



## Major Service Change

A report on NHS Highland's consultation on the proposed modernisation of community and hospital services in Skye, Lochalsh and South West Ross

October 2014

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Published October 2014

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## **Acknowledgements**

The Scottish Health Council would like to thank members of the public, patients, local communities, groups and members of the review steering group for providing us with their feedback and views on the engagement and consultation process.

We would also like to thank NHS Highland, in particular Maimie Thompson, Head of Public Relations and Engagement, and Gill McVicar, Director of Operations - North and West Highland, for the assistance they provided to us in reviewing the engagement process.

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# 1. Executive Summary

## Background

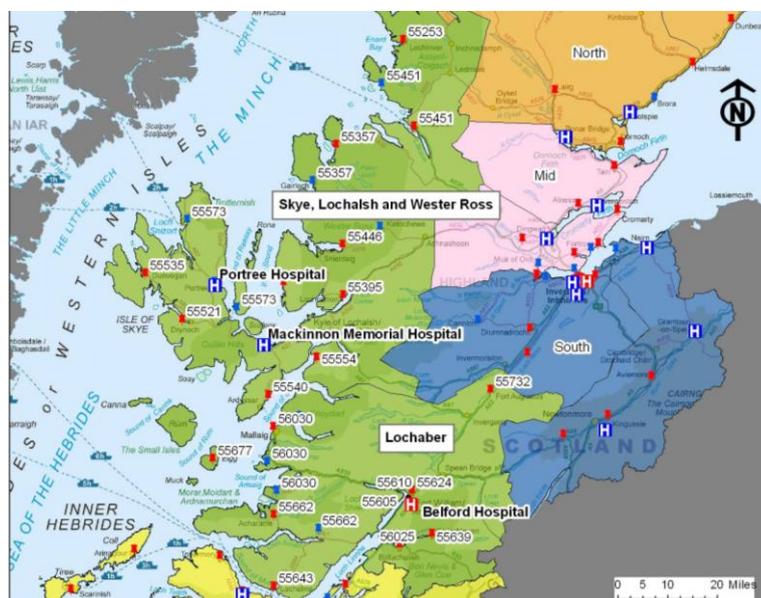
NHS Boards are required to work with people<sup>1</sup> when they are considering making changes to a service. The guidance, 'Informing, Engaging and Consulting People in Developing Health and Community Care Services'<sup>2</sup>, outlines the process NHS Boards should follow to involve people in decisions about local services.

When the Scottish Government considers a service change to be 'major' the Scottish Health Council has a quality assurance role and reviews the process. This report shares our findings on how NHS Highland involved people in the proposed modernisation of community and hospital services in Skye, Lochalsh and South West Ross. It also identifies good practice and suggests learning points for the future.

This report will be considered by NHS Highland when the Board reaches a decision on its proposal for change. NHS Highland plans to discuss its final proposal at the December 2014 Board meeting. If the proposal is supported by the Board it will then go to the Cabinet Secretary for Health and Wellbeing for approval.

## Proposal

Skye, Lochalsh and South West Ross has a population of approximately 14,680, with the main centres being Portree, Broadford, Kyle, and Lochcarron pictured below.



<sup>1</sup> "people" refers to health service users, patients, staff, members of the public, carers, volunteers and voluntary organisations

<sup>2</sup> [www.sehd.scot.nhs.uk/mels/CEL2010\\_04.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf)

NHS Highland's proposal includes a new modern purpose-built facility 'Hub' in Broadford with enhanced diagnostics (X-ray, Ultrasound), Out-of-hours medical cover and all in-patient beds with 24/7 medical cover. The proposed 'Spoke' in Portree would continue to have a Minor Injury Unit, Primary Care Emergency Centre and Outpatient services but there would not be any Inpatient services.

## **Engagement**

During 2012 and 2013, NHS Highland and local clinical staff met with community councils, local councillors, the area's two Public Partnership Forums (PPFs), MSPs, council ward forums and other local groups to discuss the current status of the services provided for the area and explain the reasons why change is required.

A local steering group was set up in December 2012 to start to develop the options for new models of service. Invites were sent to partner organisations such as Highland Council, all local councillors, community councils, and groups representing potentially affected people and communities.

Three workshops were held in 2013 with the steering group to develop a long list of options, which included a range of options from having no local hospital services on Skye to rebuilding new hospitals on the existing sites. From this, a short list of three options was identified.

There were around 25 to 35 participants at each event with approximately half coming from community members, patients or service users.

The scoring of options took place using the agreed criteria at the January 2014 workshop. Option 2 ('Hub' and 'Spoke' model) was selected as the preferred model and a further option appraisal exercise was undertaken to identify where the 'Hub' and 'Spoke' could be located (April 2014).

In May 2014, the steering group identified four potential sites in Broadford. The consultation survey asked people to indicate if they had a preferred site within Broadford, should the proposal be approved. NHS Highland will use this information to complete the option appraisal on the site.

## **Consultation**

The preferred option highlighted a community resource centre and hospital 'Hub', based in Broadford and 'Spoke' based in Portree.

A three month public consultation on the proposal took place between 19 May and 19 August 2014. During the consultation the steering group took the decision to extend this until 29 August 2014 to allow for additional feedback and responses to be received. NHS Highland reported that it received a total of 2,275 responses to its survey, around 48 letters or emails, and held over 50 meetings and events during the consultation.

NHS Highland also informed us that it received a 65 signature petition asking for the new hospital to be located in Portree.

The main issues raised by people through the consultation included the following:

- Feedback from the north of Skye indicated some strong resistance to the proposed location of the 'Hub' in Broadford. This was partly linked to criticism of the membership of the steering group and the process used to identify the proposed location.
- Some concerns relating to travel and access to proposed new 'Hub' from north of Skye.
- In Kyle and South West Ross there were positive comments about reduced travel if the 'Hub' was located in Broadford
- Queries about 'future proofing' (i.e. how adequate services would be for the future population of the area).
- Clarification on what services are delivered at the sites currently and what could be delivered at the proposed 'Hub' and Spoke'.
- The need for Palliative care and care beds was mentioned.

