporting families to enjoy a normal pregnancy and birth in pleasant surroundings, free from medical intervention whenever possible, but with access to high quality specialist support when needed.

- 2.6. The review included all maternity services in Grampian that provide care to women and families planning a pregnancy; during pregnancy, labour and birth and for the first weeks after giving birth. This includes services at:
- Aberdeen Maternity Hospital
 - Dr Gray's Hospital, Elgin
 - Birth Units in Banff (not currently operational), Fraserburgh and Aboyne and Midwife Led Unit at Peterhead
 - all community midwifery services and homebirth services
 - NHS Grampian also provides specialist care to women from Orkney, Shetland, Highland and Tayside NHS Board areas.
- 2.7. A Maternity Services Leadership Group was established to oversee the review process and NHS Grampian identified women from the NHS Board's three Community Health Partnership areas to sit on the group. The Leadership Group had the opportunity to comment on the planned process for the review, maternity strategy, communication, option appraisal and the resulting consultation on the configuration of services. A core group, acting on behalf of the leadership group, met more frequently to plan the review and sought input from the public representatives and the Scottish Health Council on the engagement process.

Support was provided to the public representatives from the Public Involvement Manager on an ongoing basis.

Improvement Event

- 2.8. To inform the continuous service improvement process, NHS Grampian gathered views from women using a questionnaire in May 2010. NHS Grampian reported that midwives gave out 500 questionnaires to women attending antenatal and postnatal appointments and questionnaires were also available in waiting areas for women to pick up². The questionnaire was also available to complete online.
- 2.9. NHS Grampian also made visits to six antenatal and postnatal groups; two groups in Aberdeen, Elgin, Banchory, Huntly and Fraserburgh where women were interviewed on a one-to-one basis.
- 2.10. 198 surveys were completed (88 postal questionnaires, 71 online questionnaires, 39 interviews). NHS Grampian reported in the results of the survey that the questionnaire allowed them to get an insight into the views and experiences of women and provided some suggestions for further consideration at the improvement event in August.
- 2.11. The improvement event known as a 'Value Stream Analysis' (VSA) was held from 23 to 26 August 2010 in Aberdeen. Over 50 people attended, including staff, public representatives from across Grampian and neighbouring NHS Boards. The current 'patient pathway' was reviewed to decide which steps add value, which steps are needed for administrative reasons, and which steps are unnecessary.

Participants then agreed what the service would look like in an ideal world before looking at what is achievable within the resources available.

²Survey of women's views on NHS Grampian's maternity services, NHS Grampian, August 2010

- 2.12. The main agreed outcomes from the event were to establish a vision for future maternity services, identification of a range of other workstreams and an agreement for the need to assess how maternity services are configured across Grampian. The latter was the focus of the formal consultation which ran from 9 December 2011 to 22 March 2012.
- 2.13. NHS Grampian had carried out a consultation on its draft strategy for maternity services 2010-2015 between October and November 2010. This consultation raised the awareness of the challenges facing maternity services and provided a foundation for the consultation on the configuration of services.
- 2.14. Links were established with community organisations which support women and families; for example Home-Start, service users' forums and a group supporting families who have experienced a bereavement.
- 2.15. As part of this consultation NHS Grampian asked respondents if they would like to be added to their virtual group to receive updates about the maternity review via email. This was a useful way of building a database of contacts for the subsequent engagement around the configuration of services.

3 Has the NHS Board involved local people in line with the guidance?

- 3.1. The Scottish Health Council is satisfied that NHS Grampian has followed the Scottish Government's guidance on involving local people in the consultation on proposed changes to the maternity service in Grampian.
- 3.2. However, there are parts of the process which we believe could be improved for future consultations, and these are outlined later in this report.

The Scottish Health Council has arrived at this conclusion having undertaken a range of quality assurance activities, including:

- attendance at maternity service leadership group meetings
 - attendance at the option appraisal workshops and evaluation with the public representatives who took part
 - attendance at the open meetings organised by NHS Grampian and talking to local people who attended the meetings
 - reviewing email correspondence between NHS Grampian and public representatives and a virtual group set up for the review (following consent from public representatives)
 - joint evaluation of the open meetings with NHS Grampian
 - asking for people's views on the Board's engagement and consultation process via questionnaires, a direct mailing and a post on www.netmums.co.uk
 - getting feedback via questionnaire from people whose group NHS Grampian attended to discuss the review
 - meetings, telephone and email communications with NHS staff with responsibility for this major service change to discuss the engagement and consultation process and to offer and provide advice, support and feedback
 - reviewing NHS documents relating to the service change
 - reviewing media coverage.
- 3.3. The questions and comments throughout this report are indicative of some of the most common themes that have emerged from the public during the engagement and consultation process. These questions and comments were raised either at meetings arranged by NHS staff or in response to the Scottish Health Council's quality assurance activity.

