



Major Service Change

A report on NHS Lanarkshire's consultation on proposals to improve primary care out-of-hours services

May 2015

Acknowledgements

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1. Executive Summary

Background

NHS Boards are required to work with people¹ when they are considering changes to health and care services. The national guidance, 'Informing, Engaging and Consulting People in Developing Health and Community Care Services'², outlines the process Boards should follow to involve people in decisions about local services.

When the Scottish Government considers a proposal to be a 'major service change', the Scottish Health Council has a quality assurance role and reviews the process. This report shares our findings on how NHS Lanarkshire has involved people in its proposals for primary care out-of-hours services. It also identifies good practice and suggests learning points.

This report will be considered by NHS Lanarkshire's Board when reaching a view on its proposals for change. If the Board agrees to proceed, it will submit a copy of this report with its proposal to the Scottish Government. Any proposal will require to be approved by the Cabinet Secretary for Health and Wellbeing before it can proceed to implementation.

Proposal

The primary care out-of-hours service operates when GP surgeries are closed. It is used by people who need urgent attention and cannot wait until their GP surgery is open. NHS Lanarkshire states that in 2013 approximately 53,000 people attended the primary care out-of-hours centres.

A review programme board was set up in November 2013 with a range of stakeholders, involved in collating data and developing proposals for this service. Within this period sustainability was reported as becoming increasingly difficult with the service featuring on the Board's risk register, and NHS Lanarkshire implementing its business continuity plan from July 2014. Challenges included a shortage of GPs available to work out-of-hours and an increasing number of people who were using the service as a 'means of choice' to accessing primary health care.

In January 2014, the primary care out-of-hours service was delivered from five sites i.e. Central Health Centre, Cumbernauld; Lanark Health Centre; Monklands District General Hospital, Airdrie; Hairmyres District General Hospital, East Kilbride; and, Wishaw District General Hospital. The centres in Cumbernauld and Lanark operated restricted hours, but have not been operational since July 2014 (as a result of the business continuity plan).

NHS Lanarkshire's two proposals, which have been subject to public consultation over a three month period, from 6 January to 6 April, are:

- **Model 1**
Single primary care out-of-hours centre located in Douglas Street Community Health Clinic, Hamilton.

¹ 'people' refers to health service users, patients, staff, members of the public, carers, volunteers and voluntary organisations

² 'Informing, Engaging and Consulting People in Developing Health and Community Care Services', Scottish Government, 2010, www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf

- **Model 2**

Two primary care out-of-hours centres located in Airdrie Health Centre and Douglas Street Community Health Clinic, Hamilton.

Engagement

The option development and appraisal process was delivered over three sessions from May to November 2014. The focus was to identify viable option(s) for the clinical model of care and the most accessible locations for centres (taking into account agreed criteria). The process included a group of people who may be directly affected by the proposals and those who were involved in the service delivery.

Consultation

From 6 January 2015 to 6 April 2015, NHS Lanarkshire undertook formal consultation on the proposals. NHS Lanarkshire used a range of methods to provide information to people about the proposals and to capture their views. In total, it received 781 responses to the consultation survey and 145 emails from a range of stakeholders. The proposals were reportedly featured in 79 news articles in the local press and information was disseminated through many stakeholders' networks.

NHS Lanarkshire also received a petition with around 2000 signatures from Cumbernauld, Kilsyth and Northern Corridor residents as well as more than 800 standard consultation letters, the majority of which came from Cumbernauld, Kilsyth and Villages. A petition with around 2500 signatures was also received from residents in Cambuslang and Rutherglen.

The main issues raised through the consultation include the following.

- Concern that the reduction of the service to one or two sites means that some people will have further to travel. In particular, attention was drawn to the poor public transport infrastructure in NHS Lanarkshire and associated increased costs and journey times.
- People sought greater assurance that the proposals were sustainable i.e. GPs, nursing and support staff would be attracted to work in the service and that it would have the capacity to respond to patients' needs.
- A number of people questioned whether there might be an adverse impact on Accident and Emergency services, with more people going there rather than to the primary care out-of-hours service. Some people suggested that it might be easier to access Accident and Emergency services in one of the three acute hospitals.
- With regards to the consultation process, some people and groups felt that they should have been involved in the process at an earlier stage i.e. at option appraisal.
- People who responded to the Scottish Health Council's survey questionnaires and participated in our focus groups raised concerns around the quality and accessibility of the information provided by NHS Lanarkshire.

Some issues have been raised at the public meetings and in discussions with people, which although not directly part of NHS Lanarkshire's proposals, have had an impact on how people subsequently responded to the consultation. These include:

- Boundary changes - in 2013 the Cabinet Secretary for Health and Wellbeing announced that Cambuslang and Rutherglen and the Northern Corridor would move from NHS Greater Glasgow and Clyde's catchment area to that of NHS Lanarkshire³.

³ Health board boundaries, The Scottish Government, 2013, <http://news.scotland.gov.uk/News/Health-board-boundaries-d0.aspx>

The transfer of out-of-hours services has not yet been implemented and people who have participated in this primary care out-of-hours consultation have expressed a preference to continue to use NHS Greater Glasgow and Clyde's service.

- A national review of out-of-hours primary care⁴ was announced by the Scottish Government on 30th January 2015. There have been some public calls for NHS Lanarkshire's consultation to be paused until this group reports back in late summer.
- People are frustrated that the GP contract agreed in 2004, enables GPs to opt out of providing any out-of-hours care. The impact in NHS Lanarkshire is that around 90% of the GPs who deliver the service are contracted, with less than 10% of GPs salaried i.e. NHS Lanarkshire cannot compel contracted GPs to provide out-of-hours cover.
- Redirection policy – not yet formally implemented in NHS Lanarkshire but involves “the referral of patients who are assessed as not requiring emergency care away from the Emergency Department. This may be to another service or with self care advice”.⁵

NHS Lanarkshire has responded to these issues when raised at public meetings, and referenced most of them through the Frequently Asked Questions, which have been published on its website.

Our findings

Based on our review, information presented by NHS Lanarkshire and feedback from communities and local people, it is our view that NHS Lanarkshire has followed the Scottish Government's guidance on involving people in the consultation on 'Improving NHS Lanarkshire's Primary Care Out of Hours Services.' We have identified significant dissatisfaction that people from some communities have articulated regarding the consultation proposal and process. It is essential that views expressed by affected communities, whether those views are positive or negative, are fully considered and responded to in the Board's decision-making process. In light of the concerns expressed during this process, the Board should also consider the following in forming its final proposal and the subsequent implementation of any proposal.

- Development of a programme to evaluate the changes that are implemented by NHS Lanarkshire to provide public assurance that they are safe, person-centred and effective. This evaluation should include patient and public representatives.
- Feedback received during the process indicates that people are sometimes accessing out-of-hours services because they find it difficult to get appointments in-hours. NHS Lanarkshire should use the opportunity of engagement it will undertake through its primary care strategy to develop a greater understanding of this.

⁴ Review of out-of-hours primary care, The Scottish Government, 2015, <http://news.scotland.gov.uk/News/Review-of-out-of-hours-primary-care-1568.aspx>

⁵ Unscheduled Care: Redirection Guidance Document version 14, The Scottish Government, <http://www.gov.scot/Resource/0044/00449250.pdf>

Areas of good practice identified by the Scottish Health Council

- Patient and public representation on the review programme board and communications and engagement subgroup from the outset of the review.
- Work undertaken to identify and engage with those people potentially most affected by the proposal and to support their continued participation in the process e.g. carers. NHS Lanarkshire has worked in partnership with NHS Health Scotland to consider potential health inequalities.
- Pre-meetings with patient and public representatives to discuss the option appraisal process (June and October) and respond to any queries on the information provided.
- The use of social media to share information.
- Some people welcomed the opportunity at the consultation public meetings to sit round the table with an 'expert' to discuss their views and concerns before moving into a larger group.
- The short film produced that aimed to capture key messages on why people who are involved in delivering the out-of-hours service believe that change is necessary. Although some public feedback relates to the poor quality of the video, it was nevertheless a useful way to provide consistent information to participants at the public meetings enabling them to hear from people on the front line of service delivery.
- The production of an 'easy read' version of the summary consultation document that was shared through the Learning Disabilities service and networks.
- In addition to capturing the views of public representatives and communities, NHS Lanarkshire also undertook a survey to gauge service users' views on the potential impact of the proposed change, with a particular focus on transport and travel.