## **Findings**

Based on our review and feedback from local people, we are satisfied that NHS Highland has followed the Scottish Government's guidance on involving local people in the consultation about the 'Proposed modernisation of community and hospital services in Skye, Lochalsh and South West Ross'.

Overall, feedback received indicated that the majority of people had understood the reasons for change, how the proposal had been developed, felt listened to, and that there had been sufficient opportunity to take part in the consultation. Where people have requested further meetings or information NHS Highland has been responsive.

## **Areas of good practice identified by the Scottish Health Council**

- Steering group members were encouraged to share information and get feedback from local groups and networks during the option appraisal process.
- There was a mail drop of the summary consultation paper to every household and local business which aimed to ensure all local people affected by the proposed change received direct information about the consultation.
- There was ongoing review of the approach taken during the process and in particular the mid-way review allowed for a responsive and proactive approach to influence the remainder of the consultation.
- The walkabouts undertaken in local communities allowed for more targeted engagement and awareness raising in four community settings.
- NHS Highland responded to requests for meetings or further information during the consultation and demonstrated an active consultation process.
- An additional mail drop of the consultation questionnaire took place in August in response to public feedback.

- Information about the consultation was shared through social media on Facebook and Twitter (including the hash tag #skyechat) as part of the engagement and consultation process.
- The option development and appraisal process began with a 'blank sheet', and the previous discussions over the last 10-15 years which had attracted local concern did not influence the generation of models for the option appraisal.

### **Learning points identified by the Scottish Health Council**

In order to learn from the experience of this process for future service change, NHS Highland should:

- consider where to display posters and leaflets in communities for future consultations
- consider using an 'at a glance' table to clarify current service provision against future provision of services, earlier in on the consultation document
- ensure consistent language is used in the meetings and consultation materials when referring to the outcome of the option appraisal
- consider including more detailed information in the summary consultation document about the option appraisal process (for example, who was involved, criteria used and discounted options)
- consider including the consultation questionnaire in the consultation document to encourage participation
- consider using Youtube, as with the recent consultation in Badenoch and Strathspey, to inform the wider community of the review and steering group membership

NHS Highland plans to discuss the proposed recommendation at the December 2014 Board meeting. If the preferred option is supported by the Board it will then go to the Cabinet Secretary for Health and Wellbeing for approval.

## 2. Introduction

The Scottish Government provides guidance for NHS Boards to follow when considering changes to health services. The guidance, 'Informing, Engaging and Consulting People in Developing Health and Community Care Services'<sup>3</sup>, outlines the process NHS Boards should follow when involving people in decisions about local services (see Appendix 1).

This report on NHS Highland's process for involving people on the proposed changes to hospital services in Skye, Lochalsh and South West Ross provides our assessment of how NHS Highland has involved people in line with guidance and highlights areas of good practice and suggested learning points for future activity. The report also outlines our approach to quality assurance, communication with NHS Highland, and feedback provided by local people during this process.

The Scottish Government has indicated that it views the proposed change to the hospital and community services in Skye, Lochalsh and South West Ross as major service change. As such, should the final proposals be approved at the December meeting, they will then be submitted to the Cabinet Secretary for Health and Wellbeing for final decision.

### Our findings

Based on our review and feedback from local people we are satisfied that NHS Highland has followed the Scottish Government's guidance on involving local people in the consultation about the 'Proposed Modernisation of Health and Social Care Services in Skye, Lochalsh and South West Ross'.

### Our Approach

We have based our conclusions and suggestions in this report on the following:

- communication and meetings with NHS Highland
- attendance at events and public meetings
- attendance at steering group meetings to provide advice based on the guidance and our experience of similar changes and engagement elsewhere in Scotland
- attendance at the option development and appraisal meetings held during 2013 and 2014
- review of the option development and appraisal process with the public representatives who took part
- review of the consultation documents, papers and information
- discussions with people after NHS Highland's meetings during the consultation period

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<sup>3</sup> [www.sehd.scot.nhs.uk/mels/CEL2010\\_04.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf)

- attendance at drop-in events and community council meetings
- a focus group with steering group members
- correspondence from the public
- feedback received from our evaluation with those that participated in the process
- NHS Highland's mid-way review meeting with the steering group, and
- news articles, media and social media coverage during the consultation process.

### 3. Planning

As soon as a Board is aware of a need to consider a change to a service, it should develop an involvement and communication plan.

The plan should ensure that potentially affected people and communities are provided with the information and support they need to play a full part in the process

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#### **What NHS Highland did to meet the guidance**

In 2012 NHS Highland established a steering group initially consisting of representatives from NHS Highland staff, local GPs, Public Partnership Forums, and elected representatives. In 2013 the group was extended to include community councils, local groups and voluntary organisations. The group has met on a regular basis throughout the review and has provided guidance on the key groups and people that NHS Highland should involve and how best to inform and involve the general community in the review.

NHS Highland has a responsibility to ensure the engagement process and proposals are informed by an equality and diversity impact assessment. This helps to identify potential impacts on different equality groups and ensures that the engagement process is accessible to everyone<sup>4</sup>.

The impact assessment helped to identify the people and communities who may be affected by the proposal and considered the most appropriate methods to engage with people. Travel and access was noted as a potential impact for any proposed change in the earlier stages of the review and plans were put in place to explore this further after service models were developed.

#### **Our findings**

We conducted early discussions with NHS Highland about the engagement process and they sought our advice on the development of their communications and engagement plan. In May 2013 we provided a presentation to steering group members on the guidance on involving the public in developing health and community care services. We subsequently attended the steering group meetings during the process.

We are satisfied that the steering group involves a range of the people and communities who could potentially be affected by changes in Skye, Lochalsh and South West Ross.

During the consultation it was suggested that representatives from North Skye were not invited to take part in the steering group. In response to this, NHS Highland was able to

<sup>4</sup> [www.healthscotland.com/equalities/hiaa/index.aspx](http://www.healthscotland.com/equalities/hiaa/index.aspx)

demonstrate to us that opportunities had been provided community councils and groups in the north of Skye to participate.

NHS Highland reviewed its communication and engagement plan as it worked through the different stages of the review and sought our input, and was responsive to feedback from the steering group and wider community.