4 Planning

- 4.1. Once an NHS Board decides to consider making changes to a service, it should develop plans to show how it will involve local people throughout the process.
- 4.2. NHS Grampian had early discussions with the Scottish Health Council about similar service changes elsewhere and approaches to involving the public in option appraisal to help inform its consultation process.
- 4.3. The Maternity Services Leadership Group which was set up to oversee the review had three public representatives to ensure that the views of patients and the public were considered at a strategic level. The draft communication and engagement plan was shared with this group to gain their comments on the proposed consultation process. The Communication and Engagement plan was updated and reviewed by this group throughout the process and was available on the NHS Grampian website.
- 4.4. NHS Grampian recognised the strength of public opinion about maternity services which was evident during Aberdeenshire Community Health Partnership's previous consultation activities in 2006. NHS Grampian stated they were committed to learning from these experiences and ensuring that the process for the maternity review involved people at an early stage and was conducted in an open and transparent manner. NHS Grampian involved service users from its previous maternity engagement work to help develop the public involvement process.
- 4.5. Where a proposed service change impacts on the public in another area, the NHS Board proposing the change should lead on the public involvement process. NHS Grampian has worked with neighbouring NHS Boards; NHS Highland, NHS Tayside, NHS Shetland and NHS Orkney by involving them in the option appraisal and the resulting public consultation process where relevant.
- 4.6. NHS Boards have a responsibility to ensure their processes and proposals are subject to an equality and diversity impact assessment. NHS Grampian carried out an impact assessment of the consultation process and the proposed changes in November 2011 ahead of the formal consultation. NHS Grampian also demonstrated during the earlier engagement on the review that they wished to ensure that the views of a wide range of women and families were sought and established links with groups and organisations that represented them such as Home-Start.
- 4.7. One of the criteria used during the option appraisal was reducing health inequalities therefore information on how each model would meet this was recorded and shared in the consultation papers and documents.

5 Informing

5.1. The guidance states that people who may be affected by a proposed service change should receive appropriate information on:

- clinical, financial and other reasons why change is needed
- benefits that are expected to flow from the proposed change
- processes which will be put in place to assess the impact of the proposal.

The Scottish Health Council is satisfied that these aspects have been met by NHS Grampian.

5.2. The consultation on NHS Grampian's Maternity Strategy 2010-2015 raised awareness of potential changes to the configuration of services, and informed people of the reasons for change. NHS Grampian asked respondents if they wished to be added to a virtual group of people with an interest in maternity services. This group received electronic updates and this provided a good basis for informing people about the consultation on the proposed configuration of services.

5.3. NHS Grampian produced five newsletters over the course of the review with input from the Maternity Services Leadership Group public representatives. It provided background information on the review and updates on progress on the different workstreams, option appraisal process and outcome. It was disseminated to the virtual group, a wider group of contacts and paper copies were made available at relevant sites. Further detailed information was available on the NHS Grampian website.

5.4. NHS Grampian holds regular briefings for MPs and MSPs and they were informed of the review and the upcoming consultation on the proposed changes.

5.5. NHS Grampian set up a section on its website about the maternity review and this was used to publicise the consultation period with the background information from the option appraisal and linked review activities. Partner organisations, such as local authorities and the council of voluntary organisations, displayed a link to the consultation on their websites.

5.6. NHS Grampian worked with a bilingual health worker to engage with women from eastern European countries. The maternity review newsletter was available in alternative formats on request and the summary consultation paper was translated into the most common community languages in Grampian, with the full paper offered in alternative format on request.

5.7. The newsletter produced for the wider review and consultation was available in the islands accommodation on the Foresterhill site and contact details for relevant groups in Orkney and Shetland were shared.

6 Engaging

- 6.1. The guidance states that NHS Boards should develop options through a process that is open, transparent and accessible and in which potentially affected people and communities are proactively engaged.
- 6.2. NHS Grampian agreed at its Board meeting in December 2010 to carry out an option appraisal on how maternity services could be configured across Grampian. The appraisal was carried out over six workshops which took place between February and April 2011.
- 6.3. NHS Grampian used its previous knowledge of option appraisal to plan the process and worked with the Scottish Health Council and the Maternity Services Leadership Group to agree the process and who should be invited to take part.
- 6.4. Public representatives with a recent experience of using maternity services or in regular contact with service users were involved from each of the geographical areas where the service is delivered. Other participants included a range of clinicians (doctors and midwives), managers and representatives from NHS Highland, NHS Tayside, NHS Orkney and NHS Shetland. An average of 30 people attended each of the workshops; eight were public representatives. The Scottish Health Council was in attendance at these workshops.
- 6.5. NHS Grampian offered ongoing support to women throughout the process, sharing information and evidence from the review and about option appraisal with the public participants before the meeting with the offer to discuss this further. NHS Grampian developed and shared a guide to option appraisal which covered the process and role of the participants.
- 6.6. Based on feedback from participants in the improvement event, NHS Grampian shared a reference guide to the papers which summarised the content of the paper and suggested sections for participants to focus on ahead of the first meeting.
- 6.7. A meeting was arranged after the first workshop for the public representatives to meet each other and it was agreed that an email distribution list would be set up so that the public representatives could speak to each other between meetings. The presentations at the first workshop covered the papers that had been shared before the meeting. It also set some ground rules for the process clarifying what was expected of participants and this was helpful in ensuring that participants felt comfortable with the process and their role.
- 6.8. The criteria for scoring the options and weighting were agreed at the second and third workshops. The draft criteria, which was based on the Quality Strategy and NHS Grampian's Resource and Allocation Framework, was reviewed in mixed stakeholder groups which then fed back to a wider group to get agreement between all the participants. Participants reflected at the meeting that this had been quite a difficult process as each stakeholder group had different priorities. However it did help build consensus and help to understand people's different perspectives on the service.

