

Major Service Change

A report on NHS Lanarkshire's consultation on proposals for the development of a new healthcare strategy, Achieving Excellence

November 2016



Acknowledgements

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

We would also like to thank NHS Lanarkshire, and in particular Colin Lauder, Head of Planning & Development, Karon Hamilton, Head of Communications and Calvin Brown, Acting Head of Communications, for the assistance they provided to us in reviewing the involvement process.

© Healthcare Improvement Scotland 2016

Published November 2016

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit

<https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.scottishhealthcouncil.org

Contents

1. Executive Summary	4
2. Introduction	8
3. Planning	9
4. Informing	12
5. Engaging	14
6. Consulting	20
7. Next steps in meeting the guidance	29
8. Areas of good practice and learning points	30

1. Executive Summary

The scope of the healthcare strategy Achieving Excellence includes proposals for new models of care and ways of working across community, primary and acute care. Consideration is given to advances in technology, the opportunities afforded by health and social care integration and national policy direction, for example *A National Clinical Strategy for Scotland*¹.

Although proposals for service redesign across the clinical areas are at different stages in their development, the healthcare strategy provides an opportunity to inform people of NHS Lanarkshire's vision and proposed approach and invites comment and reaction. Achieving Excellence also identifies the redevelopment of Monklands and a specific proposal for orthopaedics – and we shall draw out our observations and quality assurance on this proposal separately within the report.

Engagement

NHS Lanarkshire initiated engagement on the emerging healthcare strategy in January 2016 using a range of methods. The option development and appraisal for orthopaedic services was delivered over three sessions in December 2014, March 2015 and July 2016. The focus was to identify and develop a clinical model of care in response to recommendations from Healthcare Improvement Scotland² and the Academy of Medical Royal Colleges and Faculties in Scotland³.

Consultation

From 2 August to 1 November 2016, NHS Lanarkshire undertook formal consultation on Achieving Excellence. They identified various approaches to share information and get feedback. In total NHS Lanarkshire received 435 responses to the consultation survey. The proposals were featured in 21 news articles, advertisements for the five public meetings appeared 13 times in local newspapers and information was shared through stakeholders' networks.

From our observations, it would appear that people have generally understood the drivers for preventative and anticipatory care and recognised the benefits of transitional support and early discharge from the acute setting – though they asked for assurances around resourcing, support for unpaid carers and partnership working with the third sector. And while most people seemed to appreciate the benefits of Centres of Excellence, transport and access to these services was a recurring theme.

We noted that some of the main issues raised through the consultation were:

- There appeared to be support for providing more treatment and care in the community, although many people sought assurance around resourcing; staff training, recruitment and retention; and, quality of care.
- Some people disagreed with the decision to move the inpatient element of orthopaedic services from Monklands Hospital and also objected to the process whereby NHS Lanarkshire took the decision to implement an interim move ahead of public consultation.

¹ A National Clinical Strategy for Scotland, Scottish Government, February 2016, <http://www.gov.scot/Resource/0049/00494144.pdf>

² A Rapid Review of the Safety and Quality of Care for Acute Adult Patients in NHS Lanarkshire, Healthcare Improvement Scotland, December 2013, www.healthcareimprovementscotland.org/our_work/governance_and_assurance/programme_resources/nhs_lanarkshire_review.aspx

³ Letter from Academy of Medical Royal Colleges and Faculties in Scotland, 30 June 2016, <http://www2.nhslanarkshire.org.uk/news/newdevelopments/Documents/AoMRC%20letter.pdf>

- It is anticipated that the role of unpaid carers is likely to increase under proposals. On this basis, people fed back that there was insufficient detail around the support that would be offered, on a practical basis, to carers.
- Local communities asked that a more ‘intelligent’ booking system be developed that takes into account the complexity and distance for travel to appointments.
- The role of the third (voluntary) sector should be given greater consideration in the consultation. It was felt that they can provide support on a range of themes including carers, palliative care, isolation and loneliness.
- To enable NHS Lanarkshire to pursue Centres of Excellence it was felt that the transport infrastructure across the board area would need to be improved.
- People are concerned about the future provision of local services, for example Lockhart Hospital.

The interim configuration of inpatient orthopaedic services was debated, alongside other service change proposals in Scotland, in the Scottish Parliament on 8 and 28 September 2016. NHS Lanarkshire responded to concerns raised around orthopaedic services using a range of approaches.

National guidance and policies have also been taken into account during the development of this consultation exercise, including:

- **Regional planning** – development of a major trauma network across Scotland. NHS Lanarkshire’s proposal is to create a major trauma unit at Wishaw General Hospital to augment the regional centre.
- **Health and social care partnerships** – it was felt imperative that the healthcare strategy Achieving Excellence should take cognisance of the North and South Lanarkshire Health and Social Care Partnerships’ Strategic Commissioning Plans.
- **Elective treatment centres** – Scottish Government’s commitment to invest in six diagnostic and elective treatment centres across Scotland⁴.
- **A National Clinical Strategy for Scotland**

Conclusion

It is our view that:

- NHS Lanarkshire met national guidance in developing options and consulting on a preferred model for orthopaedic services.
- The specialty specific reviews are at an earlier stage in their development and further engagement should be undertaken to refine proposals and seek views from patients, carers and the public as appropriate.
- Patient and public representatives should continue to be actively engaged in the various elements of the capital investment programme for the redevelopment of Monklands Hospital.

⁴ <http://news.gov.scot/news/major-investment-in-elective-treatment-centres>

Recommendations

- A number of practical challenges were identified with the Centre of Excellence model, for example transport and travel, access and continuity of care. We suggest an equality impact assessment be undertaken on the Centre of Excellence generic model, which may then be adapted for appropriate specialties.
- In response to concerns that shifting the balance of care from the acute setting to the community may not be sufficiently resourced, NHS Lanarkshire and the Health and Social Care Partnerships may consider how workforce and financial arrangements are made visible to the public to provide assurance around quality of care and sustainability of emerging models.
- Our survey identified that a number of people were unsure about next steps in the consultation process. NHS Lanarkshire has undertaken to provide further clarity on how a decision will be made on developments and timescales.
- Further engagement with patient and public representatives should be undertaken, as appropriate, to take forward the plans for orthopaedics and redevelopment of Monklands.

Areas of good practice identified by the Scottish Health Council

- Pre-meeting and briefing papers in advance of orthopaedic option development and appraisal events to support people's understanding and enable them to participate in the process in a meaningful way.
- Development of a healthcare strategy engagement leaflet to initiate a level of understanding and discussion with a wider group of people and to provide an opportunity for comment at a formative stage in the process.
- Range of methods and approaches used to share information and maintain momentum for participation during the consultation process.
- Approaches used to support a more inclusive process for example Easy Read version of the consultation document, signers in attendance at all public meetings and use of short films.
- Flexibility during the consultation to respond to requests for further meetings and to meet the information needs of people at the meetings.
- The format of the public meetings supported all people to participate in smaller groups and was more accessible to those with sensory impairment.
- Attendance of Chief Executive, senior management and Non-Executive Directors at the five public meetings, demonstrated the importance they attached to Achieving Excellence and a willingness to hear people's views at first hand to help inform their decision-making.
- Use of Health and Social Care networks and events to cascade information and develop shared understanding.