We also found that NHS Highland used the learning from the recent consultation on proposed changes in Badenoch and Strathspey to inform the process. For example, the dates of the meetings were included in the full consultation paper and the consultation survey form was reviewed.

## 4. Informing

People and communities who may be affected by a proposed 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

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### What NHS Highland did to meet the guidance

NHS Highland used a range of methods to inform the public, staff and communities of the challenges with current local services and why services need to change. It also explained the potential benefits of changing the way services are delivered and what impacts this could have on communities and staff. Some of the methods used to inform the public included the following:

#### Meetings

- meetings with local community groups, community councils and other forums, in 2012 and 2013, on the condition of the current hospitals
- discussions at the bimonthly NHS Highland Board meetings held in public
- regular briefings for elected representatives including MSPs and MPs
- ward forums' meetings<sup>5</sup> and district partnership meetings
- the area's two Public Partnership Forums – Skye and Lochalsh, and Wester Ross

#### Information

- media releases and information on the NHS Highland website at key stages of the review
- features in two editions of the NHS Highland newspaper, which is delivered to every household in Highland
  - **October 2013** – front page story on the review and work underway on options
  - **February 2014** – front page story on outcome of option appraisal and upcoming consultation
- discussed at NHS Highland annual review held in public on 9 June
- regular articles in the local media including West Highland Free Press, Ross-Shire Journal and Press & Journal

<sup>5</sup> The Forums meets regularly in public led by the Highland councillors. Representatives of the Ward community councils, and partner agencies such as Northern Constabulary and Highlands and Islands Fire & Rescue Service, participate in the Forum.

## **Social Media**

- There were regular posts on NHS Highland's Facebook and Twitter accounts regarding meeting dates to encourage involvement.

## **Our Findings**

We are satisfied that NHS Highland met the requirements of the guidance in informing people of the reason why change was needed in the process it followed.

We are aware that discussions about the future of services on Skye have taken place over the last 10-15 years. The series of meetings in 2012 and 2013 helped to inform the wider community, and partner organisations, why change was needed and the factors needed to be considered to provide sustainable services. These included; an ageing population, the ability to provide safe out-of-hours cover and the need to modernise hospital buildings.

## **Feedback from participants**

In August 2014, eight<sup>6</sup> of the 19 patient and public representatives of the steering group, who had attended the option appraisal workshops, attended our focus group. We asked about their experience and involvement in the earlier stages of the process.

Those that took part felt:

- there was an awareness of the review prior to the setting up of the steering group due to NHS Highland's attendance at ward forums and community councils
- the process was clearly explained and people felt well informed throughout the process and could ask for further information if needed
- there was local awareness of the review due to the NHS Highland News (delivered to households quarterly)
- that NHS Highland tried to speak with all the relevant community councils but did not receive a response from all of them.

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<sup>6</sup> Representatives from community councils, voluntary organisations and the Public Partnership Forums attended the focus group

## 5. Engaging

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

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### What NHS Highland did to meet the guidance

NHS Highland undertook work to explore possible options for delivering change. This involved a process of option development and appraisal<sup>7</sup>. An independent consultant led the steering group through the option appraisal.

The option appraisal<sup>8</sup> involves a group of people who represent interested parties, including those who are directly affected by the proposals, and those who are responsible for its delivery to be actively involved in the development of new services. NHS Highland involved patients and public representatives alongside NHS staff (clinical and managerial) in developing options.

The flowchart in Appendix 1 helps to explain the different stages of the process and how it fits with the wider engagement process.

A copy of the option appraisal report is available on the NHS Highland website.<sup>9</sup>

### Process

Three meetings were held in 2013 to develop a long list of options and to agree a short list of three options. There were around 25 to 35 participants at each event with approximately half coming from community members, patients or service users.

In June 2013 the group agreed the criteria it would use to score the options and weighted them based on their relative importance. At the workshops in August and September the group then considered the different ways services could be delivered (long list of options). The long list included a range of options from having no local hospital services to rebuilding new hospitals on the existing sites in Broadford and Portree. From this, a short list of three options was identified.

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<sup>7</sup> [www.scim.scot.nhs.uk/Support.htm](http://www.scim.scot.nhs.uk/Support.htm)

<sup>8</sup> [www.scottishhealthcouncil.org/publications/guidance.aspx](http://www.scottishhealthcouncil.org/publications/guidance.aspx)

<sup>9</sup> [www.nhshighland.scot.nhs.uk/News/PublicConsultation/Skye/Pages/Welcome.aspx](http://www.nhshighland.scot.nhs.uk/News/PublicConsultation/Skye/Pages/Welcome.aspx)

The shortlisted options were:

- **Option 1** – Everything would stay the same but with some investment to look to address regulatory and statutory requirements around Portree Hospital and Dr MacKinnon Memorial Hospital ('Do minimum' option)
- **Option 2** – Community hospital and resource centre 'Hub' in one town and hospital 'Spoke' services in the other based on existing hospital sites (Broadford and Portree)
  - **'Hub'**– full range of services would be delivered through a new modern purpose-built building. It would have inpatient beds, enhanced diagnostic services (including X-ray and Ultrasound), A&E, outpatient and day-case facilities.
  - **'Spoke'** – facility would be in the other location and would support Primary Care Emergency Centre (GP and nurse cover for community casualty/minor ailments and injuries), outpatient clinics and co-location of some staff. There would be no inpatient beds.
- **Option 3** - Community resource centre and hospital 'Hub' – a new service model that would be provided from a new modern purpose-built community resource centre and hospital 'Hub' in either Portree or Broadford. It would involve the closure of both Portree Hospital and Dr MacKinnon Memorial Hospital, Broadford, and a re-organisation of some of the GP Practices, care homes and day care services with many of the services being based at the 'Hub'.

A session was held prior to the workshop in December to provide people with more detailed information about the options. The scoring of options took place using the agreed criteria at the January 2014 workshop. Option 2 ('Hub' and 'Spoke' model) was identified as the preferred option.

### **Location and sites workshops**

A further option appraisal exercise was undertaken to identify where the 'Hub' and 'Spoke' could be located.

