

Report on NHS Greater Glasgow and Clyde's consultation on the proposal to move Ward 15 Royal Alexandra Hospital in Paisley, to the Royal Hospital for Children in Glasgow

Executive Summary

February 2017



This Scottish Health Council report relates to NHS Greater Glasgow and Clyde's process for engaging with and consulting people on the proposal to move Ward 15 in the Royal Alexandra Hospital in Paisley to the new Royal Hospital for Children in Glasgow. It sets out the Scottish Health Council's assessment of that process against Scottish Government guidance¹. Consultation on this proposal took place from 7 November 2016 to 6 February 2017.

The Scottish Health Council used a range of methods to assess the board's consultation against this guidance. The main concerns raised by patient and public representatives related to:

- Elements of the engagement and consultation process, for example, transport impact assessment, visibility of the consultation
- Lack of clarity on the clinical reasons for change
- Potential impact on other services
- Additional distance for some localities and impact on transport and travel
- Capacity of the Scottish Ambulance Service to support proposed change
- The potential loss of local services that are valued by people.

We understand that NHS Greater Glasgow and Clyde has engaged face-to-face with more than 200 people and received more than 100 responses during the consultation.

The Scottish Health Council confirms that the process undertaken by the board so far is in line with the national guidance outlined by Scottish Government.

More than half of the respondents to our evaluation felt the consultation material was easy to understand and they were given the opportunity to give their views or ask questions.

However, it is clear that many of the people who have participated in this process are not supportive of the proposed change, have felt their views were not heard and their questions remain unanswered.

Public feedback identified various concerns around aspects of the consultation process. It also reflected that people are aware of the financial pressures that the NHS is currently facing and consider the current drive towards specialisation and centralisation of some services as likely to have an adverse impact on their local district general hospital. There was an anxiety and resistance to this 'general sense of creeping centralisation of acute services.'

It will be important for the board to demonstrate how this consultation process, and the views of people and local communities, has informed any decision or next steps.

If the board agrees to proceed with its proposal, it should submit a copy of this report with the proposal to the Scottish Government. Proposals that meet the threshold for major

¹ 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

service change are required to be approved by the Cabinet Secretary for Health and Wellbeing before they can proceed to implementation.

In its submission, the board is expected to demonstrate how it has taken the issues raised during the consultation and any alternative suggestions into account in its decision.

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

The Scottish Health Council has identified recommendations, areas of good practice and learning points from this engagement and consultation.

We are aware that NHS Greater Glasgow and Clyde is currently taking forward several other change proposals and the learning from this process should inform this activity.

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