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:

- We note that NHS Lanarkshire took the decision based on urgent clinical reasons for implementing the interim orthopaedic model. It is important that this approach is taken as an exception and that the process outlined in the guidance is followed as the norm. We are aware there are occasions when there is a need to develop interim models to ensure safe and sustainable services. It is important that when steps are taken to put in place urgent changes for safety reasons, the Board is able to demonstrate this is because of deteriorating circumstances

and that such arrangements do not, in any way, pre-empt or pre-judge permanent changes. This is important to ensure that members of the public are not, and do not feel, disempowered.

- NHS Lanarkshire used the word 'interim' to describe the first phase in its approach to deliver an orthopaedic service. Some people understood 'interim' to mean temporary until the outcome of the consultation was agreed. The Scottish Health Council recommends that in future when NHS boards are putting into place temporary arrangements, pending an engagement and consultation process and formal decision, this should be described as 'temporary' to support full engagement in the process.
- Many respondents referred to a lack of clarity and detail in the consultation documents around the practical aspects of implementing care within the community setting – we understand some of this detail may not yet be developed but this feedback should be considered and addressed as work progresses.
- To avoid any suggestion of tokenism, always ensure that sufficient time is allowed during open events for questions from the floor, and for responses to be given.
- Although NHS Lanarkshire clearly described the drivers for change and scope of the consultation, it was not clear how feedback would be collated and used to inform the next steps.
- Consider additional locations where consultation material may be more visible and widely available.

2. Introduction

Scottish Government's guidance, *Informing, Engaging and Consulting People in Developing Health and Community Care Services*⁵, outlines the process NHS boards should follow to ensure meaningful involvement of people in any plans and decisions on local health services. In this report, we will assess and quality assure NHS Lanarkshire's process against the national guidance for engaging with and consulting people on its healthcare strategy, Achieving Excellence.

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
- focus groups
- review of consultation material, and
- news articles and media coverage.

⁵ Informing, Engaging and Consulting People in Developing Health and Care Services, The Scottish Government, February 2010, http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf

3. Planning

To fulfill 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, 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, CEL4 (2010)

NHS Lanarkshire has a population of around 653,310. It works in partnership with the North and South Health and Social Care Partnerships to provide health and care. There are 10 localities identified as part of the Joint Strategic Needs Assessment – six in North Lanarkshire (Airdrie, Bellshill, Coatbridge, Motherwell, Wishaw and North [Cumbernauld, Kilsyth & the Northern Corridor]) and four in South Lanarkshire (Clydesdale, East Kilbride, Hamilton and Cambuslang/ Rutherglen).

The scope of the healthcare strategy Achieving Excellence includes proposals for new models of care and ways of working across community, primary and acute care. Consideration is given to advances in technology, the opportunities afforded by health and social care integration and national policy direction for example A National Clinical Strategy for Scotland⁶.

Although proposals for service redesign across the clinical areas are at different stages in their development, the healthcare strategy provides an opportunity to inform people of NHS Lanarkshire's vision and proposed approach and invites comment and reaction. Achieving Excellence also identifies the redevelopment of Monklands and a specific proposal for orthopaedics and we shall draw out our observations and quality assurance on this proposal separately within the report.

What NHS Lanarkshire did to meet the guidance – Achieving Excellence

A Healthcare Strategy Group was set up in May 2015 to consider how health and care services should be designed to respond to a range of external factors, including:

- demographic pressures – an ageing population
- the need to improve the health status of people and tackle health inequalities
- medical workforce pressures
- advancing technology and opportunities for new models of care
- the need to provide modern environment, and
- making most efficient use of resources.

A population-needs assessment was undertaken to develop an evidence base of how patients' needs for healthcare would change within a five and 10-year period. The healthcare strategy was planned to fit together with the Integrated Joint Boards' Joint Strategic Commissioning Plans⁷ and

⁶ A National Clinical Strategy for Scotland, Scottish Government, February 2016, <http://www.gov.scot/Resource/0049/00494144.pdf>

⁷ Safer, Healthier Independent Lives, Strategic Plan 2016-2026, North Lanarkshire

<http://www.nhs.uk/nhs.uk/About/HSCP/Documents/Strategic%20Commissioning%20Plans/HSCNL-Strategic-Plan.pdf> and Strategic Commissioning Plan 2016-2019, South Lanarkshire

<http://www.nhs.uk/nhs.uk/About/HSCP/Documents/Strategic%20Commissioning%20Plans/SLHSCP-Commission-Plan-16-19.pdf>

so local authority partners were integral to the development of the strategy.

A number of specialty specific sub-groups were established to lead the process. These workstreams evolved over time but were presented in the strategy as:

- Primary Care
- Long-term Conditions
- Older People's Services
- Mental Health and Learning Disability
- Alcohol and Drugs
- Maternity, Early Years, Children and Young People
- Planned and Unscheduled Acute Care
- Orthopaedic Services
- Cancer Services
- Stroke Services
- Palliative Care

In developing and describing service models of the future, sub-groups were also asked to outline:

- the participants and primary stakeholders
- a stakeholder engagement plan
- main areas of focus in the limited time available
- key milestones, and
- any risks to progress.

A patient, public and carer reference group was established on 7 August 2015 and membership included:

- North Lanarkshire Public Partnership Forum
- South Lanarkshire Public Partnership Forum
- VANL (Voluntary Action North Lanarkshire)
- VASLan (Voluntary Action South Lanarkshire), and
- Carer representatives.

A Scottish Health Council representative attended these meetings to provide advice and support.

The purpose of the reference group was to support NHS Lanarkshire in its engagement with patients and the public during the development of the healthcare strategy. An equalities impact assessment for each of the specialties was developed.

Orthopaedics

At the start of this review, orthopaedic services were delivered as outpatients, day surgery and inpatients from the three acute hospital sites: Monklands District General Hospital, Wishaw General Hospital and Hairmyres Hospital. The Golden Jubilee National Hospital also carried out elective (planned) orthopaedic surgery for NHS Lanarkshire patients. In response to a number of factors including a recommendation within Healthcare Improvement Scotland's *A Rapid Review of Safety*

and Quality of Care⁸, NHS Lanarkshire began a review of orthopaedic services in early 2014.

“For orthopaedics, the review team believes that this requires a more fundamental review of the distribution of orthopaedic services across NHS Lanarkshire.”

Healthcare Improvement Scotland, 2013

A project core group was established to consider the parameters of the review, timescales, communications and engagement with representation from both North and South Public Partnership Forums.

An event was held in May 2014 to develop understanding on why change was considered necessary and to agree key service objectives and a process for developing options for an appropriate clinical model. There were approximately 35 people at this event, primarily NHS staff – clinicians, allied health professionals and managers and representation from North and South Public Partnership Forums.

An involvement and communications plan was developed, which took into account internal and external activity.

Our findings

We have had regular meetings with NHS Lanarkshire to discuss their approach both in terms of the healthcare strategy and orthopaedics. We have also attended meetings of the patient, public and carer reference group. We recognise the efforts taken to involve patient and public representatives early in the review and redesign of services.