NHS Highland carried out a preliminary site search ahead of the workshop in March 2014. Both Portree and Broadford were considered feasible from a location and site point of view, with the two more detailed options developed for the preferred model highlighted below:

- Option 2 (a) 'Hub' new-build in Broadford with 'Spoke' in Portree
- Option 2 (b) 'Hub' new-build in Portree with 'Spoke' in Broadford

The two options were scored using the same methodology as the previous workshops to maintain consistency with the steering group identifying and agreeing the weighting and scoring of criteria relevant to the location.

Option 2 (a) Hub' new-build in Broadford with 'Spoke' in Portree scored the highest.

NHS Highland noted that there was a relatively small difference between the scoring for the two options. They tested the robustness of the results by carrying out 'sensitivity analysis'; this means testing the weights and scores, by making changes and considering any impact that these changes have. NHS Highland tested the results by using equally weighed and ranked criteria and also tried taking out the 'ease of acquisition' criteria. However, option 2a remained the top scoring option. NHS Highland also tested the objectivity of the scoring by looking for any extreme scoring patterns and none were identified.

## Sites

At the May 2014 workshop the steering group discussed and agreed criteria; this was done before the identified site locations were shared to avoid any potential bias.

Potential sites were identified through several mechanisms including a land search carried out by FG Burnett<sup>10</sup>, the local paper, inviting suggestions via the steering group members and community contacts.

In May 2014, the steering group identified four potential sites in Broadford. The potential sites<sup>11</sup> are:

- **Site 1** land to the west of Broadford to the south of the main A87 trunk road at the western extent of the village
- **Site 2** land to the south of Broadford accessed from Boreraig Place
- **Site 3** Broadford Industrial Estate (South), bounded by the A87 and High Road (leading to Dr MacKinnon Memorial Hospital)
- **Site 4** land between existing hospital and health centre.

It was agreed by the steering group that one of the criteria for selection was 'public preference'. The consultation survey asked people to indicate their preferred option and, if the proposal were approved, what their preferred site in Broadford would be. NHS Highland will use this information to decide on the weighting of the 'public preference' criteria to complete the option appraisal on the site.

## Our findings

Whilst option appraisal should be used to inform the decision-making process, it does not in itself identify the definitive solution. The results of the option appraisal, financial and risk appraisals will be used alongside the results of the public consultation; which is the main mechanism for obtaining stakeholders' views.

The approach NHS Highland took to involving the public was in accordance with the guidance. In January 2014, the Scottish Health Council confirmed this. We suggested to

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<sup>10</sup> FG Burnett is a Scottish Commercial Property Consultancy,

<sup>11</sup> Highland Council Planning Service informally reviewed the four possible sites against the Local Plan. As no sites were ruled out, all four were included in the consultation. NHS Highland will seek further advice once the preferred site or sites have been identified.

NHS Highland, in line with advice from the Scottish Government, that they undertake further engagement to identify proposed locations for the new model.

Identifying proposed locations and sites helps people to consider the potential impacts, and benefits of, the proposed changes and enables them to give more meaningful feedback on the proposals, or suggest alternatives. Once this process was completed in April 2014, we confirmed our view that NHS Highland was ready to move to public consultation.

NHS Highland was aware of the potential transport issues from discussions with the local community. A travel survey was carried out in May 2014 at the two hospital sites, Broadford and Portree, providing information on how people had travelled to attend appointments and the distances they had travelled. Information on potential impacts was included in the summary consultation document with more detailed information in the full paper and on the NHS Highland website.

A transport and access group, with representation from the steering group and Highland Council, will meet to look at potential joint solutions.

The results of the survey, along with the feedback from the consultation, should be used to inform the work of the transport and access group. The group will consider how access and transport to the proposed 'Hub' and 'Spoke' could be improved.

### **Feedback from participants**

We evaluated the model and location option appraisal workshops by sharing a survey with the community and public representatives. We received 13 responses. The evaluation indicated that the majority of the public participants understood the option appraisal process and how the preferred option was reached. They also felt their views were listened to and that they had the opportunity to ask questions.

People attending the focus group in August reflected on their involvement and said they felt they had been encouraged to discuss what was happening at the meetings with their groups and communities. They also suggested that the process had started with a 'blank sheet' and the outcome of the option appraisal was the consensus view of the group.

However, they suggested that the option appraisal process could have been better explained to the wider community. They felt that an article in the West Highland Free Press in March gave inaccurate information to the public; giving the impression a decision had been made. They suggested that NHS Highland press releases could have provided more detailed information about the criteria and that a newsletter may have been a good way to share this information.

## 6. Consulting

When an NHS Board consults on a major service change it should:

- Produce a balance 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, be clear that all responses to the consultation will be considered, including alternative suggestions that are put forward
- Ensure the consultation lasts for a minimum of three months

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### Context and history

Discussions about the future of the community hospitals in the area go back a number of years. Feedback indicates that this may have had an influence on how some people viewed the consultation and process.

It was suggested during the focus group, and in some of the survey responses, that the previous history of the hospital(s) and comments made at other NHS meetings about a potential single site hospital may have influenced people's perceptions.

There are strong feelings from some within North Skye, that services should be retained there, and that they oppose the option of the proposed 'Hub' based in Broadford on the south of the Island.

The preferred option – a new hospital and health and social care resource centre in Broadford – if approved, would mean there would be no inpatient services in Portree Hospital. The consultation showed that people value the quality of care delivered, and there are strong feelings from some people in North Skye about where services should be located and what services should be delivered in the 'Spoke'. For example, there were requests for information on out- of-hours services and existing levels of provision.

### What NHS Highland did to meet the guidance

NHS Highland undertook a three month public consultation between 19 May and 29 August 2014, to seek the views of the patients and public throughout Skye, Lochalsh and South West Ross on the preferred option including a community resource centre and Hospital 'Hub' based in Broadford and 'Spoke' based in Portree.

## Publicising the consultation

A copy of the summary consultation paper was delivered to 8,405 homes and 721 businesses. NHS Highland also shared the consultation information through its contacts and networks with the following groups and places:

- Elected members - local councillors, MSPs and MPs
- Friends of Dr MacKinnon Hospital (Broadford) and Friends of Portree Hospital
- Local voluntary groups - for example Macmillan Cancer Support, Alzheimer Scotland, Young Carers, Mental Health Association, Skye and Lochalsh Council of Voluntary Organisations
- Health and Social Care Forum
- Community Care Forum
- Lochalsh & Skye Housing Association
- Citizens Advice Bureau
- NHS Highland staff
- Access Panel, and
- Community development trusts across the area.