6.9. NHS Grampian listened to participants' concerns between the second and third workshop and used the third workshop to ensure that all stakeholder groups felt comfortable with the agreed criteria before moving onto the next stage. There were some criteria that the group agreed were principles that should be present in any model and these were noted and shared for people to bear in mind throughout the process.

6.10. The nine agreed criteria were :

- safe (very high priority)
- sustainable (high priority)
- reduce health inequalities (medium high priority)
- improve health outcomes for women and babies (medium priority)
- accessible (medium priority)
- improve normality (medium priority)
- women and family centred (low priority)
- manage interdependencies (low priority)
- improved (physical) environment (low priority).

The criteria were developed into a table with specific examples of what the criteria meant. This was developed by the workshop participants and was felt to be a helpful way to avoid duplication between criteria and was referred to by participants at the workshops.

6.11. The options for how services could be configured were developed over the next few workshops again in mixed stakeholder groups and these were reviewed to ensure that participants were happy with the models developed. Further work was done between meetings to refine the models and shortlist them by each stakeholder group. The results of this were shared before the next meeting and recapped at the meeting.

6.12. NHS Grampian undertook a midway evaluation with the public representatives. Based on feedback from public representatives, the fourth workshop started with presentations on safety and affordability with opportunity to ask questions about the evidence that they would use to score the models. Everyone was offered the opportunity via email to submit any other evidence or papers that they felt were important to share before moving onto the scoring.

6.13. After the workshop all the participants were sent an email with an individual scoring sheet and instructions. The sheet also included a section to record comments about why people had scored the way they did; this was collated and shared at the last workshop. Participants scored 11 options (10 potentially new service models as well as the current service - the status quo) against how well they met the nine criteria. Further support was offered to the public representatives should they need it.

- 6.14. The current service configuration (status quo) is home births, one Aberdeenshire Midwife Led Unit (Peterhead), three Birth Units (Banff- not currently operational, Fraserburgh and Aboyne), Midwife Led Unit at Aberdeen Maternity Hospital, Elgin Consultant Unit and Specialist Unit at Aberdeen.
- 6.15. Prior to the fifth workshop NHS Grampian met with the Scottish Ambulance Service and neighbouring NHS Boards to discuss what the potential impact of the options may have on their service. This was shared at the workshop and any further queries were answered via email after the meeting.
- 6.16. The fifth workshop focused on the results of the overall scoring exercise. The result of the scoring for each individual stakeholder group was also shared. Twenty out of 24 of the option appraisal group voted for the preferred option. The highest scoring options based on the best ratio of benefits to costs were discussed. It was agreed that the options that scored the highest would be written up in more detail and the costs further refined.
- 6.17. The highest scoring option was home births, two Aberdeenshire Community Maternity Units (location to be decided), Community Maternity Unit at Aberdeen Maternity Hospital, Elgin Consultant Unit and Specialist Unit Aberdeen.

Aberdeenshire Community Maternity Units

- 6.18. The options that were scored mentioned the number of Community Maternity Units but didn't state where they should be located. During May and June 2011, clinicians, managerial staff and four public representatives met to discuss potential locations for Community Maternity Units in Aberdeenshire. This information was used to decide the locations of the Community Maternity Units in the Board's preferred option for consultation.
- 6.19. Background information was shared with the participants on the option appraisal process, outcomes so far and the criteria that was used to score the options. The refined costings on the top models from the option appraisal were being compiled at the same time as the above meetings. The costings showed that the three Community Maternity Units in Aberdeenshire model were unaffordable. Therefore, the group focused on what was the best combination of locations to give optimal coverage in a two Community Maternity Units (in Aberdeenshire) model.
- 6.20. The group discussed potential locations that had been put forward during the option appraisal workshops. These sites considered were:
 - North - Banff, Fraserburgh, Peterhead
 - Central - Huntly, Inverurie, Ellon, Westhill
 - South - Aboyne, Banchory, Stonehaven.