We suggest that membership of the patient, public and carer reference group be reviewed and expanded to include new members if it is to continue to have a role in taking the healthcare strategy forward.

⁸ A Rapid Review of the Safety and Quality of Care for Acute Adult Patients in NHS Lanarkshire, Healthcare Improvement Scotland, December 2013,

www.healthcareimprovementscotland.org/our_work/governance_and_assurance/programme_resources/nhs_lanarkshire_review.aspx

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 carry 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, CEL4 (2010)

What NHS Lanarkshire did to meet the guidance – Achieving Excellence

Given the complexity and scope of the healthcare strategy, NHS Lanarkshire undertook a staged approach to sharing information. This involved providing people with the information they needed to support their participation in early discussions, followed by the opportunity for the wider public to feed into the review process.

Events

The specialty specific sub-groups were invited to share their work with patient and public representatives, clinical teams, NHS and local authority staff at two events in August 2015 and November 2015. The events were attended by a total of 118 and 110 people (16 and eight patient and public representatives) respectively.

Prior to the stakeholder event in August 2015, a briefing session was held with 21 patient and public representatives to consider their role in supporting the engagement process, review pre-meeting papers and consider a draft terms of reference. This group became the patient, public and carer reference group.

A short film describing the patient's perspective was shown to delegates at the August event.

These events also provided NHS Lanarkshire with the opportunity to outline:

- the reasons for change
- population profiles and assessed needs
- planning assumptions
- potential opportunities of new technologies
- strategic direction, and
- partnership working.

Information

In January 2016, NHS Lanarkshire prepared a leaflet, which set out its vision for service change and modernisation. This leaflet explained the work that had taken place to progress new models of support, treatment and care. It also provided people with information on how they might share their views and experiences. The leaflet was shared with staff, North and South Lanarkshire Public

Partnership Forums, voluntary groups, community councils and elected representatives for feedback.

This information was also posted on NHS Lanarkshire's website together with a feedback form, which encouraged people to share their views to help shape the draft healthcare strategy.

Orthopaedics

NHS Lanarkshire issued press releases (to the media, members of the Scottish Parliament and Public Partnership Forums) and published information on its website on 24 November 2014 and 17 March 2015, advising people that:

- a review was being undertaken on orthopaedic trauma and elective inpatient services
- option development and appraisal events were scheduled to take place
- the outcome of the orthopaedic review would be integrated into the wider clinical strategy development process in 2015, and
- there was an opportunity to share views and experiences to help inform discussions.

This information was also shared via social media and in NHS Lanarkshire's internal staff publication, The Pulse.

Our findings

We are satisfied that NHS Lanarkshire has met the requirements of the guidance in informing people of the reasons for developing the healthcare strategy and describing potential benefits of the 'direction of travel' to patients. We note that this consultation did not contain specific service change redesign proposals for all those areas identified. It would be our expectation that further engagement and consultation (if appropriate) will be undertaken once more detail is developed.

Some respondents felt that the questions on the pre-consultation stage could be viewed as 'leading'. We support the approach taken to capture people's views at this formative stage in the process but agree that the questions could have been more objective. This learning informed the questions for the consultation process to support balance and objectivity.

In terms of the review of orthopaedic services, we are satisfied that NHS Lanarkshire met the guidance to inform people about the proposals. We note the efforts made to keep people informed of developments through communications to the media, social media and established networks, for example Public Partnership Forums.

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, CEL4 (2010)

What NHS Lanarkshire did to meet the guidance – Achieving Excellence

Some service reviews had begun prior to the establishment of the specialty specific sub-groups. This meant that engagement with service users and the development of proposals was more advanced in some areas than others. For example, we are aware that initial patient and carer engagement has been undertaken within the following services: cancer, older peoples' mental health, primary care, older people, alcohol and drugs. Engagement on orthopaedic services is covered in more detail later in this section.

As previously stated, in January 2016 NHS Lanarkshire issued a leaflet and feedback form. This was promoted on its website and Twitter and sent directly to community councils, Public Partnership Forums, voluntary groups, elected representatives and staff. The feedback form invited people to comment on whether they understood and accepted the need for change in health and care services and their views on proposals to:

- reduce health inequalities and support people to locally self-manage long-term conditions
- provide more treatment options outside a hospital environment, and
- develop Centres of Excellence to improve patient outcomes.

Over 420 people provided feedback to NHS Lanarkshire, including members of the public, patient and carer representatives, community councils, the third sector, NHS staff, GPs, elected representatives and North Lanarkshire Council. These responses were supported by 187 additional comments. Themes identified from patient and public representatives included:

- General support for the principles and direction of travel but clarity needed around how change will be facilitated and the implications for patients and carers.
- Transport systems for patients and visitors were identified as a specific challenge.
- Greater consideration on how these proposals will impact on unpaid carers and families.
- While some people accepted a move of services from hospitals into the community they were concerned that sufficient inpatient beds are maintained to meet needs and this move should not have an adverse impact on quality of care.
- An acknowledgement of the need to work in partnership with other agencies including the third sector and other NHS boards.

Additional themes identified by patient and public representatives to be considered in the healthcare strategy were neurology, the needs of people with complex learning disabilities, issues of isolation and loneliness, young carers and finances/resources.

Meetings

During November and December 2015, NHS Lanarkshire delivered presentations on the healthcare strategy to four locality seminar events in South Lanarkshire. It is reported that there was a total of around 300 staff members and patient/carer representatives at these events.

Similarly, presentations were given in January and February 2016 to the six locality events in North Lanarkshire, which were attended by around 320 staff, community and third sector representatives.

Orthopaedics

NHS Lanarkshire undertook work to explore possible options for delivering change. This involved a process of option development and appraisal which commenced in 2014.

The option appraisal⁹ 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.

The Scottish Health Council's focus is to consider how patient and public representatives have been involved and engaged in the option appraisal¹⁰.

Process

Option development

A pre-briefing session was held with nine patient and public representatives on 24 November 2014. Although the reasons for change and scope of review were generally understood, people noted the complexity of considering the long list of potential options. Based on this feedback, the format for option development was adapted to make it more accessible.

The approach involved the development of benefits criteria and an agreed scoring protocol, which would then be applied to predetermined questions. These were:

1. How many trauma sites are required?
2. How many elective sites are required?
3. How many sites should offer outpatient services?
4. Can elective and trauma be delivered separately?

People were allocated into groups, made up of patient and carer representatives, service users and NHS staff. This enabled people to develop a greater understanding of the service and discuss their issues and concerns. Scoring was undertaken on an individual basis, and the following options that scored highest were agreed to be taken forward:

Elective	One site or two sites
Trauma	One site or two sites
Outpatient	Three sites only

There was recognition that elective and trauma services do not need to be co-located.

⁹ Scottish Capital Investment Manual, The Scottish Government, Policy Note 8/2009: http://www.scim.scot.nhs.uk/Support/OA_Guide.htm

¹⁰ Involving Patients, Carers and the Public in Option Appraisal for Major Health Service Changes, Scottish Health Council, 2010: www.scottishhealthcouncil.org

Orthopaedics – option appraisal

Following on from this an option appraisal event was held for stakeholders on 23 March 2015. The purpose of the event was to:

- Share understanding on the issues associated with orthopaedics.
- Explain the engagement undertaken to date and provide people with an opportunity to engage on the development of a suitable clinical model.
- Consider the benefits criteria and weighting – this involves developing a set of measures that are considered significant by all stakeholders, which can then be used to assess options objectively. The benefits criteria are then weighted to highlight their relative importance.
- Appraise options – each of the options are considered against the previously agreed criteria and scoring mechanism. The outcome should then provide an indication of the highest scoring benefit option.