Information about the consultation was also displayed in public venues such as libraries, dental practices, GP practices, hospitals, pharmacies and post offices.

NHS Highland also sought to make people aware of the consultation by issuing press releases, posters with meeting details, and adverts in the local press before the public meetings.

NHS Highland put a link on the main page of its website to a dedicated webpage with background information on the review and the consultation, a calendar with the dates of meetings, consultations documents and opportunities to provide views. It also asked people to share information on their local community websites. NHS Highland used Facebook and Twitter to promote meetings and encourage people to get involved. A 'hashtag' was created (#skyechat) to allow people to participate in further discussion via Twitter.

Information about the consultation and meetings was shared through Facebook and Twitter by NHS staff, local groups, councillors and MSPs. There were a number of articles in the local newspaper about the consultation and the meetings, in particular the meetings in North Skye where there was concern about the proposed 'Hub' being located in Broadford.

After the steering group's mid-way review meeting, and in response to feedback, a mail drop of the consultation questionnaire was carried out in mid August and the consultation period was extended by two weeks to allow for responses and any further feedback.

## Methods

NHS Highland attended over 50 meetings and events, using a range of methods to engage with people and to gather views during the consultation. This included:

- twenty drop-in events
- nine community council meetings which included three meetings with 'groups' of community councils and six meetings with individual community councils
- five public meetings (which included three scheduled meetings and two in the north of the Island in response to requests)
- two ward forum meetings
- the two Public Partnership Forums in the area
- meetings organised with communities and groups such as Young Carers and Portree High
- two care homes
- two district partnership meetings, and
- meetings with elected members

A full list of NHS Highland's activity during the consultation period is available on NHS Highland's website.<sup>12</sup>

## Walkabout

In July, a member of the NHS Highland Communications team conducted a walkabout in Dunvegan, Portree, Broadford and Kyle of Lochalsh. They spoke to people in local cafes, libraries, village halls, health centres and Highland Council service points to test local awareness of the consultation. Some people were aware of the consultation and others were aware of local discussion about a hospital potentially being located in Broadford. Responses on the proposal was varied, with feedback gathered in Dunvegan and Portree opposed to the proposal, citing Portree as a more natural centre for the development as it has a larger population size. Some people also expressed some concerns about public transport links for accessing Broadford.

The feedback from the walkabout was shared at the mid-way review meeting and it was agreed to try to increase public awareness of the consultation in light of the feedback.

## Mid-way review

NHS Highland undertook a mid-way review with the steering group in July 2014 to discuss progress to date and decide if further actions were required. As part of this process the group identified and implemented the following actions - an update on the consultation in NHS Highland news, further advertising of meetings in local newspaper

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<sup>12</sup> [www.nhshighland.scot.nhs.uk/News/PublicConsultation/Skye/Pages/Welcome.aspx](http://www.nhshighland.scot.nhs.uk/News/PublicConsultation/Skye/Pages/Welcome.aspx)

and a further mail drop of the consultation response form with freepost envelope to all households in the area.

### **Scottish Health Council findings**

Based on feedback received, our attendance at meetings, and review of relevant information we are satisfied that NHS Highland has met the requirements of the guidance during consultation.

We are satisfied that a wide range of methods were used to promote the consultation and provided opportunities to reach all members of the community. NHS Highland reviewed its process throughout the three month consultation and used suggestions from the steering group, public and the Scottish Health Council to adapt where appropriate.

NHS Highland was responsive to requests for further meetings in North Skye and requests for further information.

### **Meetings**

We attended some of the public meetings, community councils and drop-ins across Skye, Lochalsh and South West Ross during the consultation.

NHS Highland allowed sufficient time at these meetings for questions and offered to speak to people 'one on one', after the meetings should they have any further questions. There were copies of the full consultation document, relevant reports, supporting information, maps and their survey available at the meetings.

The meetings in North Skye were generally better attended than those in South Skye and Wester Ross; this is reflective of the other recent major service changes where attendance has been higher in the areas where there is perceived loss of service. Generally, we were satisfied with the format of the meetings and the information shared.

We did feel however that more information on the discounted options and criteria may have been beneficial at the meetings in North Skye; which may have helped to reassure people that alternative options had been considered as part of the process.

A summary of the main issues and discussion points recorded by the Scottish Health Council during public meetings, community councils and drop-ins are listed below:

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### **A summary of the main issues and discussion points**

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<b>Transport</b>	Main concerns related to travel and access, for patients and visitors from North Skye (in Kyle and South West Ross there were positive comments about reduced travel if 'Hub' located in Broadford)
<b>Meetings</b>	People suggested that there could have been more promotion of the meetings and clarity on whether the community council meetings were open to the wider public
<b>Future proofing</b>	Some queries relating to 'future proofing' and adequacy for future population
<b>Future Services</b>	Clarity on what services will be delivered at the proposed 'Hub' and 'Spoke'; palliative care, care beds

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### **additional points raised at the meetings in north Skye**

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<b>Process</b>	Suggestion that the decision was a 'done deal' due to: there being a preferred option, only sites for Broadford were included, and wording of local media articles. Also questioned the objectivity of the steering group and the process for identifying the proposed location for the 'Hub'
<b>Current services</b>	Confusion over the level of current out-of-hours services

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### **Consultation survey**

We undertook a joint survey, with NHS Highland, during the consultation to gain people's views on the process. Copies of the survey were made available at all the meetings, put online, and emailed to a range of community and public groups.

We received 122 responses, with the majority identifying themselves as patients, carers, service users, members of the community, and community councils.

We received responses from across the Skye, Lochalsh and South West Ross area. The highest number of responses were from Portree, Kyleakin, Uig and Broadford.

19% of the respondents to our survey indicated that they did not take part in the consultation process (they had not submitted their views to NHS Highland or attended any meetings). The respondents came from across the Skye, Lochalsh and South West Ross area. While no one indicated that they felt there was a barrier to their involvement, a small number of respondents commented that they felt that there could have been

better advertising of the meetings in North Skye and suggested the information was biased.