Learning points identified by the Scottish Health Council

The learning points to emerge from this process should be taken into account by NHS Lanarkshire for future service change. These include the following.

- Consider the time required once a decision has been taken to proceed to formal consultation and prior to the formal launch to 'road test' the draft consultation information, key messages and feedback questionnaire with a wider group of public representatives.
- Within the summary consultation, it may have been helpful to capture the service models that were considered (the ten options) and the reasons some were discounted and similarly provide more detail on how the preferred locations were identified.
- NHS Lanarkshire focused a large proportion of its consultation activity and resource in undertaking eight public meetings. We would suggest that consideration be given to using a wider range of methods to enable greater balance between open and targeted engagement.
- Feedback from some community forums, community councils and patient groups suggested that they would have welcomed the opportunity to have been engaged earlier in the process. NHS Lanarkshire should consider how it might use this feedback to further develop wider public networks for future service change, particularly in preparation for health and social care integration.

NHS Lanarkshire plans to discuss its final proposal at its May 2015 Board meeting. If the proposal is supported by the Board, it will then be submitted to the Scottish Government for a final decision by the Cabinet Secretary for Health and Wellbeing.

2. Introduction

NHS Boards are required to follow the Scottish Government's guidance when they begin to consider service change. The guidance, 'Informing, Engaging and Consulting People in Developing Health and Community Care Services', outlines the process NHS Boards should follow to ensure meaningful involvement of people in any plans and decisions on local health services (See Appendix 1).

In this report, we will assess how well NHS Lanarkshire met the national guidance for engaging with and consulting people on its proposals for 'Improving Primary Care Out of Hours Services'. We will also aim to highlight areas of good practice, identify continuing areas of public concern and suggest learning points for future engagement and consultation activity. The report also outlines our approach to quality assurance.

The Scottish Government has advised that it views the proposed changes to primary care out-of-hours services in NHS Lanarkshire to be a major service change. If the Board agrees to proceed, it will submit a copy of this report with its proposal to the Scottish Government. Any proposal will require to be approved by the Cabinet Secretary for Health and Wellbeing before it can proceed to implementation.

Our findings

Based on the information presented by NHS Lanarkshire and the level of response and feedback from local people, it is our view that NHS Lanarkshire has followed the Scottish Government's guidance on involving local people in the consultation on 'Improving NHS Lanarkshire's Primary Care Out of Hours Services.' Effort has been made, throughout the process, to develop capacity and understanding of public and carer representatives involved in the review programme board to enable them to disseminate information through their various networks.

In forming our view however we acknowledge the significant dissatisfaction that people from some communities have articulated regarding the consultation proposal and process. It is essential that views expressed by affected communities, whether those views are positive or negative, are fully considered and responded to in the Board's decision-making process.

In light of the concerns expressed during this process, the Board should also consider the following in forming its final proposal and the subsequent implementation of any proposal:

- Developing a programme to evaluate the changes that are implemented by NHS Lanarkshire to provide public assurance that they are safe, person-centred and effective. This evaluation should include patient and public representatives.
- Feedback received during the process indicates that people are sometimes accessing out-of-hours services because they find it difficult to get appointments in-hours. NHS Lanarkshire should use the opportunity of engagement it will undertake through its primary care strategy to develop a greater understanding of this.

Our approach

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

- our attendance at meetings with NHS Lanarkshire
- option appraisal events

- public meetings
- survey questionnaires
- interviews and focus groups
- review of consultation material, and
- news articles and media coverage.

3. Planning

To fulfil their responsibilities for public involvement, NHS Boards should routinely communicate with and involve the people and communities they serve to inform them about their plans and performance. Where appropriate, this should also include involvement of, and partnership working with, wider stakeholders and other agencies.

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 which details how the engagement process will be carried out.

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

NHS Lanarkshire has a population of approximately 652,580 with key populated areas being: Airdrie and Shotts, Clydesdale, Coatbridge and Chryston, Cumbernauld and Kilsyth, East Kilbride, Hamilton, Motherwell and Wishaw, Rutherglen, Uddingston and Bellshill.⁶

The primary care out-of-hours centres are accessed by a high number of users i.e. approximately 53,000 people per annum. The nature of the service is that a person will normally use it for a one-off urgent primary care appointment – allocated on a one, two or four hours' slot.

In August 2013, NHS Lanarkshire reported on the increasing challenges in providing its primary care out-of-hours service. These challenges included a shortage of GPs available to work out-of-hours and an increasing number of people who were using the service as a 'means of choice' to accessing primary care. It was therefore agreed by the Board that NHS Lanarkshire should review the service.

What NHS Lanarkshire did to meet the guidance

A commissioning brief was prepared in September and the first meeting of the review programme board took place in November 2013. The membership on this group was intended to ensure a partnership approach and although not extensive, the list below gives some indication of different interest groups.

- Public Partnership Forums⁷
- South Lanarkshire Carers Network
- Staff involved in delivering the out-of-hours service
- Staff from Accident and Emergency departments (acute hospitals)
- Scottish Ambulance Service
- NHS 24

⁶ Scottish Parliamentary Constituency Population Estimates, National Records of Scotland, 2014 <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/special-area-population-estimates/spc-population-estimates>

⁷ Public Partnership Forums (PPFs) – a network of patients, carers, community groups, voluntary organisations and individuals who are interested in the development and design of local health and social care services. They are the main link between local communities and the Community Health Partnerships. There is a Public Partnership Forum in both North and South Lanarkshire. Within these PPFs, there are also Locality PPFs.

- GPs (General Practitioners)
- Unison representatives

The review programme board was responsible for gathering evidence and data on the existing service and for developing proposals for improvement. Three working groups were established to look at:

- diagnostics (an analysis of the different component parts of the service)
- engagement and communications (responsible for preparing and agreeing the involvement and communications plan), and
- clinical modelling and workforce development (assessing the changes needed to improve the current and future clinical model).

The communications and engagement subgroup, which was established in February 2014, included representatives from:

- North Lanarkshire Carers Together
- South Lanarkshire Public Partnership Forum
- South Lanarkshire Carers Network
- Voluntary Action South Lanarkshire
- Associate Medical Director, and
- NHS Health Scotland.

NHS Lanarkshire has a responsibility to ensure that its process and proposals are subject to an equality impact assessment⁸. It therefore accepted the support of NHS Health Scotland⁹ to identify, consider and where possible mitigate the potential impacts of change on different equality groups and ensure the process was accessible to everyone. Examples included the following.

- Young people are relatively high users of the service: information was shared directly with young carers, focus groups were held with young people in South Lanarkshire and with parents of young children.
- Learning difficulties: some people may find written information difficult to understand. There was a recommendation to provide an 'easy read' version and offer face-to-face meetings. NHS Lanarkshire subsequently prepared an 'easy read' version of the summary consultation paper and published its 'Case for Change' short film on the website.
- Poverty and low incomes: increased distance to travel could have an adverse impact on people in terms of transport and cost. In considering the location of potential centres, deprivation was taken into account. Transport is already offered to people who are unable to make their own arrangements, however there was recognition that additional distance may increase demand for this service.