A total of 40 people participated in the scoring of options, which included seven patient and public representatives including both North and South Lanarkshire Public Partnership Forums. Although the number of patient and public representatives who attended this session is relatively low, NHS Lanarkshire took steps to extend the invitation to a wider number of people. In analysing the feedback, we are satisfied that those who participated were able to influence the development of the preferred option.

The four options, together with the existing service arrangement across three sites (to provide a baseline), were:

- Wishaw (trauma only) and Hairmyres (elective only)
- Wishaw (trauma only) and Monklands (elective only)
- Wishaw and Hairmyres (combined trauma and elective inpatients on each site)
- Wishaw and Monklands (combined trauma and elective inpatients on each site)
- Baseline: Wishaw, Hairmyres and Monklands (combined trauma and elective inpatients on each site)

Each option was scored against the benefits criteria which were identified as Safe, Person-Centred, Efficient, Effective and Deliverable.

Participants broke into sub-groups to discuss and consider the options in detail with scoring taking place on an individual basis. The outcome from the scoring identified a combined elective and trauma model based at: Wishaw and Hairmyres or Wishaw and Monklands as the two highest scoring options.

Orthopaedics – development of option appraisal outcome

Following the option appraisal in March 2015, NHS Lanarkshire proceeded to develop the outcome of the option appraisal. Further discussion with clinicians, together with ongoing challenges and external factors (for example the development of elective treatment centres), led NHS Lanarkshire to conclude that whilst an interim model was needed to address immediate pressures, the strategic direction must be to move to trauma and elective work on separate sites.

NHS Lanarkshire invited the Academy of Medical Royal Colleges and Faculties in Scotland to undertake external scrutiny of the review, with the findings reported back to NHS Lanarkshire in March 2016. This highlighted that the status quo was not a sustainable option and would not

address the safety and quality issues raised in the 2013 *Healthcare Improvement Scotland Rapid Review* report. It was highlighted that further work should be done to develop options around single site delivery of trauma and elective provision in NHS Lanarkshire. The publication of *A National Clinical Strategy for Scotland* (February 2016) also supported this approach by describing the establishment of specialist units and regionalised planning for orthopaedics. To support both the interim and proposed strategic model, NHS Lanarkshire advised that incremental service change would be needed, for example:

- Through reducing length of stay and supporting early discharge, the number of inpatient beds and how they are configured will change.
- A re-development of clinical pathways and facilities to achieve improved patient outcomes (focus on the orthopaedic elements of the service)
- A separation of care for people aged 65 and over.
- Opportunities and flexibilities offered through the redevelopment of Monklands.

In July 2016, the Board of NHS Lanarkshire agreed to implement the interim model to provide trauma and elective orthopaedic surgery on two sites (Wishaw and Hairmyres) on the basis of clinical safety for patients. This was the highest scoring option from the option appraisal work. It proposed to consult on the strategic direction, which identified Wishaw General Hospital as the preferred option to providing trauma orthopaedic surgery and either Hairmyres or Monklands providing elective orthopaedic surgery.

Orthopaedics – stakeholder meeting

NHS Lanarkshire held a meeting with 15 patient, carer and public representatives on 27 July 2016. Most people had been involved in the earlier option appraisal sessions. Representatives from the North and South Access Panels and a current service user were also invited to participate. The purpose of the meeting was to provide an update on work undertaken since the option appraisal and to describe the interim and longer term proposed changes. In addition, people were advised of the forthcoming consultation and asked for comment on the engagement and communications to support the healthcare strategy, with a specific focus on orthopaedics. All those that responded (11) felt it was clear how NHS Lanarkshire developed its proposals for the interim period and 82% felt this was clear for the longer term proposal.

Our findings – Achieving Excellence

NHS Lanarkshire provided people with an opportunity to consider the key principles within the healthcare strategy and identify areas they felt required further attention. This feedback could subsequently be provided in sufficient time to influence the scope of the consultation.

Presentations at the locality events in North and South Lanarkshire helped to show the links between the healthcare strategy and health and social care partnership strategic plans. It also provided NHS Lanarkshire with an opportunity to engage with a wider stakeholder network.

The healthcare strategy identifies a number of speciality specific sub-groups that will continue to review service models. It is important that patients and carers are involved at an early stage in these discussions to ensure their experiences and views can inform proposed improvements to services.

Our findings – Orthopaedics

NHS Lanarkshire used a number of approaches to support people's informed participation in the process, including:

- sending out briefing papers to delegates in advance of the option development and option appraisal events
- arranging a pre-meeting with patient and public representatives to review the briefing papers and discuss the process of option appraisal
- flexibility in changing the planned format of the option development session, following feedback from the pre-meeting, to ensure it was more accessible, and
- allowing people to hear different perspectives before scoring the options through mixed stakeholder groups: patient and public representatives, health professionals and managers.

The Scottish Health Council had been advised by NHS Lanarkshire that clinical safety became an imperative in June 2016 in the implementation, prior to consultation, of an interim model for orthopaedic inpatient and day case surgery. It is our view that NHS boards should take reasonable steps to ensure that a timely and robust process can be facilitated to support meaningful and appropriate engagement with patients and the public to enable them to inform service change prior to implementation. Where clinical safety does become an issue, where appropriate, temporary arrangements may be put in place to facilitate the appropriate engagement or consultation on a more permanent solution.

Feedback from patient and public representatives – Orthopaedics

Patient and public representatives who participated in the option development and appraisal were asked to complete a survey questionnaire on their experience and views on the process.

Summary of responses:

Option development – December 2014 (11 respondents)

- 100% of respondents felt NHS Lanarkshire had clearly explained why the review was taking place and the purpose of the option development session
- 73% felt that the process of option appraisal and shortlisting was clearly explained
- 80% felt that they had some or a strong influence over the development of the benefits criteria
- 60% felt they had some or a strong influence over the development and shortlisting of options

All respondents felt they were given the opportunity to ask questions and raise issues or concerns and most felt their questions were answered and views listened to.

All respondents were clear on next steps and indicated an intention to continue their involvement in the process.

Option appraisal – March 2015 (7 respondents)

- 71% of respondents felt they had received enough information in advance of the session
- 100% felt the information was easy to understand
- 100% felt NHS Lanarkshire had clearly explained how the shortlist of options had been developed, the supporting information (for example theatre and accommodation) and the process for option appraisal and scoring.
- 72% felt they had some or a strong influence on the ranking and weighting of the benefits criteria

- 72% felt they had some influence over the development of the preferred option(s)

Stakeholder meeting – July 2016 (11 respondents)

- 91% of respondents felt they had received enough information about the interim and proposed changes to orthopaedic services
- 100% felt the information was easy to understand
- 82% felt the reasons for change were clear
- 100% felt that it was clear how NHS Lanarkshire developed its proposals for the interim period
- 82% felt it was clear how proposals and decisions will be made on the longer term proposals

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, CEL4 (2010)

Context

In July 2016, the Board of NHS Lanarkshire agreed to implement interim proposals for orthopaedic services and consult on its strategic vision as part of the healthcare strategy, Achieving Excellence. Implementation of the interim model meant that all trauma and elective orthopaedic inpatient and day case surgery would transfer from Monklands Hospital to either Wishaw General or Hairmyres – this move would have an impact on approximately 2,300 people a year.