#### **Summary of survey feedback:**

- 62% felt NHS Highland had made a reasonable effort to involve people in the consultation
- 74% of respondents found the reasons for the proposed changes to be clear
- 72% felt it was clear how the proposals were developed

Respondents from the north of Skye were more likely to feel their views had not been listened to and questions were unanswered, or were unsure. They were generally less satisfied with the information provided at the meetings and in the consultation paper compared to people from South Skye and South West Ross.

#### **Publicity**

The majority of people who responded to the survey (78%) had received a copy of the consultation document. People had heard about the consultation through word of mouth (37%), consultation document (35%), newspaper (32%), and poster/leaflet (25%).

As we did not ask people to distinguish between newspaper adverts or articles, people may have heard about the consultation through NHS Highland's press releases and adverts. In the comments people suggested that the meetings could have been better advertised, but did mention the adverts in the local press.

#### **Information**

87% of the respondents had read the summary consultation document and 55% had read the full consultation document.

The majority of respondents (72%) felt the consultation materials provided enough information about the proposed changes. The respondents who felt it did not provide enough information suggested that further information on the following would have been helpful:

- the membership of the steering group
- the option appraisal process, and
- services that could be delivered from the 'Spoke', for example diagnostic services and GP out-of-hours provision.

The majority of respondents understood the reasons for change and how the proposal was developed. The comments suggested respondents from the north of Skye wanted further information on how the preferred option had been reached and why Broadford had been suggested over Portree. This was similar to the email feedback we received about the process.

The further information people requested was available in the full consultation paper and online. As most people had only read the summary paper, NHS Highland may wish to consider sharing some further information on the criteria and the discounted options from the location appraisal workshop, as part of its feedback on the consultation.

It may also wish to consider, for future consultations, including more detailed information on the option appraisal process (for example, who was involved, criteria used and discounted options) in the summary consultation paper and presentations.

## **Meetings**

The majority of people who had taken part had either attended an NHS Highland meeting or completed the survey. 76% felt the meetings or drop-ins were helpful, 11% said they were not helpful and 13% were unsure.

Respondents from the north of Skye were less likely to feel they were given enough information and the presentations were helpful. There were a number of comments about having a preferred option before public consultation; giving the impression that a decision had already been made.

### **Feedback on the meetings:**

“The explanation of the criteria used to make the proposal was insufficient. No facts and figures on how steering group was to make a decision.”

“The presentations just repeated most of what was on the consultation document and there was not enough information on how the problems of transport for people from North Skye would be provided.”

“It was clearly explained what stage the process is at and how it has come to the point it has.”

“Options were given and explained. Pros and cons for each option were given.”

“Clarified the situation and enabled everyone's opinions to be publically recorded.”

Full copies of the consultation paper were available at the meetings and we are aware that NHS Highland shared further information with people on request and has met with some individuals to discuss this in more detail.

The comments suggested that some people felt by referring to the consultation document and website, NHS Highland did not directly answer their questions. The benefit of addressing these questions at meeting would be that it helps to explain the information in the documents and gives people the opportunity to ask further questions to clarify understanding.

It was suggested that there were more meetings in South Skye and South West Ross than the north of the island. However, we are satisfied that there was an equal spread of meetings.

## **Decision making**

The majority of respondents (70%) said they understood how the decision will be made on the proposal, however (30%) did not understand or were unsure how decisions will be made. The comments reflected earlier feedback in the survey about the steering group, perceived bias and a feeling that a decision had already been made by the steering group.

A potential reason for this could be the language used at the meetings; 'decision' was used at some of the public meetings when referring to the preferred option, while the consultation documents used 'recommends'. This may have given the impression that the option appraisal had resulted in a decision rather than a preferred option, or recommendation being made by the steering group.

In our view, NHS Highland was clear in the consultation materials, and in its press releases, that no decision had been taken and it would consider all feedback.

Given the comments made, we would suggest that NHS Highland, when feeding back on the results of the consultation, explains how it has taken account of differences of view, and how the consultation influenced the final proposal.

## **Media and press**

In the comments some people mentioned articles in the local press and reporting of comments made by members of the community at the public meetings. It was suggested that, as NHS Highland had not corrected these comments, it gave people the impression that it was a 'done deal'. This was also raised during the focus group where there was some discussion as to how the NHS should approach this.

## **Proposal**

Respondents from North Skye suggested that:

- Portree should be chosen as the 'Hub' as it has the highest population density and is the capital of the island
- the area of South West Ross should not have been included in the proposal
- further consideration should be given to the transport impact on patients and visitors should Broadford be chosen as the 'Hub', and
- access to 24 hour A&E services is required should Portree become the 'Spoke'.

Respondents from South Skye and Wester Ross suggested that:

- Broadford is a fair location for people accessing services on the island and in South West Ross, and
- further consideration should be given to the transport impact on patients and visitors should Portree be chosen as the 'Hub'.

### **Focus Group - Feedback received on the consultation:**

People felt that:

- It was a good idea to 'go out to people' such as young carers and families and offer to attend meetings on request.
- There was a 'huge effort' to advertise the meetings and NHS Highland had used the contacts of local community and voluntary groups.
- Organising the additional mail drop after the mid-way review meeting in response to the feedback of the public and steering group was a positive approach.
- Progress has been made and people are talking about the proposed changes.
- The summary did not fully explain the option appraisal process and a newsletter with more information on the locations and sites before the consultation started may have been helpful.
- History and other recent changes (school closures) could have influenced how people felt about the proposal, and there could be a general feeling of complacency about consultations.
- Palliative care bed provision at the proposed 'Spoke' and care at home requires further discussion.

## 7. Next steps in meeting the guidance

The feedback stage is of vital importance in maintaining public confidence and trust in the integrity of the involvement process and Boards should provide feedback to the stakeholders who took part in a consultation to:

- inform them of the outcome of the consultation process and the final agreed development or change.
- provide a full and open explanation of how views were taken into account in arriving at the final decision.
- provide reasons for not accepting any widely expressed views.
- outline how people can be involved in the implementation of the agreed change, and explain how communities can contribute to the implementation plan.