⁸ The purpose of the equality impact assessment is to improve the way NHS Boards develop their policies and functions by making sure there is no discrimination in the way they are designed, developed or delivered.

Equality and Diversity Impact Assessment Toolkit, The Scottish Government, 2005, www.gov.scot/Publications/2005/02/20687/52423

⁹ NHS Health Scotland: www.healthscotland.com/equalities/hia/index.aspx

Our findings

From our attendance at the review programme board, we are aware that public representatives were encouraged to participate in each of the three working groups. The involvement and communications plan was reviewed on a regular basis at both the review programme board and communications and engagement subgroup meetings. Other engagement activities undertaken to support the review of this service included a patient survey in March 2014, which captured peoples' feedback on their method of travel to the service, and their experience of using the service, receiving 343 responses.

4. Informing

The people and communities who may be affected by a proposed service development or change should be given information about the:

- clinical, financial and other reasons why change is needed and which may limit possible choices
- benefits that are expected to flow from the proposed change
- processes, such as carrying out a transport needs assessment, which will be put in place to assess the impact of the proposal.

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

What NHS Lanarkshire did to meet the guidance

NHS Lanarkshire used a range of methods to inform the public and communities of the challenges it faced in providing the primary care out-of-hours service across five sites. It described the potential benefits of changing the way services are delivered. Methods used to share information included:

Meetings

NHS Lanarkshire provided regular updates on the review at North Lanarkshire Public Partnership Forum and South Lanarkshire Public Partnership Forum meetings. It also attended the Cumbernauld Community Forum meeting in June 2014.

Representatives from NHS Lanarkshire presented information on the review to more than 100 people who attended the annual general meeting of North Lanarkshire Carers Together on 9 July. The Director from South Lanarkshire Carers Network provided regular updates to their group meetings.

In response to the issues raised through the equalities impact assessment, NHS Lanarkshire arranged focus groups/presentations during the engagement phase as follows:

- Universal Connections, East Kilbride (group of children/young people)
- First Steps, Coatbridge (group of parents with young children)
- Disability Engagement Group (works with NHS Lanarkshire and partners to meet the requirements of its Disability Equality Scheme)
- Lanarkshire Links (service user and carer involvement in mental health),and
- Healthy Valleys (aims to reduce health inequalities and promote positive lifestyles in rural South Lanarkshire).

Information

NHS Lanarkshire issued press releases at key stages in the engagement process. These were sent to a range of interested parties including: local and national media, MSPs and councillors, Lanarkshire Links, Public Partnership Forums, Cumbernauld Community Forum and Healthy Valleys.

NHS Lanarkshire published information on the review, including the notes of review programme board meetings, on the engagement pages of its website and provided contact details for anyone who wanted more information.

Social media

NHS Lanarkshire used social media, including Facebook and Twitter, during the engagement phase. Notices were posted at key stages in the process - launch of the engagement and the two option appraisal events. This enabled NHS Lanarkshire to further extend the reach of its communications to a wider audience.

Travel and transport

Transport issues were highlighted early in the process as an area of concern should the number of primary care out-of-hours centres be reduced. Initial research was undertaken via the service user questionnaire (which was issued in March 2014 and resulted in 343 responses). Once the shortlist of options was agreed in June, work was undertaken by NHS Lanarkshire with the Scottish Government Geographic Information Science and Analysis Team to map out population flow. They prepared maps that gave an indication of distance and drive times for each of the possible locations and for combinations (if more than one centre).

Our findings

We are satisfied that NHS Lanarkshire met the requirements of the guidance in informing people of the reasons for change during the engagement phase and the anticipated benefits to patients. They also worked with NHS Health Scotland to ensure their engagement process was inclusive and to identify and respond to potential impacts of change.

5. Engaging

NHS Boards should develop options through a process that is open, transparent and accessible, delivered within available resources, and in which potentially affected people and communities are proactively engaged.

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

What NHS Lanarkshire did to meet the guidance

NHS Lanarkshire undertook work to explore possible options for delivering improvement and change. This involved a process of option development and appraisal.

The option appraisal¹⁰ involves a sample of 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. The option appraisal process carried out by NHS Lanarkshire was arranged across three events. Public representatives, staff involved in delivering the service, and partner agencies were involved in agreeing the approach and participating in the events. Each of the option appraisal events began with a presentation on the 'Case for Change'. In addition, two subgroups were set up to consider:

- initial ranking and weighting of benefits criteria, and
- workforce and accommodation requirements.

The Scottish Health Council's focus is to consider how patient and public representatives have been involved and engaged in the option appraisal¹¹.

Process

Option development

Members of the review programme board were invited to the option development session in May 2014 and were asked to extend an invitation to others in their networks. An update was provided on why change was considered necessary and the work undertaken to date. There were 20 participants including patient and public representatives, GPs, senior doctors from NHS Lanarkshire, and nurses from the out-of-hours service. There was discussion and agreement on a proposed vision for the service, together with 'givens' and 'constraints'. Ten models of care were proposed and participants were asked to note what they considered would be the benefits, risks, opportunities for improvement and any additional information needed for consideration of a particular option. It was agreed that all 10 options would be put forward as a long list of options at the first option appraisal event in June.

Patient, public and voluntary representatives from both North Lanarkshire and South Lanarkshire made up around one third of delegates (and scorers) at the June and November events. That is, of the 49 scorers at the June event, 15 were public representatives, and similarly of the 51 scorers at the November event, 17 were public representatives.

¹⁰ Scottish Capital Investment Manual, The Scottish Government, SPPN Policy Note 8/2009, www.scim.scot.nhs.uk > Supporting Guidance > Option Appraisal Guide

¹¹ Involving Patients, Carers and the Public in Option Appraisal for Major Health Service Changes, Scottish Health Council, 2010: www.scottishhealthcouncil.org

Prior to the option appraisal events, public representatives were sent an event pack and invited to attend a pre-option appraisal session to discuss what was expected from them and to clarify any queries they had on the information provided. NHS Lanarkshire was also able to use these discussions to review and refine their plans for the events.

From long list to short list

At the option appraisal event in June, the long list of options for the model of care was considered by all participants. Each option was scored against the benefits criteria, which were modelled on the Institute of Medicine's Six Dimensions of Quality. These are highlighted in the "The Healthcare Quality Strategy for NHS Scotland"¹² as: Safe, Person-centred, Effective, Efficient, Equitable and Timely. Each benefit criteria developed related directly to the primary care out-of-hours service. Participants worked in groups, but scored options as individuals. The sensitivity analysis¹³ demonstrates the overall scores and rankings for each participant group.

Following the short-listing event in June, the review programme board discussed each scored option and agreed the shortlist as the four highest scoring options plus the status quo.

Short list to preferred options and service configuration

At the November event, participants were asked to review the benefits criteria to ensure they continued to be relevant to support further option appraisal. A subgroup of the review programme board had met in June to agree the weightings for each of the benefit criteria and these were used at each option appraisal event.

Participants were then asked to score the benefits criteria for each option. Sensitivity analysis shows that patient, public and voluntary representatives' scoring of the service models was in alignment with NHS Lanarkshire staff. The two highest scoring options, i.e. a two or one centre model of care in a primary care setting, were put forward to the afternoon session to further consider locations.

To support the discussion around potential locations of primary care out-of-hours centres, NHS Lanarkshire worked with the Scottish Government Geographic Information Science and Analysis Team. They prepared maps that were intended to demonstrate the population flow (distance and drive times) for each of the possible locations and for combinations (if more than one centre). Drive times were used given that the service user snapshot survey (March 2014) indicated that around 86% of people used their own transport or were given a lift by someone they knew. It was also acknowledged that there would be limited access to public transport during the out-of-hours service.

Information relating to staffing, accommodation requirements, travel and patient flow was presented as a 'Gallery Walk'¹⁴.