In terms of orthopaedic services, outpatient and fracture clinics will continue to operate across the three district general hospital sites. Similarly there will be no impact on fractures typically treated in the three local emergency departments. There were concerns raised within the North Lanarkshire area that proposed changes to trauma and orthopaedics services would impact on the emergency department based at Monklands Hospital. NHS Lanarkshire communicated that the emergency department would not be affected by proposals.

The scope of the healthcare strategy consultation provides a 'direction of travel' for how NHS Lanarkshire proposes to plan and deliver services in the future, taking into account the integration of acute and primary care and through health and social care partnerships. In addition, the consultation document provides specific proposals for a longer term model for orthopaedics, invites feedback on the redevelopment of Monklands and makes reference to further service change in some clinical specialties, for example cancer services and mental health.

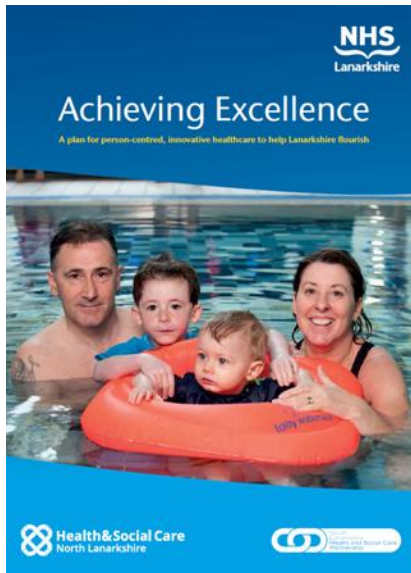
Some external factors that have been taken into account during the development of this consultation exercise include:

- **Regional planning** – development of a major trauma network across Scotland. NHS Lanarkshire's proposal is to create a major trauma unit at Wishaw General Hospital to augment the regional centre.
- **Health and social care partnerships** – it was felt imperative that the healthcare strategy, Achieving Excellence should take cognisance of the North and South Lanarkshire Health and Social Care Partnerships' Strategic Commissioning Plans.
- **Elective treatment centres** – Scottish Government commitment to invest in six diagnostic and elective treatment centres across Scotland¹¹.
- **A National Clinical Strategy for Scotland.**

¹¹ <http://news.gov.scot/news/major-investment-in-elective-treatment-centres>

What NHS Lanarkshire did to meet the guidance

The public consultation was launched on 2 August and ran until 1 November 2016. NHS Lanarkshire prepared a consultation plan, which outlined its communication and engagement activities. Full and summary consultation documents were published.



The summary consultation document aims to describe NHS Lanarkshire's vision for the future and draws attention to some specific proposals. It also references the specialty areas that have been reviewed and where tentative proposals have been developed. People are signposted to the full consultation document for some further detail.

The summary consultation document acknowledges that many of the proposed changes are at an early stage and further engagement may be necessary. It also notes that many of the service changes are anticipated to take place between 2017 and 2020 (though again further detail on proposed timescales for each service is included in the full consultation document).

Consultation questions were included in the full consultation document and formed the basis for people to provide their views on the healthcare strategy via a survey link. However these questions were not included in the summary consultation document.

Information

NHS Lanarkshire printed 500 copies of the full consultation document. These were available at public meetings, on request from groups and individuals and via NHS Lanarkshire's website. A further 10,000 summary consultation documents were printed and distributed to health centres, hospitals and public libraries. Posters, which included details of the three public meetings initially planned, were also sent to health centres, hospitals and public libraries. Information relating to the consultation and public meetings was also displayed on electronic screens at the main entrances of Monklands Hospital, Wishaw General Hospital and Hairmyres Hospital.

A short film was published on NHS Lanarkshire's website as part of the consultation launch. The Medical Director was featured describing the three component parts of Achieving Excellence and urging people to get involved in the process by reading the information and providing feedback on the proposals and what might be missing from the plans. A further series of short films by other senior managers and clinicians was featured online midway through the consultation, which covered: the reasons for implementing the Trauma and Orthopaedic interim model; what the changes will mean to patients; opportunities of change; and, imminent and future developments at Monklands General Hospital as a Centre of Excellence.

A webpage¹² was set up on NHS Lanarkshire's website to house all consultation information and was accessible from the home page. Information included:

- full, summary and Easy Read consultation documents

¹² <http://www.nhslanarkshire.org.uk/news/news/Pages/AchievingExcellenceConsultation.aspx>

- topic-based 'At a Glance' guides for Achieving Excellence and Trauma and Orthopaedics ('At a Glance' guides were single-page information sheets)
- frequently asked questions, and
- a glossary.

People were provided with further links to, for example, earlier engagement on Orthopaedics, North and South Lanarkshire Health and Social Care Partnerships' Strategic Commissioning Plans.

NHS Lanarkshire distributed an e-newsletter launching the consultation. This included a link to the consultation documents, survey questions and short film, with a request for recipients to share the newsletter with others. The e-newsletter was sent to a range of community and voluntary groups, Public Partnership Forum members, citizens' panels, GPs, elected representatives, community councils, NHS 24 and the Scottish Ambulance Service. Two further e-newsletters were issued in September, sharing the frequently asked questions and information on the public meetings and reminding people to respond to the consultation. A similar approach was used to issue media releases.

Social media via Twitter and Facebook, was used to promote the consultation, share information about public meetings and remind people to give their views on the vision and proposals.

In addition to the consultation documents, NHS Lanarkshire featured Achieving Excellence in the September/October issue of its staff newspaper, The Pulse.

Engagement with people

NHS Lanarkshire provided opportunities to meet with people, explain the purpose of the consultation, respond to questions and hear views and concerns. Activities included:

- five public meetings across NHS Lanarkshire
- four Health and Social Care Partnership locality seminar events in South Lanarkshire
- six Health and Social Care Partnership locality events in North Lanarkshire
- six consultation roadshows at the three district general hospital settings
- 27 meetings and interactions engaging with approximately 500 people on the consultation process. This included responding to requests to meet with local community groups (Lanarkshire Links, Kilsyth & Villages Community Forum, South Lanarkshire Carers Network, Kilsyth Community Council, South Lanarkshire Seniors Together)
- Trauma and Orthopaedic information session
- briefings with MSPs, MPs and councillors
- discussion sessions and updates with staff
- regular meetings with the Public Partnership Forums, and
- meeting with the Disability Engagement Group, Lanarkshire Ethnic Minority Action Group and Deaf Community.





Interviews were conducted with a small number of patients from the three hospitals to capture their experiences of orthopaedic inpatient services. All patients reported a high level of satisfaction with the medical and nursing care provided and the discharge process. One person who had travelled from Cumbernauld to Hairmyres noted the adverse impact of distance for patients and visitors.