*Informing, Engaging and Consulting People in Developing Health and Community Care Services*

This report has been shared with NHS Highland and is due to be considered at its Board meeting in December 2014, where it will consider the outcome of the consultation process.

If the proposal is supported by the Board it will then go to Scottish Government for a final decision by the Cabinet Secretary for Health and Wellbeing. 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.

### **Before NHS Highland's Board meeting**

There will be a period of time between the consultation ending and the Board of NHS Highland taking a decision on the final proposal. Several actions have been identified and agreed by NHS Highland in taking this work forward. These include that NHS Highland:

- review the results and feedback from the consultation to inform the final proposal
- share feedback from the consultation with the transport and access group so they can consider how issues relating to access and transport to the proposed new hospital could be addressed<sup>13</sup>, and
- share the consultation results and other relevant information with the steering group before completing the site option appraisal.

Given the time between the consultation ending and the Board meeting in December, we would suggest NHS Highland use a range of communication methods to share the outcome of this further work and explain how the final proposals were developed.

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<sup>13</sup> We are aware that this is wider than a NHS issue and solutions will be developed over time. It will be important to continue to share information on the work of the group and solutions to transport and car parking as the project develops.

We would also suggest that, as most people had only read the summary paper, NHS Highland consider sharing some further information on the criteria and the discounted options from the location appraisal workshop, as part of its feedback on the consultation.

### **After a decision has been taken**

It will be important to feedback to people what the decision of NHS Highland Board and the Cabinet Secretary is and any opportunities for further involvement in this process.

As NHS Highland moves to the next stage of the process we feel communities would benefit from the further discussions on specific topics. These come from our own observations, experience and suggestions made from the public during the process. These topics include the following.

- The current GP out-of-hours arrangements. This was described in the full consultation paper, but comments on social media and at meetings would indicate there is some confusion about the level of service currently provided, and what would be provided with the proposed model.
- Services that could be delivered in the future at both the 'Hub' and 'Spoke'. This was also discussed on social media, and through comments made in the survey. There was particular interest in the number of care beds and palliative care provision

NHS Highland should demonstrate in its feedback on the consultation how it has listened to people and how the consultation informed its final proposal.

## **8. Areas of good practice and learning points**

The Scottish Health Council acknowledges the extensive work undertaken by NHS Highland in this engagement and consultation and the range of methods used to engage people.

NHS Highland engaged with the Scottish Health Council at an early stage resulting in positive, constructive communication throughout the process.

NHS Highland has agreed to take part in an 'after action review' with the Scottish Health Council to explore any improvements in how we work together in future.

As the NHS looks to deliver continual improvements in the quality of its public involvement activities, it is appropriate to identify areas of good practice and learning points.

NHS Highland was responsive to requests for further meetings and information. It also offered the opportunity for people to talk in a smaller group through the drop-in sessions and one-to-one discussions, as well as the larger public meetings.

### **Areas of good practice**

These are drawn from comments received from the public during the process and our own observations.

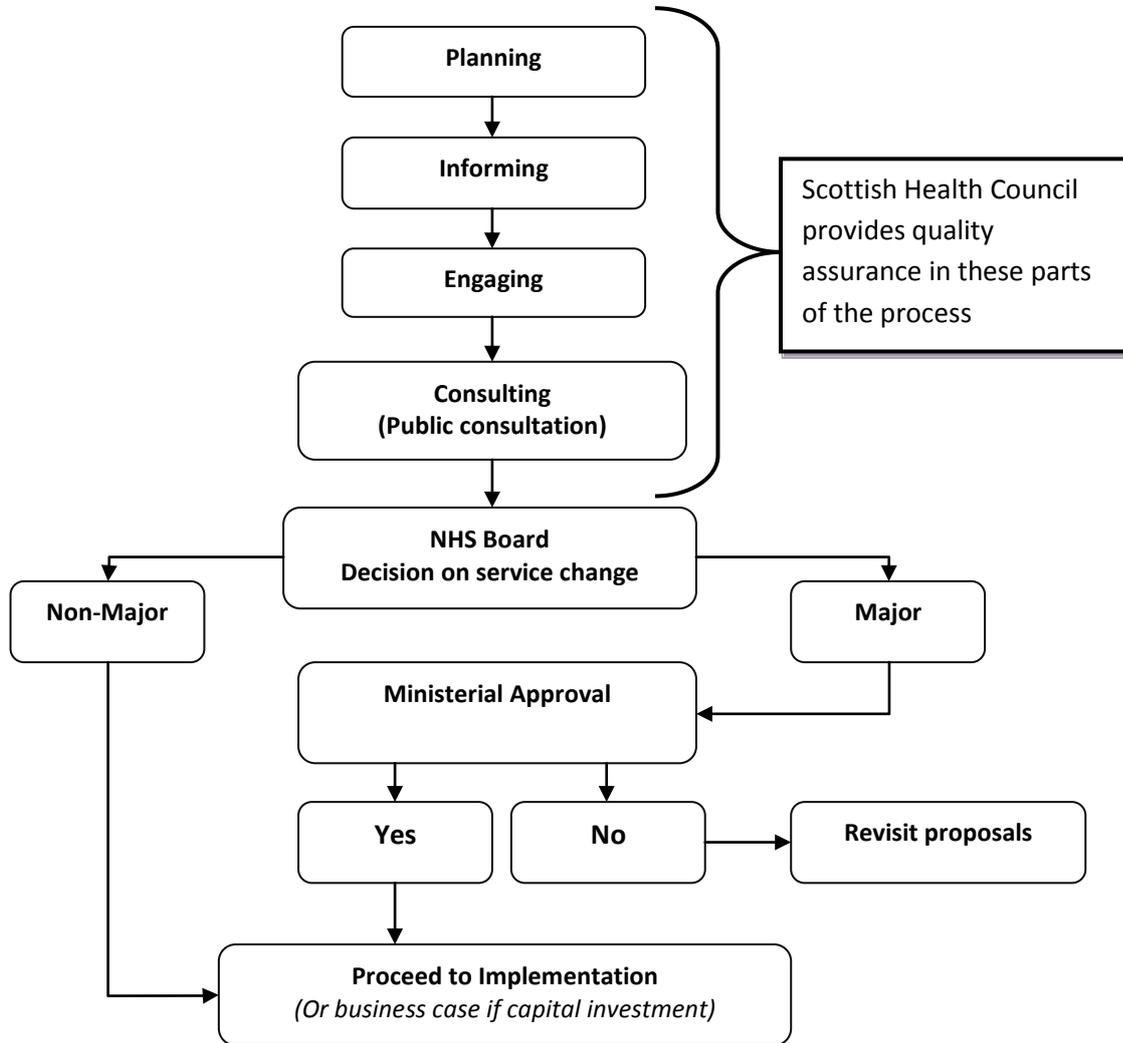
- Steering group members were encouraged to share information and get feedback from local groups and networks during the option appraisal process.
- The mail drop of the summary consultation paper to every household and local business.
- Ongoing review of the approach taken during the process and in particular the mid-way review allowed for a responsive and proactive approach during the consultation.
- Responding to requests for meetings or further information during the consultation demonstrated an active consultation process.
- The walkabouts undertaken in local communities allowed for more targeted engagement and awareness raising in small community settings.
- The additional mail drop of the consultation questionnaire in August in response to public feedback.
- Use of social media to share information about the consultation on Facebook and Twitter (including the hash tag #skyechat) as part of the engagement and consultation process.
- Starting the option appraisal with a 'blank sheet', ensuring that the previous discussions over the last 10-15 years did not influence the generation of models for the option appraisal.