- 6.21. Using health intelligence data, local authority plans, local knowledge from staff and public participants and information from the option appraisal process the group considered each above location using the following factors:
- potential throughput (current and future)
 - the inequalities agenda and data
 - accessibility
 - location and condition of current facilities
 - fit with wider NHS Grampian (and Tayside) plans
 - women's eligibility and preferences
 - local staff commitment and culture
 - public and political reaction.
- 6.22. NHS Grampian noted during the discussions on the location of the Community Maternity Units some points for consideration and highlighting during the formal consultation. For example, the group recognised that their recommendations could mean that the birthing facility in Aboyne would close. They felt it was critical to sensitively articulate why they had come to this decision and what the new model would look like.
- 6.23. The group considered how easy it would be to get to each possible location e.g. road network and public transport. It should be noted that the proposal includes plans to implement more Consultant Outreach clinics and scanning in local communities, therefore reducing the need for women to travel to Aberdeen and Elgin.
- 6.24. The group recommended that Peterhead and Inverurie were the best locations for the two Aberdeenshire Community Maternity Units.
- 6.25. A sixth workshop was held on 17 August to update participants on the work on the Aberdeenshire Community Maternity Units, the detailed costings and the further work that had been done to refine the models to recommend for consultation. It was explained a survey would be circulated to ask people to indicate whether they had a preferred option or not. The survey was distributed by email; 27 out of the 30 people who attended the workshops replied. The majority of participants agreed on the preferred option for consultation which was to retain Consultant Units in Aberdeen and Elgin, with three Community Maternity Units located at Aberdeen, Peterhead and Inverurie.

- 6.26. The draft paper on the recommendations from the option appraisal was shared for comment with the option appraisal participants and Maternity Service Leadership Group before going to the NHS Grampian December 2011 Board meeting.
- 6.27. The Scottish Health Council approved the engagement process to date and was satisfied that the NHS Board had demonstrated an open and transparent process in determining which options should proceed to formal consultation and in publicising the results of the appraisal process.
- 6.28. The Scottish Health Council based its decision on attending the option appraisal workshops, reviewing NHS Grampian's communications with the public representatives, NHS Grampian's evaluation of the workshops and by seeking people's views on the process via a questionnaire.
- 6.29. NHS Grampian asked the public representatives if they would give their consent for the Scottish Health Council to contact them about their involvement in the process. A short questionnaire was sent to participants. Seven responses were received by the Scottish Health Council from the eight public representatives that took part. It should be noted that at the time this survey was distributed NHS Grampian was still finalising the outcome of the last workshop.

Five participants fully understood and two understood some of the background information on the maternity review and the purpose of the option appraisal.

Three participants said they fully understood and four said they understood the process of the option appraisal workshops. The comments made by participants focused on how complicated an option appraisal is and the amount of information (evidence) made available during the process.

Asked if they felt they had an influence on the different stages of the process, one participant felt they had strong influence while six felt they had some influence on the development of the options and the weighting and ranking of the criteria used. The results for the development of the criteria and the scoring of the options were six some influence and one unsure.

Seven participants stated that they were provided with the support they needed before and during the option appraisal workshops and this was highlighted in the comments received.

Asked if they felt their views were listened to, a majority (five participants) said yes, one said no and one was unsure.

One participant's comment summarised the feedback we received:

"This was a complex process for everyone involved, not only the lay representatives. I understand that option appraisal is a tried and tested process for reviewing healthcare services, hence I fully appreciate that it was a necessary exercise. At times, the sheer volume of information, responsibility and voluntary time involved was a little overwhelming. However, I was supported extremely well by the Public Involvement Manager, I could not ask for more in that regard."

7 Consulting

- 7.1. The guidance states that when an NHS Board consults on a major service change, it should:
- produce a balanced and accessible consultation document that enables people to come to an informed view
 - explore innovative and creative methodologies and approaches to ensure the process is inclusive
 - where a preferred option is indicated by the Board, be clear that all responses to the consultation will be considered, including alternative suggestions that are put forward
 - ensure the consultation period lasts for a minimum of three months.
- 7.2. NHS Grampian's consultation on proposed changes to the maternity service in Grampian ran from 9 December 2011 to 22 March 2012. As the consultation was to run over the festive period, and to allow for any adverse weather conditions, NHS Grampian added a further two weeks to the minimum three month consultation period for major service change.
- 7.3. NHS Grampian also took into account the Scottish Health Council July 2011 letter to them on the approval of engagement process to date, which included sharing draft consultation materials and documents with the public representatives for comment. Public representatives were asked whether the information was reasonably understandable and also for suggestions for local venues for the proposed open meetings.
- 7.4. NHS Grampian developed both a summary and a full consultation paper; the papers explained the background to the review, why change is needed, how the proposals were developed, what the proposals were and the expected benefits. It also explained the current model of maternity services and the focus of the consultation, given it was part of the wider maternity review. The full paper expanded on the sections in the summary paper.
- 7.5. Both papers stated clearly what the preferred option was and that alternative suggestions put forward during the consultation period would be considered. The papers summarised how people could participate, timescales and explained the next stage of the decision-making process.
- 7.6. NHS Grampian used a range of mediums to raise awareness of the consultation:
- media releases to launch the consultation
 - wide distribution of flyers to signpost for further information (email/phone/web)
 - information on the NHS Grampian website
 - information on NHS Grampian Facebook page and Twitter profile
 - coverage on commercial and community radio
 - Aberdeen Council of Voluntary Organisations E-Bulletin
 - direct distribution of consultation documents.