Three focus groups (across the three district general hospital sites) were held with a total of 12 patients and three family members/friends to discuss their experiences of cancer services. A number of themes were identified including: impact of a fragmented service across three sites, which patients access interchangeably; difficulties in parking; need to improve information on support available, for example cancer care drivers; and, improved signage in the hospitals. Positive feedback was given on the support from staff and quality of service provided and patients welcomed the opportunity to bring someone with them for their chemotherapy treatment.

Our findings

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

Our observations

The layout of the summary consultation document was attractive with a balanced use of case studies and photographs. The information was written in relatively plain language considering the complexity. The consultation questions were in the full consultation document but did not appear in the summary document so there may be some disparity between people who read the summary consultation document and then went online to complete the survey questionnaire. We did pick up feedback from some of those that accessed both, which provided positive feedback on the information presented.

NHS Lanarkshire presented and encouraged facilitated discussion at each of the locality seminar events in North and South Lanarkshire Health and Social Care Partnerships. This provided an opportunity to encourage shared visioning and ownership – alongside the appropriate Strategic Commissioning Plans.

A range of methods for sharing information, for example through the Easy Read consultation document and short films enabled the information and process to be more accessible.

We acknowledge the initial discussions with patients and some family members/friends regarding orthopaedic and cancer services. This feedback will help to inform NHS Lanarkshire's review and engagement on emerging proposals.

NHS Lanarkshire initially organised three public meetings – one in each of the district general hospital catchment areas. However, following requests from public and elected representatives added a further two public meetings – in Clydesdale and Cumbernauld.

To reflect both the importance of the healthcare strategy and the need to hear people's views, the Chief Executive, senior management and Non-Executive Directors of NHS Lanarkshire, together with representatives from the Health and Social Care Partnerships and senior clinicians and

managers, attended each of the meetings. The Scottish Ambulance Service also attended many of the public meetings, participated in discussions and responded to questions.

A signer was available for each of the public meetings to support the participation of people from the deaf community. The attendance of a substantial number of deaf or deafened people at each of the meetings was welcomed as they were able to provide an alternative perspective on the proposals and processes.

Each meeting followed a similar format – presentation and round-table discussion followed by an open question and answer session. Given there were specific concerns in Clydesdale regarding Lockhart Hospital and in Airdrie regarding Trauma and Orthopaedics at Monklands Hospital, it was agreed that the session on Achieving Excellence be curtailed slightly at these two meetings to accommodate focussed discussion of these topics.

There appeared to be a perception that by ‘gathering’ questions by the Chair to put to the senior managers and clinicians, that not all questions were answered. Our observations at the meetings were that NHS Lanarkshire attempted to respond to all points raised.

A summary of the main issues and discussion points we noted from our attendance at the public meetings, through our survey questionnaires and focus groups is given below:

Summary of the main issues and discussion points

Resourcing	While there was support for providing more treatment and care in the community, many people sought assurance around resourcing (in medium/long-term), for example care@home, aids at home to enable safe transition/discharge, palliative care. It was noted that while NHS care is free to all at point-of-service delivery, social care is means-tested.
Carers	It was noted that to support transition of care from hospital to the community setting there will be an increased demand on unpaid carers. It was felt that this was insufficiently acknowledged in the consultation and more clarity on how carers would be supported was needed.
Transport	Most people commented on the poor transport infrastructure across NHS Lanarkshire (time and cost implications) and noted that if models for Centres of Excellence are to be developed, this would have to be improved. Some people felt that transport hadn’t been sufficiently covered within the consultation information.
Access to services	Request for a more ‘intelligent’ booking system, which takes into account complexity and distance for travel to appointments to be developed. Several people commented on having long journeys to travel across Lanarkshire to access early morning appointments.
Trauma and Orthopaedics	Some people considered the interim model, in other words withdrawal of inpatient and day case surgery from Monklands Hospital, as a downgrading of the emergency department. There were also concerns regarding lack of public consultation in reaching a decision on the ‘interim’ move.
Cross-boundary	Feasibility of accessing services in neighbouring NHS board areas, which may be closer in distance than NHS Lanarkshire’s Centres of Excellence.

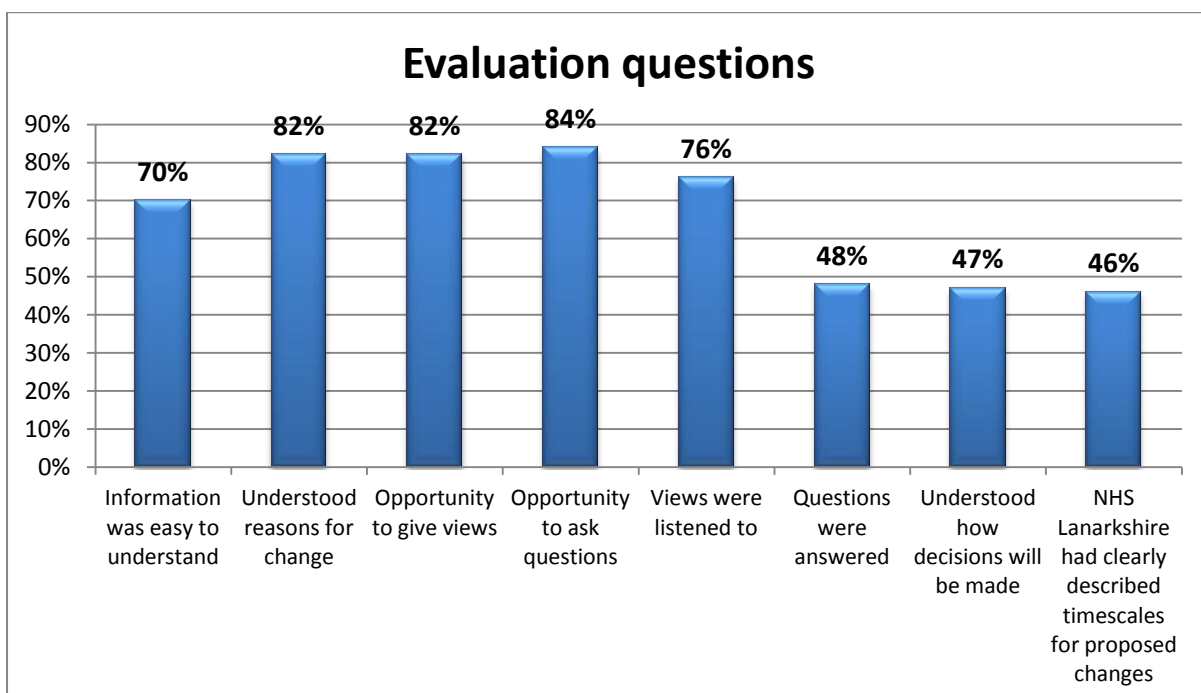
Community Hospital	Concerns around the future of Lockhart Hospital, which was temporarily closed in May 2016 due to recruitment issues with locally-provided GP cover.
Staffing	Concern around insufficient numbers of GPs, which leads to challenges in accessing appointments in the primary care setting. Request for improved processes to free up time for clinical and nursing staff to deal with patients. Investment in training and educating staff in the new roles that will evolve.
Third sector	Involvement of the third (voluntary) sector was seen as important to Achieving Excellence. They may be able to provide support on issues for carers, palliative care, isolation and loneliness.
Hospital development	Consider feasibility of building a new acute hospital closer to Cumbernauld. People were advised that the redevelopment of Monklands would likely stay within the existing site, or the immediate catchment area.