¹² The Healthcare Quality Strategy for NHS Scotland, The Scottish Government, 2010, www.gov.scot/Topics/Health/Policy/Quality-Strategy

¹³ Sensitivity analysis involves testing the assumptions underlying weights and scores, by making changes and considering any impact that these changes have. Where there have been differing views between participants about weights and scores, it may be helpful to explore the impact of the different views expressed.

¹⁴ Information sharing, interactive and discussion technique to support and assist decision-making processes, the Science Education Resource Centre at Carleton College, <http://serc.carleton.edu/introgeo/gallerywalk/how.html>

Participants were asked to score two settings for the one site option i.e. Motherwell Health Centre and Douglas Street, Hamilton. The overall score for Douglas Street, Hamilton, was highest. With regards to the two centre site options, participants were asked to score three combinations, each of which had a setting in North Lanarkshire and South Lanarkshire. The combination for Airdrie Health Centre and Douglas Street, Hamilton, scored highest.

A report of this event¹⁵ was circulated to all participants prior to NHS Lanarkshire's Board meeting on 26 November. Based on the outcome of the option appraisal, the highest scoring options were recommended to the Board to be put forward to public consultation.

Our findings

NHS Lanarkshire supported people's informed participation in the process by:

- sending out an event pack to delegates prior to the option appraisal events, and
- arranging pre-option appraisal sessions for patient and public representatives

The preferred options, a one or two site model on a primary health care setting, would result in the withdrawal of services from the three acute hospitals.

NHS Lanarkshire carried out a sensitivity analysis, which showed a consistency in ranking the options across the stakeholder groups supporting the preferred options.

The approach NHS Lanarkshire took to engaging with people in the development and appraisal of options was in accordance with guidance. The Scottish Health Council confirmed this with NHS Lanarkshire in November 2014, whilst also highlighting good practice and areas for further development.

Feedback from participants

We carried out one-to-one interviews with public representatives who sat on either the review programme board or the communications and engagement subgroup. Everyone reported that they felt supported by NHS Lanarkshire to participate in discussions and understood why the review was taking place. People commented that the range of people involved in the process e.g. Scottish Ambulance Service, NHS 24, consultants, GPs, public and carer representatives, had worked well.

Participants at the option appraisal session in November were asked to complete a survey questionnaire on the process. We received 18 completed questionnaires¹⁶ from public representatives, which represented a 100% return rate.

¹⁵ Primary Care Out of Hours Service Review Option Appraisal 4th November 2014
<http://www.nhslanarkshire.org.uk/Involved/consultation/OOH/Documents/Out%20Of%20Hours%20Review%20Option%20Appraisal%20Report%20-%204%20November%202014.pdf>

¹⁶ 18 patient and public representatives were in attendance at the event and completed the Scottish Health Council questionnaire. One person did not participate in scoring the options on 4th November 2014.

Summary of Responses:

- **89%** of respondents fully or partially agreed that they had received enough information in advance of the events.
- **100%** fully or partially agreed that the information was in plain language and easy to understand.
- **83%** felt they had a strong or some influence over agreeing the shortlist of options for the models of care.
- **78%** felt they had a strong or some influence over the consideration of site locations.
- **72%** felt they had a strong or some influence over developing the preferred option and site configuration.

Comments provided on the survey questionnaire by three out of the 18 participants indicated that they had found it difficult to score the locations based on the information presented and the methodology used.

Feedback received on the planning and engagement process:

- “I was totally engaged, informed and felt I could influence, not only the options, but the process.”
- “Found the scoring difficult. I would love to start the process from scratch.”
- “It helped that I’d been involved since the beginning and understood the process and it was clear what had to be done. Felt this has been a systematic and inclusive process.”
- “I think it has been an excellent process where everyone has felt included and their views valued and acted upon.”

6. Consulting

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 lasts for a minimum of three months.

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

Context

In January 2014 NHS Lanarkshire's primary care out-of-hours service was delivered from five sites i.e. Central Health Centre, Cumbernauld; Lanark Health Centre; Monklands District General Hospital, Airdrie; Hairmyres District General Hospital, East Kilbride; and, Wishaw District General Hospital. The centres in Cumbernauld and Lanark operated restricted hours.

Challenges in safely sustaining the five centre model of care resulted in NHS Lanarkshire implementing its business continuity plan¹⁷ from July 2014. This meant that the out-of-hours service was delivered from the three acute sites and services from Cumbernauld and Lanark were suspended. There have been occasions over the last 12 months when primary care out-of-hours services at one, and sometimes two, of the acute hospitals have also been temporarily closed to referrals.

On 26 November 2014, NHS Lanarkshire's Board agreed to undertake a formal public consultation on two clinical models and locations that had been assessed as 'best fit'. These were:

- **Model 1**
Single primary care out-of-hours centre located in Douglas Street Community Health Clinic, Hamilton.
- **Model 2**
Two primary care out-of-hours centres located in Airdrie Health Centre and Douglas Street Community Health Clinic, Hamilton.

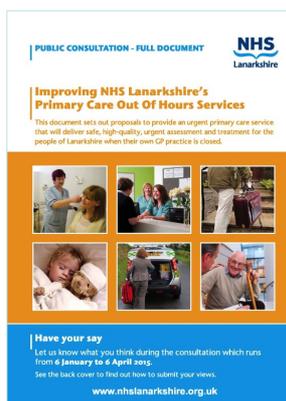
Although beyond the scope of this consultation, some wider issues have arisen which have impacted on this process and the way people have responded to the consultation. These include the following.

¹⁷ Business continuity plan - this involves identifying vital services, and factors which could potentially disrupt continuity in their safe delivery, and actions to mitigate their impact. In terms of the Primary Care Out-of-Hours service, the initial response was to pause delivery of service from the two satellite centres at Cumbernauld and Lanark. If it is not possible to recruit staff for the remaining three centres based on the acute sites, then the Board may temporarily pause delivery of service from one or two of those centres.

- General Election 2015 – there has been heightened political interest in health-related issues that has been captured in the local media and campaigning activities.
- Boundary changes - in 2013 the Cabinet Secretary for Health and Wellbeing announced that Cambuslang and Rutherglen (which has a combined population of 58,583 people) and the Northern Corridor (20,400 people) would move from NHS Greater Glasgow and Clyde's catchment area to that of NHS Lanarkshire. The transfer of out-of-hours services has not yet been implemented and people who have participated in this primary care out-of-hours consultation have expressed a preference to continue to use NHS Greater Glasgow and Clyde's service.
- A national review of out-of-hours primary care¹⁸ was announced by the Scottish Government on 30 January 2015. There have been some public calls for NHS Lanarkshire's consultation to be paused until this group reports back in late summer.
- People are frustrated that the GP contract agreed in 2004, enables GPs to opt out of providing any out-of-hours care. The impact in NHS Lanarkshire is that around 90% of the GPs who deliver the service are contracted, with less than 10% of GPs salaried i.e. NHS Lanarkshire cannot compel contracted GPs to provide out-of-hours cover.
- Redirection policy – not yet formally implemented in NHS Lanarkshire but involves “the referral of patients who are assessed as not requiring emergency care away from the Emergency department. This may be to another service or with self care advice”.¹⁹

What NHS Lanarkshire did to meet the guidance

The public consultation was launched on 6 January 2015 and ran until 6 April 2015. Full and summary consultation papers were published. People were asked to provide their views on which of the two clinical models they felt would best provide a safe, person-centred and effective service. They were also asked to comment on the locations that NHS Lanarkshire, through its engagement, had identified as the ‘best fit’ in terms of accessibility for the public, staffing and accommodation capacity.



The consultation paper also highlighted that NHS Lanarkshire would consider alternative suggestions put forward during the consultation. We understand alternative options have been submitted for consideration to NHS Lanarkshire during this consultation.