## Learning points

- Consider where to display posters and leaflets in communities for future consultations.
- Consider using the 'at a glance' table to clarify current service provision against future provision of services, earlier in on the consultation document.
- Ensure consistent language is used in the meetings and consultation materials when referring to the outcome of the option appraisal.
- For future consultations consider including more detailed information in the summary consultation document about the option appraisal process (for example, who was involved, criteria used and discounted options).
- Consider including the consultation questionnaire in the consultation document to encourage participation.
- Consider using Youtube, as with the recent consultation in Badenoch and Strathspey, to inform the wider community of the review and steering group membership.

Further information on NHS Highland can be found at [www.nhshighland.scot.nhs.uk](http://www.nhshighland.scot.nhs.uk)

# Appendix 1- Informing, Engaging and Consulting People in developing Health and Community Care services



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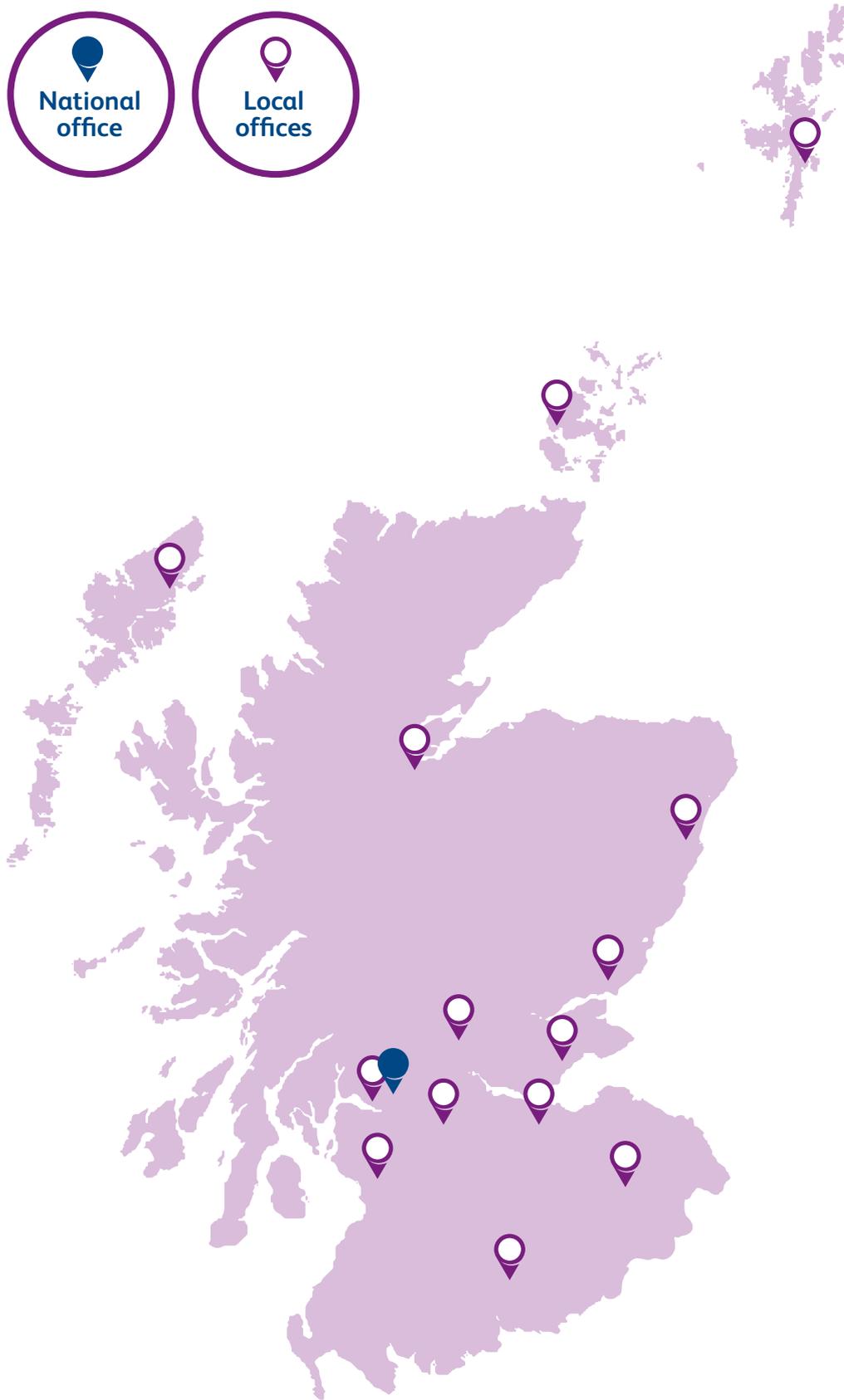
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