What people told us – surveys

The Scottish Health Council was in attendance at all public meetings. Questionnaires were in the event pack or handed out to attendees. We estimate that a total of around 270 people attended the five public meetings, broken down as: Wishaw (15 people), East Kilbride (10 people), Cumbernauld (110 people), Lanark (65 people) and Airdrie (70 people). We received a total of 124 completed questionnaires.

Within our questionnaire we asked participants to provide the first part of their postcode or town – this demonstrated that, in general, 12% of respondents came from the Hairmyres Hospital catchment; 55% of respondents from the Monklands Hospital catchment; and, 33% of respondents from the Wishaw General Hospital catchment.

The majority (90%) of respondents identified themselves as patients, carers, public or representative of a community organisation.



Summary of feedback responses

70% of respondents felt the information was easy to understand

82% understood the reasons for change

82% felt they had the opportunity to give their views

84% felt they had the opportunity to ask questions

76% felt their views were listened to

48% felt their questions were answered

47% felt they understood how decisions will be made

46% felt that NHS Lanarkshire had clearly described timescales for proposed changes

The response rates to the first five questions are of a level that demonstrate a robust engagement process. The final three responses, (respondents felt 'questions were answered', 'understood how decisions will be made' and 'timescales for proposed changes') suggest further information is required with regards to detail, decision making and next steps.

Some comments from respondents are captured below:

General information

"Clear and well-prioritised — but not circulated to the population!"

"It is informative and full of plans to allow an improved healthcare strategy for our communities."

"A lot of focus on vision which is good but hard to understand the tangibles as to how we get there."

"Language is aimed at professionals not patients — more evidence of how work will be done to help patients"

Information on proposals for Trauma & Orthopaedics and Monklands Redevelopment

"Confusion about the changes to orthopaedics as 'interim' changes have already started."

"The first phase of restructuring had no consultation and this phase is just going through the motions. In other words a tick-box exercise."

"Lots of questions on redevelopment, the issue is not well covered as it's still at business case stage."

"No clear commitment on funds for new hospital."

Questions

"Time and complexity of points raised — most were answered."

"Questions raised at table discussion — hope to receive collective feedback."

"Not enough time to take questions from each table."

We became aware at the events that our questionnaire was not suited to participants from the Deaf Community. The Scottish Health Council sought alternative methods for feedback and this will be acknowledged as a learning point and an action to be taken forward.

What people told us – focus groups

We conducted two focus groups, which were attended by a total of 15 people. These individuals had indicated on their completed Scottish Health Council survey questionnaire that they would be willing to meet and discuss further their views and experiences. The purpose of these groups was to capture qualitative feedback on the consultation process. Discussion points included:

- statutory bodies and voluntary groups that work with NHS Lanarkshire were well informed about the proposals, however information wasn't as readily available or accessible to members of the general public
- people are more likely to attend public meetings where there are tangible issues, for example Lockhart Hospital, Trauma and Orthopaedics, Redevelopment of Monklands
- it was felt that there was a lack of sufficient recognition of the role of unpaid carers and practical support mechanisms within Achieving Excellence
- NHS Lanarkshire should work with NHS and social care staff to develop their knowledge around the proposals to enable them to cascade information to patients
- some people felt that they had been involved in an information rather than a consultation exercise, and
- information in the consultation material was difficult for general members of the public to understand.

Some participants felt that there were positive aspects of the process including public meetings, early information to community councils and willingness to attend additional meetings. There was a view that the public meetings were too controlled and concern that discussions were not accurately recorded.

Media and political coverage

There was regular and balanced media coverage on the healthcare strategy during the three month consultation period. Some media coverage focussed on opposition to the interim proposals for orthopaedic services. Some people disagreed with the decision to move inpatient orthopaedic services from Monklands Hospital and also objected to the process whereby NHS Lanarkshire took the decision to implement an interim move ahead of public consultation.

The interim configuration of inpatient orthopaedic services was debated, alongside other service change proposals in Scotland, in the Scottish Parliament on 8 and 28 September 2016. NHS Lanarkshire has sought to respond to concerns regarding orthopaedics through press releases, interviews with the media, public information sessions on the Monklands site, discussions with staff and references to the reasons for implementation at each of the public meetings. The format of the public meeting in Airdrie was also changed to allow people to discuss this issue.

Conclusions

NHS Lanarkshire's consultation strategy provided a balance between sharing information and engaging with people through a range of public and community networks. This enabled them to have a collective conversation with people around the reasons for change (within a local and national context), the potential challenges and benefits to patients and how health and care services may look moving forward.

Social media was used as a mechanism to share information but also to maintain momentum in encouraging people to participate during the process. Information was also shared through some stakeholders' networks, for example Carers Together, community councils and elected representatives' websites.

NHS Lanarkshire reviewed its approach during the consultation and used suggestions from the public, elected representatives and the Scottish Health Council to deliver a responsive process.

This consultation has been unusual in that it draws together:

- a strategy for change in how health and care services may be delivered (community, primary and acute)
- it outlines sub-specialty specific reviews (which are at differing stages in their development)
- invites comment (at an early stage) on a capital project (redevelopment or rebuild of Monklands Hospital), and
- seeks feedback on a specific proposal for Orthopaedic trauma and elective inpatients and day case services.

It is our view that:

- NHS Lanarkshire met national guidance in developing options and consulting on a preferred model for orthopaedic services.
- The specialty-specific reviews are at an earlier stage in their development and further engagement should be undertaken to refine proposals and seek views from patients, carers and the public as appropriate. It is our understanding that the outcome of these reviews may lead to the development of Centres of Excellence.
- Patient and public representatives should continue to be actively engaged in the various elements of the capital investment programme for the redevelopment of Monklands Hospital.

From our observations, it would appear that people have generally understood the drivers for preventative and anticipatory care and recognised the benefits of transitional support and early discharge from the acute setting – though they asked for assurances around resourcing, support for unpaid carers and partnership working with the third sector. And while most people seemed to appreciate the benefits of Centres of Excellence, transport and access to these services was a recurring theme.

Recommendations

- A number of practical challenges were identified with the Centre of Excellence model, for example transport and travel, access and continuity of care. We suggest an equality impact assessment be undertaken on the Centre of Excellence generic model, which may then be adapted for appropriate specialties.
- In response to concerns that shifting the balance of care from the acute setting to the community may not be sufficiently resourced, NHS Lanarkshire and the Health and Social Care Partnerships may consider how workforce and financial arrangements are made visible to the public to provide assurance around quality of care and sustainability of emerging models.
- Our survey identified that a number of people were unsure about next steps in the consultation process. NHS Lanarkshire has undertaken to provide further clarity on how a decision will be made on developments and timescales.
- Further engagement with patient and public representatives should be undertaken, as appropriate, to take forward the plans for orthopaedics and redevelopment of Monklands.