To support people in forming a view on the proposals, NHS Lanarkshire’s consultation papers also aimed to explain:

- what the service is (and is not)
- why the service needs to change, and
- what services are not part of the review e.g. home visits.

¹⁸ Review of out-of-hours primary care, The Scottish Government, 2015, <http://news.scotland.gov.uk/News/Review-of-out-of-hours-primary-care-1568.aspx>

¹⁹ Unscheduled Care: Redirection Guidance Document version 14, The Scottish Government, <http://www.gov.scot/Resource/0044/00449250.pdf>

Information

NHS Lanarkshire printed 500 copies of the full consultation paper and 20,000 copies of the summary consultation document. These were distributed to GP surgeries, health centres, acute hospitals, social work services and carers' networks, care and residential homes. Posters were also circulated for display in a range of public settings, for example health centres, libraries, GP surgeries, and Accident and Emergency departments.

NHS Lanarkshire sought to raise awareness of the public consultation by sharing information and a website link with:

- Public Partnership Forums
- elected representatives
- GPs and NHS Lanarkshire staff
- care homes and voluntary groups
- community councils in North Lanarkshire and South Lanarkshire
- partner agencies e.g. North Lanarkshire Council, South Lanarkshire Council, Scottish Ambulance Service, NHS 24
- equalities groups that were identified through the equalities impact assessment e.g. Health and Homelessness Team, First Steps²⁰, and
- media.



Electronic display at main entrance, Wishaw General Hospital

To further support people's understanding of the process, additional information was presented on a dedicated webpage of NHS Lanarkshire's website²¹. This included: minutes of the review programme board, the reports from the option appraisal sessions, and supplementary information (e.g. maps, calculations for staffing and accommodation capacity).

NHS Lanarkshire produced a short film which featured a range of senior managers, clinicians, staff who worked in the service and voluntary representatives who gave their view on the case for change. This short film was played at the start of most public meetings to ensure a consistency in the information provided. It was also available for individuals and community groups to view and download from NHS Lanarkshire's website.

NHS Lanarkshire promoted the consultation and its activities through Facebook and Twitter. The consultation proposals have also been extensively covered in the local media (79 newspaper articles) and in community and voluntary group publications and websites.

In response to a recommendation identified in the equality impact assessment, NHS Lanarkshire published an 'easy read' version of the summary consultation paper. This was added to the NHS Lanarkshire website, HealthELanarkshire²² website and distributed via the Learning Disabilities Service to: advocacy services, NHS and local authority services, care providers and some individual families.

²⁰ First steps – programme which aims to ensure the best possible start in life for vulnerable first time mothers and their babies living in the regeneration areas in South Lanarkshire.

²¹ <http://www.nhslanarkshire.org.uk/Involved/consultation/OOH/Pages/default.aspx>

²² HealthELanarkshire website for people with a learning disability and health professionals <http://www.healthelanarkshire.co.uk/>

Engagement with people

NHS Lanarkshire provided people with opportunities to explore the proposals and ask questions of the core group i.e. staff and public representatives who had been involved in the service review. This included:

- eight public meetings across NHS Lanarkshire
- two consultation roadshows held at the weekend in Coatbridge Quadrant Shopping Centre and East Kilbride Shopping Centre
- presentations to Public Partnership Forums
- presentation to community groups e.g. Kilsyth and Villages Forum, Cumbernauld Community Forum, Coatbridge Deaf Club and Cleland, Coltness and Newmains Community Councils
- briefings with MSPs, MPs and councillors, and
- discussion sessions and updates with staff.

NHS Lanarkshire began to develop a set of Frequently Asked Questions in January and regularly updated it to ensure themes captured by staff at all public meetings were recorded and that responses were consistent in subsequent discussions. NHS Lanarkshire recognised that the Frequently Asked Questions may also be informative to members of the public and so published them on the website in mid-March, promoting it via a press release and social media. Printed copies were also shared with people who attended subsequent public meetings.

Midway review

NHS Lanarkshire undertook a review of the consultation process in early February to:

- consider the themes being raised at public meetings and staff's responses
- assess the approach thus far (information had been disseminated and three public meetings had taken place)
- review the consultation plan and identify further areas of activity
- review and agree the equality impact assessment, and
- provide people with an update on the responses received up to 30 January on the consultation proposals.

Members of the consultation planning and delivery group were asked to check visibility of consultation material in health and public places. There was also a brief discussion on integrated planning of boundary changes for primary care out-of-hours services in Cambuslang, Rutherglen and the Northern Corridor.

Consultation roadshows

NHS Lanarkshire undertook two roadshow events during the consultation. The events were held in Coatbridge and East Kilbride on Saturdays in February and March with NHS Lanarkshire reporting that they engaged with over 130 people. These sessions aimed to engage in areas of high footfall (e.g. shopping centres and supermarkets) with the general public and parents with young children. The main issues raised were: transport and travel, number of GPs in the future to support out-of-hours services, perceived reduced access to Accident and Emergency, and impact on home visits.

Service user survey

NHS Lanarkshire conducted a service user survey of those accessing GP out-of-hours services to gauge views on the proposed service models, with a specific focus on impact of distance and travel. The survey was carried out over a weekend in March 2015 and received 389 responses. The Scottish Health Council considers the survey to be robust given the sample size. In particular, we note that NHS Lanarkshire's analysis took into account people's responses in terms of the centres visited and the localities in which people were resident. The survey indicated that 83% of respondents had travelled to the centres using their own transport and 5% had used public transport. All respondents were asked to indicate how they would find getting to the new service if it was based at the proposed Hamilton and Airdrie centres.

Additional comments made by respondents in relation to travel supported some of the themes identified through the public consultation. These include:

- review and implementation of the eligibility criteria for NHS to arrange transport
- increased distance will incur additional cost and travel time for people
- impact on Accident and Emergency departments
- concern that the proposed model will not have sufficient capacity to treat the number of patients, and
- children who are unwell and their parents will be particularly impacted by these proposals.

Our findings

We set out our findings below based on our observations of NHS Lanarkshire's consultation process, what people have told us (through survey questionnaires, focus groups and phone interviews) and taking into account some of the coverage in local media and online.

Our observations

NHS Lanarkshire held public meetings in each of its localities, with one additional daytime meeting in Bothwell. The consultation papers listed the dates and venues of the public meetings. They were also advertised on posters, public notices were placed in the local press one week before each meeting and reminders were sent via social media. The purpose of these meetings was to engage with communities and discuss the proposals as part of the consultation. In addition, NHS Lanarkshire offered at the public meetings, in press releases and in correspondence (e.g. to community councils and voluntary groups) to consider any requests to attend local meetings and forums.

The Scottish Health Council attended all of the public meetings during the consultation period. The majority of these had relatively low attendance, with the exceptions being in Cumbernauld and Lanark where around 130 and 45 people attended respectively. The impact of NHS Lanarkshire's proposals in terms of distance and travel would be greater for these two localities. NHS Lanarkshire followed a consistent approach to sharing information, table top discussion with a member of the core group in small groups, and an open questions session. Members of the review planning group were asked to share and respond to questions as subject matter experts. In this way, people were given consistent, reliable information.

Copies of the consultation documents, agenda, maps and survey questionnaires were available at meetings.

Although NHS Lanarkshire’s approach in all the public meetings was similar, the public meeting in Cumbernauld appeared to be more challenging and contentious. People were dissatisfied with the outcome of the option appraisal and the consultation process and proposals. This was reflected in the responses received from this area, noting high levels of dissatisfaction.

This appeared to be in contrast to the Lanark public meeting, where although there were similar issues regarding travel and distance, people appeared to be more understanding around the challenges in recruiting GPs to the out-of-hours service and the discussion appeared to be more constructive.