7.7. NHS Grampian issued a media release at the beginning of the consultation period on 9 December 2011 and after the festive period to highlight the dates for the open meetings at the beginning of 2012.

The direct mailing was sent to:

- relevant NHS clinics and wards
- GP practices/health centres/pharmacies
- community centres
- family centres
- neighbouring and island NHS Boards (copies were available in the island accommodation at Aberdeen Maternity Hospital)
- Scottish Ambulance Service
- specific women's groups (such as National Childbirth Trust)
- Maternity Review Virtual Group
- Public Forum and Public Partnership Forums
- MPs/MSPs
- community councils.

7.8. NHS Grampian sent some groups the full consultation documentation and others were sent flyers to display for people who may be interested in the consultation. For example the Scottish Health Council noted flyers in churches, libraries and community centres where mother and toddler groups regularly meet.

7.9. The Scottish Health Council carried out a joint evaluation of the open meetings with NHS Grampian. A questionnaire and return envelope were included in the information pack handed out at the meetings. Approximately 76 members of the public attended the meetings. We received 31 responses (27 written and four online).

Members of the public who responded indicated that they heard about the meetings in a variety of ways including through:

- local press
- local hospital or staff
- email or flyer
- community council
- website.

7.10. NHS Grampian also attended antenatal and postnatal groups to seek their views. It attended 11 meetings with 93 attendees. NHS Grampian handed out consent forms which asked if the Scottish Health Council could contact them, six people responded.

7.11. Respondents indicated if they had heard about the consultation before the meeting - four said they had and two said they had not. Those who indicated they had heard said they had found out about it from a local midwife or from local NHS staff. One respondent said they thought they had heard vaguely (probably saw something in the press) but didn't look at the website until they knew they would be attending a meeting.

Consultation Methods

- 7.12. A range of methods was used to gather views during the consultation including;
- survey (online and post)
 - open meetings - held in nine locations with an afternoon and evening session
 - discussion groups with women and families - antenatal and postnatal groups
 - open responses (email and letter)
 - presentations to key groups and committees (neighbouring NHS Boards, NHS committees and forums, MPs, MSPs, and local authority councillors).
- 7.13. The consultation paper and questionnaire were available online and in paper format. The questionnaire asked people to indicate if they supported specific parts of the proposal and for their thoughts on the overall proposal.
- NHS Grampian reported that 403 people started the survey with 300 completing it - 35% stating they were a service user in the last two years, 25% a member of the public, 10% community group, 21% staff and 9% other.
 - The majority of respondents (68.3%) indicated they lived in Aberdeenshire, Aberdeen 16.1%, Moray 12.1%, Orkney 1.8%, Tayside 0.4%, Highland 0.4% and other 0.9%. This information was further broken down into villages and towns and this will be helpful in determining where the proposals are supported, in addition to the feedback from the open meetings across Grampian.
 - NHS Grampian reported that 48.9% (197) read the summary, 19.9% (80) read the full version and 31.3% (126) read both. The questionnaire asked how useful the papers were in helping to understand the proposals and the reasons for change. The majority of respondents indicated that both the summary and full consultation papers helped them to fully or partly understand.
 - On the proposals themselves, overall the majority of respondents who answered the question (283) were supportive of the proposed changes as a whole; 43.1% (122) fully support and 47% (133) partly support. However, on the specific proposal to close the three Birth Units (Banff - not currently operational, Fraserburgh and Aboyne) the respondents who answered the question (291) gave the following answers; Banff 55.5% (152) fully support, 19.7% (54) partly support and 24.6% (68) do not support; Fraserburgh 40.2% (113) fully support 23.5% (66) partly support and 36.3% (102) do not support; Aboyne 33.4% (97) fully support, 23.1% (67) partly support and 43.4% (126) do not support.
 - When asked which model of care do you think will best meet the needs of all women and families across Grampian 54% (149) answered the proposed model, 16.3% (45) said the current model and 29.7% (82) were unsure.