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, CEL4 (2010)

This report has been shared with NHS Lanarkshire and is due to be considered at its Board meeting on 30 November 2016. The Board will take into account the outcome of the consultation process. If the Board agrees to proceed on specific proposals, it will submit a copy of this report with its proposals to the Scottish Government. Any proposals that meet the threshold for major service change are required to be approved by the Cabinet Secretary for Health and Wellbeing before it can proceed to implementation. In its submission, NHS Lanarkshire is expected to demonstrate how it has taken the issues raised during the consultation 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 outcomes of this process are and to outline the opportunities for further involvement.

As NHS Lanarkshire moves to the next stage in the process, it should consider the feedback it has received in terms of improvements in its engagement and consultation.

It should also take into account those areas people felt were not appropriately covered or considered within the healthcare strategy for example support for unpaid carers, transport infrastructure and access, partnership working with the third sector and local consultant-led services.

NHS Lanarkshire must be clear on the outputs of consultation. The views and recommendations set out within this report highlight areas where further engagement would be appropriate.

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.

8. Areas of good practice and learning points

Areas of good practice identified by the Scottish Health Council

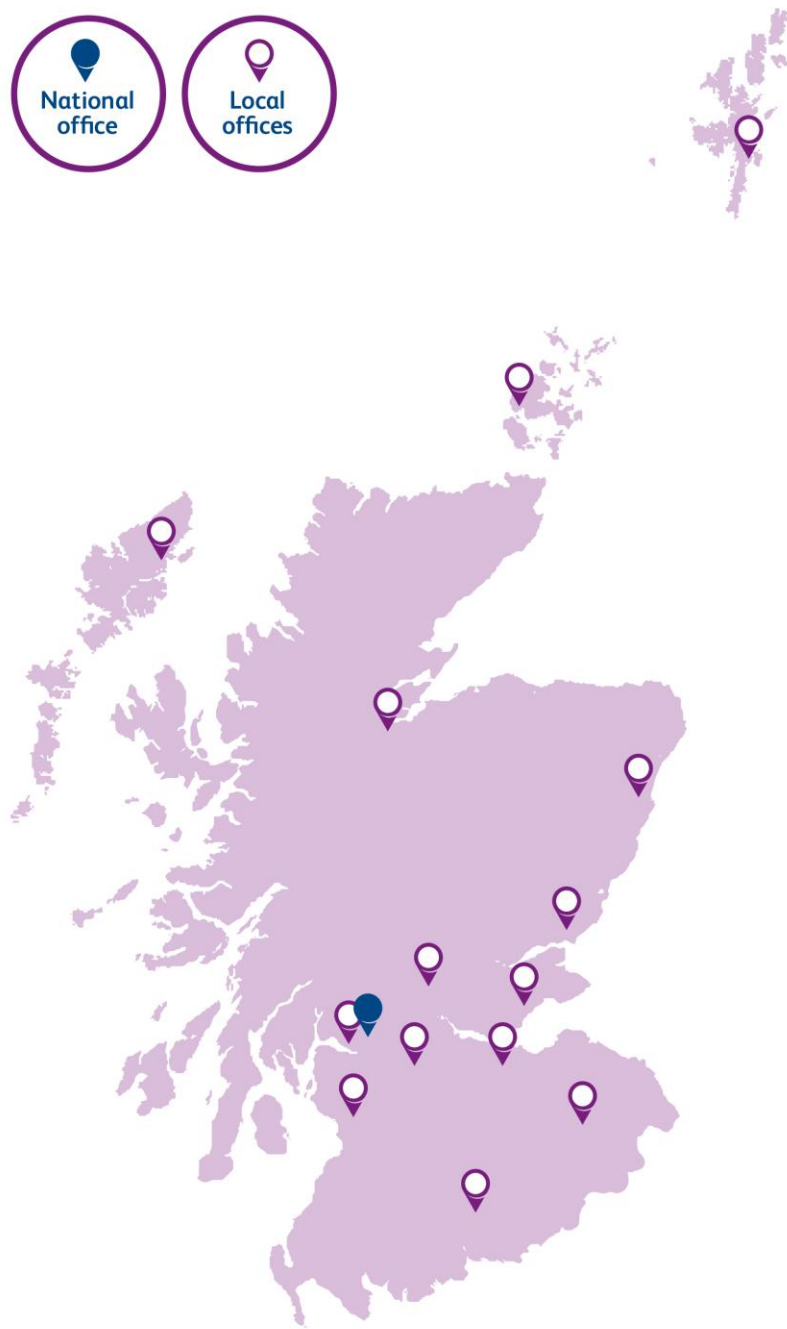
- Pre-meeting and briefing papers in advance of orthopaedic option development and appraisal events to support people's understanding and enable them to meaningfully participate in the process.
- Development of a healthcare strategy engagement leaflet to initiate a level of understanding and discussion with a wider group of people and to provide an opportunity for comment at a formative stage in the process.
- Range of methods and approaches used to share information and maintain momentum for participation during the consultation process.
- Approaches used to support a more inclusive process, for example Easy Read version of the consultation document, signers in attendance at all public meetings, use of short films.
- Flexibility during the consultation to respond to requests for further meetings and to meet the information needs of people at the meetings.
- The format of the public meetings supported all people to participate in smaller groups and was more accessible to those with sensory impairment.
- Attendance of Chief Executive, senior management and Non-Executive Directors at the five public meetings, demonstrated the importance they attached to Achieving Excellence, and a willingness to hear people's views at first hand to help inform their decision-making.
- Use of Health and Social Care networks and events to cascade information and develop shared understanding.

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:

- We note that NHS Lanarkshire took the decision based on urgent clinical reasons for implementing the interim orthopaedic model. This approach was taken as an exception due to the clinical circumstances in NHS Lanarkshire and it is important that the process in guidance is followed as the norm. We are aware there are occasions when there is a need to develop interim models to ensure safe and sustainable services. It is important that when steps are taken to put in place urgent changes for safety reasons, the Board is able to demonstrate this is because of deteriorating circumstances and that such arrangements do not, in any way, pre-empt or pre-judge permanent changes. This is important to ensure that members of the public are not, and do not feel, disempowered.
- NHS Lanarkshire used the word 'interim' to describe the first phase in its approach to deliver an orthopaedic service. Some people understood interim to mean temporary until the outcome of the consultation was agreed. The Scottish Health Council recommends that in future when NHS boards are putting into place temporary arrangements pending an engagement and consultation process and formal decision this should be described as 'temporary' to support full engagement in the process.
- Many respondents referred to a lack of clarity and detail in the consultation documents around the practical aspects of implementing care within the community setting – we understand some of this detail may not yet be developed but this feedback should be considered and addressed as work progresses.

- To avoid any suggestion of tokenism, always ensure that sufficient time is allowed during open events for questions from the floor, and for responses to be given.
- Although NHS Lanarkshire clearly described the drivers for change and scope of the consultation, it was not clear how feedback would be collated and used to inform next steps.
- Consider additional locations where consultation material may be more visible and widely available.



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

Scottish Health Council National Office: Delta House | 50 West Nile Street | Glasgow | G1 2NP
Telephone: 0141 241 6308 **Email:** enquiries@scottishhealthcouncil.org

The Scottish Health Council is part of Healthcare Improvement Scotland