A summary of the main themes and discussion points recorded by the Scottish Health Council during public and community councils’ meetings appears below.

Summary of the main issues and discussion points

Access	Increased travel for some communities (e.g. Clydesdale, Cumbernauld). Greater clarity needed on the eligibility criteria for NHS transport to and from the service.
Impact on Accident and Emergency services	People may feel more assured using Accident and Emergency services. They may also be less likely to bypass a hospital to access a primary care service in an area they don’t know.
Difference between urgent and emergency	There were challenges in clarifying the difference between an urgent and an emergency clinical need.
Boundary changes	People in Rutherglen and Cambuslang were concerned that they would be compelled to transfer to the NHS Lanarkshire out-of-hours service. They also felt that their unique circumstances had not been properly taken into account.
Regional arrangements	There was a request made at the Cumbernauld, Rutherglen and East Kilbride meetings that suitable arrangements are put in place with neighbouring NHS Boards to enable people to use the service closest to them.
GP contract and staff capacity	People were concerned that the proposals had not been tested with GPs and there may not be sufficient capacity even with the proposed change.
Process	Publicity for the public meetings was seen as poor given the relatively low attendance. NHS Lanarkshire was also asked to target its engagement to parents of children and young people given their high use of the service. Public representatives highlighted issues with the consultation information and survey questionnaire.

What people told us – Surveys

The Scottish Health Council undertook two surveys during the consultation to capture people’s views on the process.

In the first survey, we handed questionnaires to the 244 people who attended the public meetings. We received 105 responses (43% response rate).

The table below provides summary feedback from people who attended the public meetings. The questions were designed to gauge whether people felt the consultation process had been transparent and inclusive.

Summary of feedback responses:	
•	61% of respondents found the reasons for the proposed changes to be clear.
•	62% felt it was clear how the proposals were developed.
•	87% felt they had the opportunity to give views about the proposals.
•	87% felt they had the opportunity to ask questions.
•	75% felt their views were listened to.
•	69% felt questions asked were answered.
•	56% felt they understood how the decision will be taken on the proposed changes.

Data to reflect the detailed feedback from respondents at each of the public meetings is also provided in the following table.

N= number of respondents to survey	Airdrie <i>n</i> = 12	Bothwell <i>n</i> = 4	Cumbernauld <i>n</i> = 32	East Kilbride <i>n</i> = 6	Hamilton <i>n</i> = 3	Lanark <i>n</i> = 20	Rutherglen <i>n</i> = 2	Wishaw <i>n</i> = 16	Average (mean) n=95
respondents found: the reasons for the proposed changes to be clear	75%	100%	25%	83%	100%	65%	0%	81%	66%
felt it was clear how the proposals were developed	73%	100%	26%	100%	100%	56%	50%	100%	88%
felt they had the opportunity to give views about the proposals	100%	100%	53%	100%	100%	100%	50%	100%	88%
felt they had the opportunity to ask questions	100%	100%	59%	100%	100%	100%	50%	100%	89%
felt their views were listened to	100%	100%	37%	100%	100%	100%	N/R	100%	91%
felt questions asked were answered	89%	100%	36%	100%	100%	71%	50%	100%	81%
felt they understood how the decision will be taken on the proposed changes	67%	75%	29%	67%	33%	37%	50%	94%	56%

We are grateful to the people who responded to our questionnaire and were open and honest in sharing their views. Some of their comments are captured below.

- “Staffing limitation of the current service, but not necessarily reassurance that the staffing will be enough even with the one or two centre model.”
- “Summary consultation document was helpful to back up video presentation followed by discussion with key NHS Lanarkshire staff who attended.”
- “Simply impossible to trawl through all report.” (‘report’ refers to consultation information)
- “Very poor presentation of material plus the frustration of poor audio. It would appear decision has already been made.”
- “Maps and transport details insufficient, transport generally is a problem the distance Cumbernauld is from Hamilton. Two options better but a regional cross-border solution is required given the dearth of GPs.”
- “Although a little more time to digest information on one or two of the slides would have been helpful. Not a big issue. Felt information was clear, options straightforward and well worked out beforehand.”
- “If doctors won't work extra hours to cover local 'out-of-hours' service I would be happy to see a triage nurse.”
- “Far too many decisions already made - no way to explore alternatives as we were told that they have already been explored and dismissed.”

We conducted a second survey to capture feedback from a wider group of people on their level of awareness and views on the consultation. An email or letter was sent directly to all community councils (68) and councillors (137) in North Lanarkshire and South Lanarkshire inviting them to complete our questionnaire. The questionnaire was designed in such a way that responses could be returned via Survey Monkey, email or post. We also promoted the questionnaire to our local networks through social media and on Netmums (given the high percentage of people who access the service for young children).

The response rate to this questionnaire was low, with 26 people responding. General feedback indicated that 65% of respondents were aware of the consultation.

What people told us – Focus groups

People who attended NHS Lanarkshire’s public meetings and completed our questionnaire were invited to take part in a focus group discussion or phone interview. We held two focus groups and five phone interviews. In total 18 people took part. The sessions were designed to explore NHS Lanarkshire’s approach to participation and identify what had worked well and what could have been done better.

Some participants felt that the round table discussions at the public meetings had worked well. They also noted that NHS Lanarkshire had responded to requests to attend community councils’ and community forum meetings and letters seeking additional information. It was

felt that the public meetings had provided some opportunity for people to consider additional information.

However, a key theme from the focus groups and phone interviews was the view that community councils and forums should have been informed and involved in the earlier stages of the process. People also felt strongly that there was a disconnection between the engagement and consultation elements of the process and the public should have been given more options to consider.

General concerns raised by participants in the focus groups and phone interviews reinforced themes reflected elsewhere in this report. These referred to process (information and publicity) and the proposals (participants from Cumbernauld, Kilsyth and Villages and Cambuslang/Rutherglen supported a regional arrangement; residents from Clydesdale sought a more innovative local out-of-hours approach, e.g. nurse-led service). People also considered the reduction of GP capacity in-hours and the impact of this on the out-of-hours service.

Conclusions

In the feedback received people have drawn attention to perceived low levels of publicity and public information.

This service is accessed by a high number of users approximately 53,000 people per annum in a population of more than 600,000. The nature of the service is that a person will normally use it for a one-off urgent primary care appointment – allocated on a one, two or four hours' slot.

We have reviewed NHS Lanarkshire's consultation strategy and the level of coverage generated. This has included the following.

- 781 questionnaires being completed and submitted regarding the proposals
- Survey feedback from 389 service users on their views on the impact of change in terms of distance and travel.
- More than 800 standard response letters were received, the majority of which came from Kilsyth and Villages, and Cumbernauld. The letter sets out to highlight difficulties people may face in travelling to the primary care out-of-hours services in Hamilton or Airdrie. It proposes that either the new Kilsyth Community Health Centre be used or agreement given to access services in NHS Greater Glasgow and Clyde or NHS Forth Valley. The letter also refers to a lack of sufficient engagement.
- A petition with around 2000 signatures from Cumbernauld, Kilsyth and Northern Corridor residents. This petition sets out the reasons why people oppose NHS Lanarkshire's proposals for primary care out-of-hours services.
- A petition with around 2500 signatures from Rutherglen and Cambuslang asking NHS Lanarkshire to withdraw its proposals.
- 145 emails from a range of stakeholders have been received through the consultation email address.
- 79 newspaper articles on the consultation have reportedly been printed in publications with a combined circulation in excess of 300,000.
- There were 7266 page views of the out-of-hours consultation information on NHS Lanarkshire's website.
- 32 elected representatives have submitted enquiries and NHS Lanarkshire has responded to these.