Open Meetings

- 7.14. NHS Grampian held open meetings in nine locations across Grampian. Two sessions were held in each area; an afternoon session from 1-3pm and an evening session from 7-9pm. It was agreed that no meetings would take place over the festive period due to school holidays but advance notice should be given of meetings scheduled in the new year. The consultation paper, direct mailing and posters informed people of when and where this information would be available. The times and dates of the meeting were announced after the festive break on the NHS Grampian websites, in the local and regional press, via email and by NHS staff.
- 7.15. A cross section of staff from the service and senior NHS staff attended the meetings to present and answer questions. The Chair of NHS Grampian and non-executive members of the Board also attended some of the meetings so they could hear people's views directly.
- 7.16. A pack containing the full and summary consultation paper, evaluation questionnaire and consent form was handed out at the meetings and attendees were asked to complete the consent form so the results of the consultation could be shared with them. Further information on the review and the option appraisal was available at the meeting and on request. NHS Grampian explained the Scottish Health Council's role and encouraged attendees to complete the joint evaluation questionnaire.
- 7.17. The meetings started with a presentation covering the background to the maternity review, explained the option appraisal process and what the proposals were. The presentation was refined over the series of meetings and was localised to highlight how the current service would potentially change in that area.
- 7.18. The presentation highlighted the engagement that had taken place with women and also the other opportunities to input into the review. Some of the public representatives who had been involved in the option appraisal attended meetings in their own area which was helpful in explaining their role in the process and their perspective.
- 7.19. Attendees were encouraged to take information packs away with them to share with people they thought would be interested in the review. Staff stayed on to answer any further questions after the sessions.
- 7.20. The main issues raised at most of the meetings related to intrapartum care (management and delivery of care to women in labour) and especially in those areas where the Birth Units were being considered for closure. There was also discussion about the challenges that faced the service and this offered the opportunity to clarify how the proposals had been reached, the criteria that had been used and the expected benefits of the reconfiguration to women and families.
- 7.21. There was also discussion on parts of the wider maternity review which weren't part of the consultation, for example NHS Grampian's routine transfer of care policy and how it is applied. These concerns were noted and updates given on any ongoing related work.
- 7.22. A high level implementation plan was included in the appendix of the consultation paper. It was emphasised at the meetings that no decision had been taken and further work would be done with staff and local communities should the proposals be accepted.

- 7.23. The Scottish Health Council attended the meetings to observe and shared any concerns we had noted after each meeting. The results of the evaluation of the open meetings were shared with NHS Grampian so they could include the results on their evaluation of the consultation process.
- 7.24. NHS Grampian reported that 171 people attended the meetings; 76 members of the public and 19 council representatives, 50 NHS staff and 26 other³. Concern was expressed at the low level of turnout at some of the meetings by some attendees. NHS Grampian noted the concerns and explained that they would be attending meetings to gather recent and current service users' views on the proposals. It offered to provide further information on this if people were interested.
- 7.25. Thirty one completed questionnaires were received by the Scottish Health Council. The questionnaire was anonymous and didn't ask people to state whether they were a member of the public or staff. Twenty people who responded had attended afternoon sessions and 11 had attended the evening sessions.

- **Everyone who responded indicated that the reasons for the proposed changes to the maternity service in Grampian were clearly explained.**
- **Asked if the meeting helped people to understand the proposed changes, 30 said yes and one said no. Those who replied no indicated that they felt the future plans seemed rather vague e.g. consultant clinics and home birth service cover.**
- **Thirty said they had the opportunity to express their views and one person indicated they weren't sure. Twenty two said they felt their views were listened to, one person said no and seven indicated they weren't sure. When asked why they felt his way the views were mixed. They were aware concerns were noted and said answers were comprehensive. However, some expressed a feeling that a decision had been made and others stated that it depends on the outcome of the process.**
- **Further comments related to how well advertised the meetings were. Those who felt it was well advertised said local staff and the community had a role in promoting the meetings. Others felt it wasn't well advertised and had found out from a midwife or by 'word of mouth'.**
- **One comment made was about the term 'open meeting'; the advertising should have stated there was going to be a presentation at the beginning of the meeting. Others commented on the timing of the meeting for families; this was addressed by NHS Grampian at the meetings.**

³A small number of local staff attended afternoon and evening sessions and have been counted twice. Numbers exclude Review Team, Exec Team, CHP Managers on panel. Public includes service users, public, Community Council; Council includes councillors/MSP representatives/council staff; Staff is local staff; Other= reporter; non-exec Board member; SHC.

Focus Groups

- 7.26. NHS Grampian directly sought the views of women and current service users who would be potentially affected by the proposals by holding nine focus groups at NHS and non-NHS antenatal/postnatal classes/groups and support groups across Grampian. This was a useful approach as recent and current service users may not have the time to attend meetings or complete a questionnaire.
- 7.27. The locations of the groups attended were chosen to complement the community open meetings and to get a 'snapshot' of women's views in specific localities about the proposals and experiences of services. Ninety three people took part in the focus groups.
- 7.28. As NHS Grampian were attending ante and postnatal classes, and their presence would be limited, it was agreed that it wouldn't be appropriate for the Scottish Health Council to attend these meetings to observe. A consent form was handed out by NHS Grampian on behalf of the Scottish Health Council.

The Scottish Health Council received six replies to its questionnaire. Respondents had attended a mixture of antenatal and support classes.