Social media has been used to share information, publicise meetings, and provide updates. In addition, information has been disseminated through many stakeholders' networks e.g. Voluntary Action North Lanarkshire, Voluntary Action South Lanarkshire, carers' organisations, and the Scottish Ambulance Service.

Based on the extent of NHS Lanarkshire's consultation activities and the opportunities provided for people to provide comment on the proposals, we are satisfied that NHS Lanarkshire's consultation has been proportionate and has met the requirements of the guidance.

NHS Health Scotland has supported NHS Lanarkshire to take a targeted approach to identifying and engaging with harder-to-reach groups who will be impacted by any proposed change.

NHS Lanarkshire reviewed its process throughout the consultation and used suggestions from the public and the Scottish Health Council to adapt and improve.

We are aware, through our observations, feedback mechanisms and local media coverage, that many people have expressed strong views about the consultation process and proposals. In particular, people feel there was limited opportunity to consider a wider range of options and that they were asked for their views too late in the process. They also expressed a number of concerns around the proposals, most notably in relation to travel and distance, availability of GPs out-of-hours, and the impact of change to other parts of the healthcare system.

We have recorded these concerns within our findings in order that they can be taken into account and responded to by NHS Lanarkshire as it reaches a decision on its next steps and final proposal.

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 Lanarkshire and is due to be considered at its Board meeting on 27 May 2015. The Board will also take into account the outcome of the consultation process. If the Board agrees to proceed, it will submit a copy of this report with its proposal to the Scottish Government. Any proposal will require to be approved by the Cabinet Secretary for Health and Wellbeing before it can proceed to implementation. In this submission, NHS Lanarkshire is expected to demonstrate how it has taken the issues raised during the consultation period and any alternative suggestions into account in its decision.

After a decision has been taken

It will be important for NHS Lanarkshire to feed back to people what the outcome of this process is, and to outline opportunities for further involvement in this process.

In line with guidance, NHS Lanarkshire should evaluate its informing, engaging and consulting activities and consider the impact they had on the service change and lessons learned to inform future involvement work.

As NHS Lanarkshire moves to the next stage of the process, it should consider the feedback in terms of improvements in its information, publicity and engagement. It should also keep people informed on:

- the outcome of the national GP out-of-hours review and how NHS Lanarkshire will align its services to take these into account, and
- further discussions with NHS Greater Glasgow and Clyde regarding boundary changes and how this will impact people in Rutherglen, Cambuslang and Northern Corridor's access to primary care out-of-hours services.

8. Areas of good practice and learning points

Areas of good practice identified by the Scottish Health Council

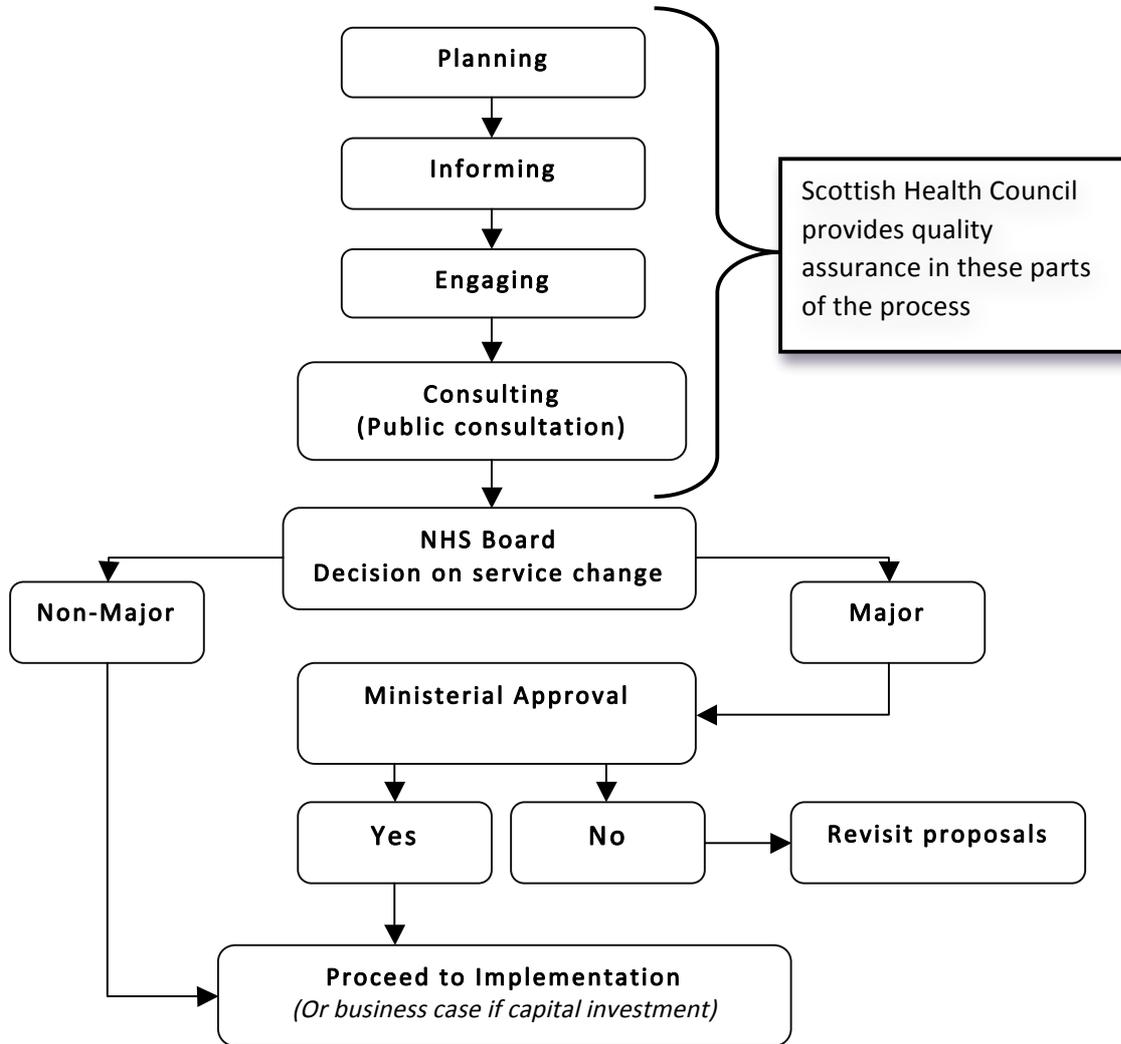
- Patient and public representation on the review programme board and communications and engagement subgroup from the outset of the review.
- Work undertaken to identify and engage with those people potentially most affected by the proposal and to support their continued participation in the process e.g. carers. NHS Lanarkshire has worked in partnership with NHS Health Scotland to consider potential health inequalities.
- Pre-meetings with patient and public representatives to discuss the option appraisal process (June and October) and respond to any queries on the information provided.
- The use of social media to share information.
- Some people welcomed the opportunity at the consultation public meetings to sit round the table with an 'expert' to discuss their views and concerns before moving into a larger group.
- The short film produced that aimed to capture key messages on why people who are involved in delivering the out-of-hours service believe that change is necessary. Although some public feedback relates to the poor quality of the video, it was nevertheless a useful way to provide consistent information to participants at the public meetings enabling them to hear from people on the front line of service delivery.
- The production of an 'easy read' version of the summary consultation document that was shared through the Learning Disabilities service and networks.
- In addition to capturing the views of public representatives and communities, NHS Lanarkshire also undertook a survey to gauge service users' views on the potential impact of the proposed change, with a particular focus on transport and travel.

Learning points identified by the Scottish Health Council for future processes

The learning points to emerge from this process should be taken into account by NHS Lanarkshire for future service change. These include the following.