- **When asked if the reasons for the proposed changes and how they were developed were clearly explained all six replied yes. Four had heard about the consultation before the meeting and two had not. People who were aware had heard about the consultation from the local service and staff.**
- **All respondents said they had the opportunity to express their views and ask questions. People commented that the information on the proposals was clearly explained and that answers gave further clarity. One respondent said that the focus group was well facilitated.**
- **All respondents said they were informed of the different ways to contribute to the consultation and they were encouraged to take copies of the papers to share with other women. A majority (five) said they were aware of the next stage of the process with one saying they couldn't recall.**
- **When asked if there were any other comments or suggestions, the feedback was positive about the meetings but disappointed that perhaps not that many women had taken part in the consultation.**

"Maybe need to consider ways of promoting the consultation as mothers can be hard to reach as they are very busy. Could consider social media and online forums; 'word of mouth' once mothers know, target schools and nursery for people who have recent experience as well as current users at classes."

"NHS staff made it very clear that our contributions were anonymous. Also they were listening really well and taking notes. When views weren't in line with their plans, people were still encouraged to express (their views) and not contradicted, cut short etc."

- 7.29. NHS Grampian offered to arrange a focus group with an interpreter or the Bilingual Health Worker in north Aberdeenshire to ensure women from migrant families had the opportunity to take part in the consultation. This offer wasn't taken up but enquiries were received from women in north Aberdeenshire. NHS Grampian's Equality and Diversity Manager also organised and facilitated a meeting with the Learning Disability Group of Aberdeen.

Open responses

- 7.30. NHS Grampian reported that it received a number of written and email responses during the consultation. There were individual responses from eight service users, five members of the public, community councils in the Deeside area, Friends of Hospitals, MSPs and councillors. The Inverurie Patient Participation Group submitted 364 signatures in support of the proposals.
- 7.31. NHS Grampian also presented to NHS and local authority committees and groups, for example the Aberdeen Civic Forum. Public representatives also took part in the staff briefings in one area and this was welcomed by NHS Grampian.
- 7.32. NHS Grampian kept neighbouring NHS Boards informed of their consultation plans and asked them to share information. NHS Orkney invited women to attend their Public Partnership Forum meeting and NHS Shetland discussed the proposals with their Maternity Forum.

8 Quality assuring the consultation process

- 8.1. The guidance states that the Scottish Health Council is required to quality assure throughout the consultation process and that NHS Boards should engage with it at the earliest possible stage and ensure any issues identified by it are acted upon.
- 8.2. NHS Grampian worked with the Scottish Health Council throughout the process to help facilitate the quality assurance of the process as it developed. NHS Grampian took into consideration how other NHS Boards had engaged women in similar changes and had involved the public in option appraisal.
- 8.3. Based on the feedback we have received, and what NHS Grampian has shared with us, it appears that the reasons for the proposed changes and how they were developed are clear to the people who took part in the process.
- 8.4. NHS Grampian used the feedback it had received from the wider maternity review, and the consultation on the new maternity strategy, to inform the option appraisal process. The networks and contacts that were established earlier on in the review meant that the people most affected by any proposed changes were kept informed of the emerging models and how they could contribute to the decision-making process.
- 8.5. The Scottish Health Council wanted to get the views of people who the Board had indicated they had disseminated the consultation information to. A covering letter and questionnaire was sent via email and post to all community councils and approximately 66 mother and toddler/nursery groups in Grampian. The Scottish Health Council received 41 responses to the questionnaire

- **The questionnaire was anonymous and did not ask respondents to indicate their age, location or whether they were a service user. It should be noted that the majority of people who replied (38) had not taken part in the consultation process. Thirty six people answered the question as to why they hadn't taken part with 25 saying they hadn't heard and eight said they didn't know how to take part.**
- **A supplementary question asked if there was anything that NHS Grampian could have done to help people take part. Two respondents indicated that they didn't feel the consultation was relevant and didn't prioritise taking part. Others made suggestions which related to how to contact women and the methods which could have been used; contact ex service users, maternity staff could tell women and playgroups etc, advertise and suggest meetings outwith Aberdeen. It should be noted that NHS Grampian had used these methods.**
- **All 41 respondents were asked if they felt that there had been sufficient opportunities for the public to contribute to the consultation. Twenty nine said no and seven said yes. When asked what else NHS Grampian could have done the suggestions (14) were to put up notices in GPs, adverts in local press, speak to current or recent service users, use 'word of mouth' via maternity staff and have an online survey. It should be noted that NHS Grampian had used these methods.**

- Three people who indicated that they had taken part answered the questions on the consultation process. One had received a letter from NHS Grampian, one had received an email and the other had heard through the community council. They had taken part by attending an open meeting, completing the survey and sent an email to the board.
 - They all indicated that they had been provided with sufficient information about the review, the reasons for the proposed changes and how they had been developed. No suggestions were made as to how this could have been improved.
 - Asked if they understood how the decision on the proposed changes would be made, two out of the three said yes; in the comments section a respondent said "this doesn't necessarily mean that I am/will be in agreement with the decision(s)".

8.6. The replies could reflect how successful the methods of promoting the consultation were to the wider community and is something that NHS Grampian could consider for future consultations.

8.7. In addition to the direct mailings, the Scottish Health Council posted a link to the questionnaire on the north east notice board of the 'Netmums' website; a parenting advice and information website. The Scottish Health Council was asked by a group supporting bereaved parents if they could re-post the link on their Facebook page.

- Twenty two replies were received and were similar to those from the community council and mother and toddler/nursery groups. The majority of respondents (17) hadn't taken part in the consultation. Fifteen indicated the reason as to why they hadn't taken part; 13 said they hadn't heard about the consultation and two said they didn't know how.
- Five people indicated they had taken part and three of them answered questions about the process. Two had heard about the consultation from NHS staff and one had read about it in the local newspaper. They had participated by attending an open meeting, a focus group and completed the survey.
- All respondents indicated that they had been provided with sufficient information about the review, and the reasons for the proposed changes and how they had been developed had been made clear to them by NHS Grampian. No suggestions were made as to how this could have been improved and all respondents indicated that they understood how the decision on the proposed changes would be made.
- Sixteen out of the 22 respondents answered the question on whether they felt there had been sufficient opportunities for the public to contribute to the consultation. The answers and suggestions were very similar to the previous questionnaire; 14 said no and two said yes; suggesting that NHS staff and relevant premises promote the consultation.

One respondent's comment reflected feedback we had received on the open meetings:

"It's a shame that more people didn't attend but people I spoke to felt uncomfortable about going as they weren't sure what the format of the meeting was."

9 What are the next steps in complying with the guidance?

- 9.1. This report was submitted to NHS Grampian for consideration at its Board meeting on 12 June 2012, where the Board will consider the outcome of the consultation process.
- 9.2. Following discussion, the Board's final proposal will be submitted to the Cabinet Secretary for Health and Wellbeing for Ministerial approval. In this submission, the Board should demonstrate how it has taken into account the suggestions and concerns during the consultation period and how these have been addressed in its decision.
- 9.3. Once a decision has been made, NHS staff should provide feedback to all people who took part in the process who have given their consent to be sent details of the consultation results. This should inform them of the outcome of the consultation and the final decision reached by the NHS Board. It should also demonstrate how views were taken into account during the decision-making process and explain how people can be involved in the implementation of any changes.
- 9.4. The NHS Board should evaluate its informing, engaging and consulting processes, consider the impact they had on the service change and identify areas for improvement. This process should be designed to demonstrate learning within the organisation, leading to continual improvement in future service change.
- 9.5. If approved, it is the intention of NHS Grampian to continue to involve women, families and staff across Grampian in the implementation of the proposals. Areas identified by the Scottish Health Council, and by NHS Grampian, that would benefit from further involvement are:
 - Seek women's and service users' views and feedback on the implementation of the routine transfer policy across Grampian.
 - Involve women and service users in the further discussions about the provision of consultant outreach and scanning and screening clinics, in particular in Huntly and the Deeside areas where the location and frequency of clinics was raised during the consultation process. We would recommend a similar process to the one undertaken to decide upon the proposed locations for Community Maternity Units.
 - Involve women, service users and local communities in the development of Community Maternity Units in Aberdeen, Peterhead and Inverurie. In particular consider their input to the transition arrangements, the promotion of the unit and explore further opportunities for co-production e.g. breastfeeding support.
 - Continue to work with women, service users and communities on the implementation of the proposals particularly in areas where there is concern about the potential impact of the proposals.

10 Learning points identified by the Scottish Health Council

- 10.1. The Scottish Health Council acknowledges the work undertaken by NHS Grampian in conducting this engagement and consultation and the range of methods it has used to engage with people.
- 10.2. We recognise the efforts made by NHS Grampian to support and involve the public in the option appraisal process. In particular the guide to option appraisal that was developed, the table with specific examples of what the criteria meant and the midway evaluation with the public representatives which we recommend sharing within NHS Grampian and with other NHS Boards.
- 10.3. NHS Grampian used the learning from its consultation in 2006 by involving service users from its previous maternity engagement work to help develop the public involvement process.
- 10.4. NHS Grampian engaged with the Scottish Health Council at an early stage in the process. It invited us to attend the Maternity Services Leadership Group meetings to advise on the engagement process and has been responsive to feedback we have provided throughout the process. This has resulted in good and continuing communication between the organisations.
- 10.5. Some of the public representatives who had been involved in the option appraisal attended the open meetings in their own area. The Scottish Health Council felt this was helpful in explaining the public representatives' role in the process and their perspective on the proposals.
- 10.6. As the NHS looks to deliver continual improvements in the quality of its public involvement activities, it is appropriate to identify areas where there are learning points.
 - Consider the terminology used in consultation papers to describe the consultation methods that will be used. Public feedback mentioned that the term 'open meetings' led to some confusion about who could attend these meetings.
 - Reflecting on the public feedback we have received, NHS Grampian may wish to consider how it uses social media to raise awareness of its consultations. We note that NHS Grampian used its Facebook and Twitter pages, however in this situation it may have been more effective to have posted links on relevant online forums, such as 'Netmums', directing people back to the NHS Grampian website and the online survey.

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