- Consider the time required once a decision has been taken to proceed to formal consultation and prior to the formal launch to 'road test' the draft consultation information, key messages and feedback questionnaire with a wider group of public representatives.
- Within the summary consultation, it may have been helpful to capture the service models that were considered (the ten options) and the reasons some were discounted and similarly provide more detail on how the preferred locations were identified.
- NHS Lanarkshire focused a large proportion of its consultation activity and resource in undertaking eight public meetings. We would suggest that consideration be given to using a wider range of methods to enable greater balance between open and targeted engagement.
- Feedback from some community forums, community councils and patient groups suggested that they would have welcomed the opportunity to have been engaged earlier in the process. NHS Lanarkshire should consider how it might use this feedback to further develop wider public networks for future service change, particularly in preparation for health and social care integration.

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



Appendix 2: Glossary

Acute hospital	Acute hospitals provide a wide range of specialist care and treatment for patients. Typically, services offered in the NHS acute sector are diverse. They include: emergency treatment following accidents; consultation with specialist clinicians (consultants, nurses, dieticians, physiotherapists and a wide range of other professionals); routine, complex and life saving surgery; specialist diagnostic procedures; and close observation and short-term care of patients with worrying health symptoms.
Benefit criteria	These are all the factors that are relevant and important to a project, but which cannot be measured in money terms. Each of the criteria should have a clear definition or key features to ensure that everyone has a shared understanding of what each covers.
Business continuity plan	This involves identifying important services, and factors which could potentially disrupt continuity in their safe delivery, and actions to mitigate their impact. In terms of the primary care out-of-hours service, the initial response was to pause delivery of service from the two satellite centres at Cumbernauld and Lanark. If it is not possible to recruit staff for the remaining three centres based on the acute sites, then NHS Lanarkshire may temporarily pause delivery of service from one or two of those centres.
Case for change	The main reasons why an NHS Board believes that change is needed. This may include, for example, patient safety, staffing levels and best use of resources.
Emergency care	Care that cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional or care which, unavoidably, is outside the core working period of NHS Scotland.
Community council	Community councils are the most local tier of statutory representation in Scotland. They bridge the gap between local authorities and communities. Their main purpose is to capture and express the views of the community to the local authority and other public bodies. There are currently around 68 Community Councils in the NHS Lanarkshire catchment area, all of which are composed of elected volunteers from the community.
Out of Hours	The primary care out-of-hours period is from 6pm until 8am during the week and all day and night at the weekend. The service also operates when GP practices are closed for public holidays or for staff training.
Public Partnership Forum (PPFs)	A network of patients, carers, community groups, voluntary organisations and individuals who are interested in the development and design of local health and social care services. They are the main link between local communities and the Community Health Partnerships. There is a Public Partnership Forum in both North and South Lanarkshire. Within these PPFs, there are also Locality PPFs.

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- على شريط صوتي أو قرص مدمج (cd)
- بلغة برايل
- بلغات أخرى

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- ई-मेल द्वारा
- बड़े प्रिंट में
- ऑडियो टेप अथवा सीडी में
- ब्रेल लिपि में, और
- अन्य भाषाओं में

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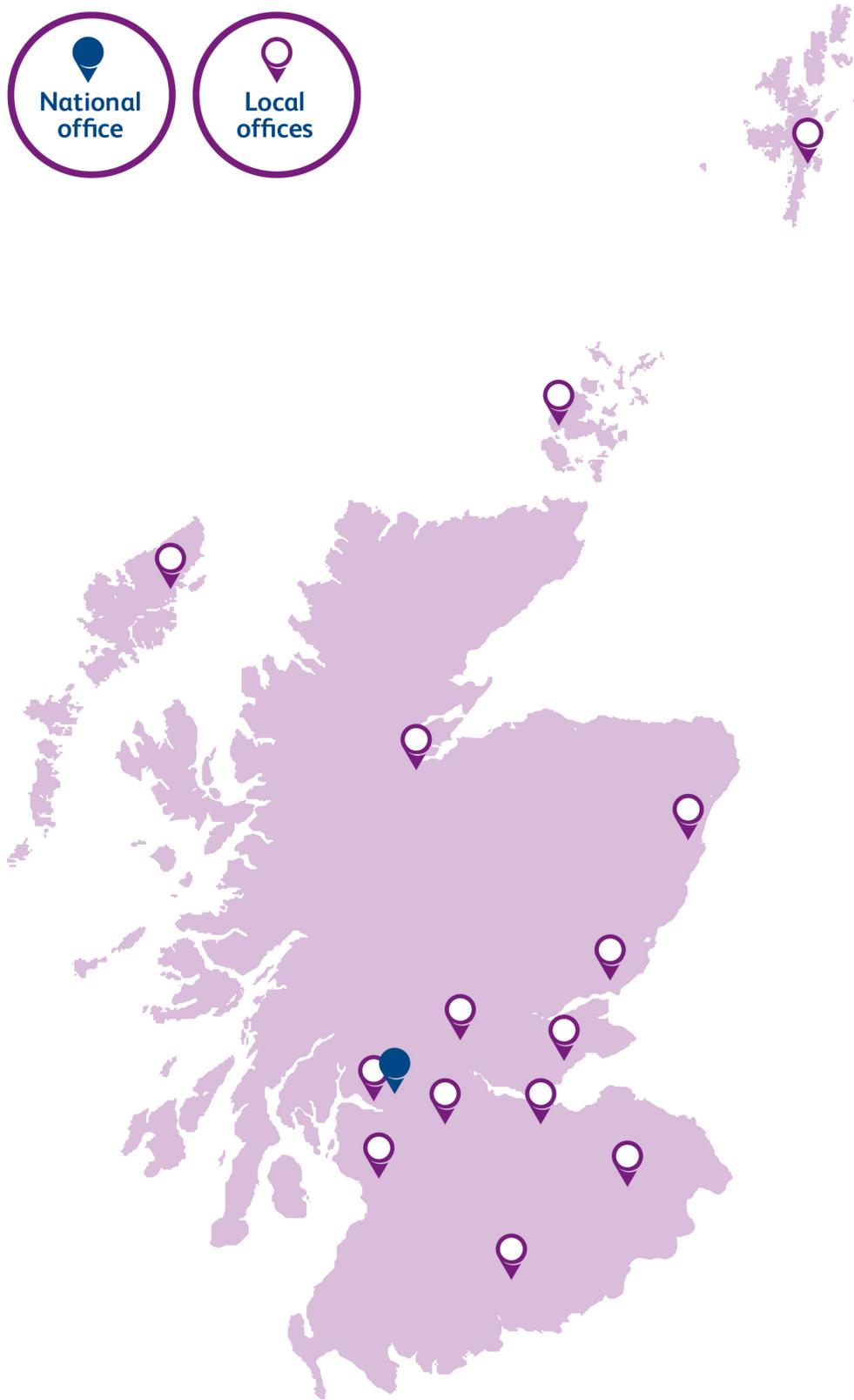
- по электронной почте
- крупным шрифтом
- на аудиокассете и компакт-диске
- шрифтом Брайля и
- на других языках

您可從我們的網站閱讀及下載本文件。我們亦透過以下方式提供此資訊：

- 電子郵件
- 大版面印刷
- 語音磁帶或 cd
- 盲文，以及
- 其他語言版本

آپ ہماری ویب سائٹ پر اس دستاویز کو پڑھ اور ڈاؤن لوڈ کر سکتے ہیں۔ ہم یہ معلومات درج ذیل کے ذریعہ بھی فراہم کر سکتے ہیں:

- بذریعہ ای میل
- چھاپے کے بڑے حروف میں
- آڈیو ٹیپ یا سی ڈی کی شکل میں
- بریل میں ، اور
- دیگر زبانوں میں



The Scottish Health Council has a national office in Glasgow and a local office in each NHS Board area. To find details of your nearest local office, visit our website at: www.scottishhealthcouncil.org/contact/local_offices.aspx

www.scottishhealthcouncil.org

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