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Guidance Report

Involving Patients, Carers and the Public in
Option Appraisal for Major Health Service Changes

March 2010

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FOREWORD

Public confidence in NHS Boards can be either enhanced, or damaged, by the way that local people are involved in the processes leading to major changes in local health services. Involving local people appropriately throughout the process is just as important as ensuring that the right clinical and financial information is available, and that a robust business case is prepared.

NHS Boards are required to follow guidance on how they should develop and appraise potential options for change. The challenges of involving patients, carers and the public in the more technical aspects of option appraisal have been highlighted in a number of cases in recent years. As a result, the Scottish Health Council identified a need for further work in this area to supplement existing guidance.

The Scottish Health Council examined previous examples of how Boards had approached option appraisal. This included speaking to local Scottish Health Council staff, NHS staff, and patients, carers and members of the public who had been involved in weighting and scoring exercises, to hear about their experiences and to identify any learning points that might be useful for other NHS Boards when planning similar exercises in the future. The views expressed helped to inform an initial draft of this paper, which was then circulated to stakeholders, including NHS Boards and Public Partnership Forums, for comment. The responses that we received have helped to shape this paper.

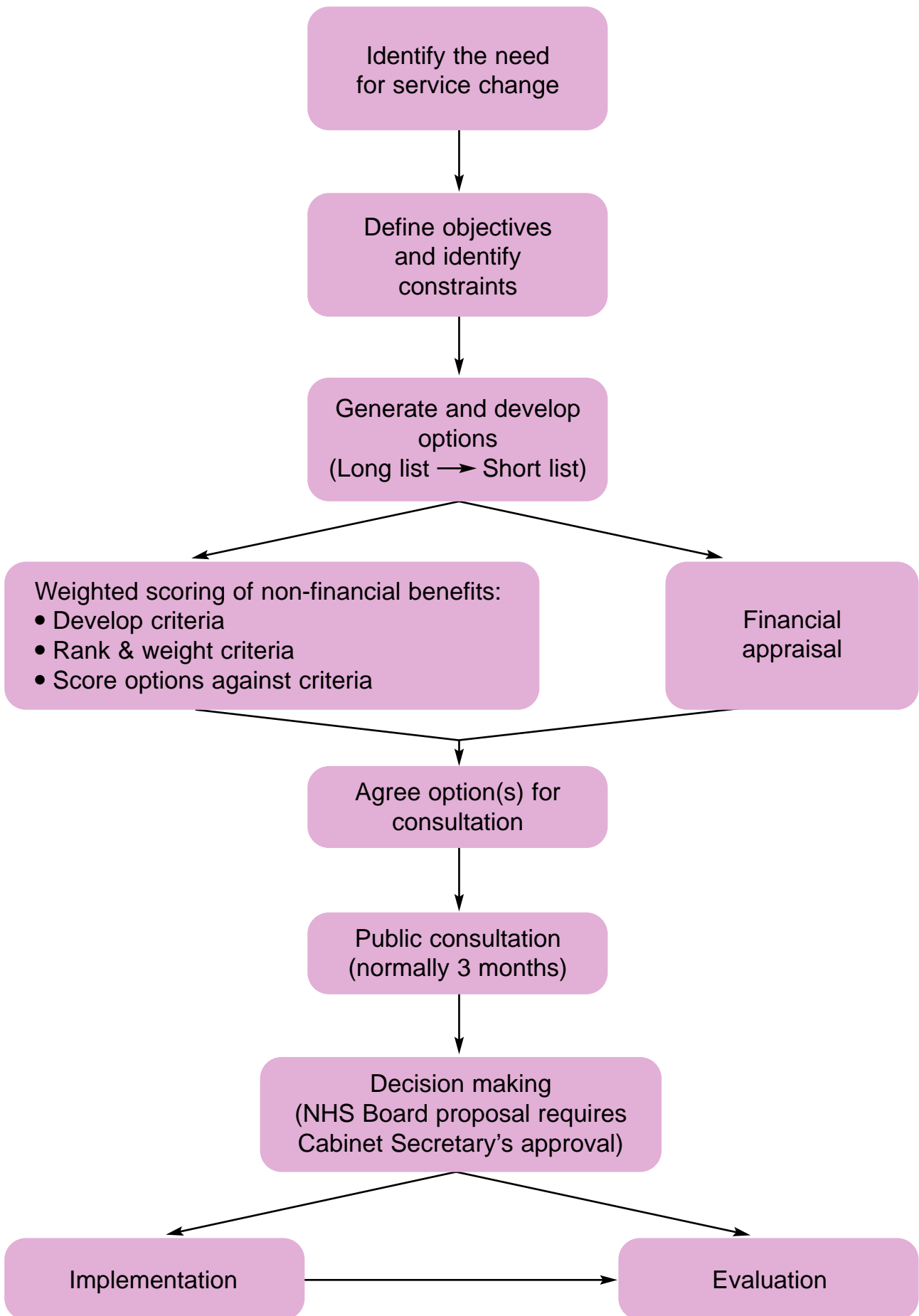
There is potential for more work in this important area. For example, Special Health Boards may need to develop different approaches given the specialist nature of some of their services, and their national remit. Similarly, there may be additional factors to be taken into account when it comes to the planning and development of regional services, or of services which may be developed jointly with local authority, or other partners.

We hope that people will find the paper useful, and we would welcome feedback from people who have practical experience in this area. We intend to review the paper one year after it is issued, and at regular periods thereafter, as this will give us an opportunity to incorporate any further learning points that have been identified, and which others may find helpful.

Richard Norris
Director

February 2010

FLOWCHART OVERVIEW OF OPTION APPRAISAL PROCESS FOR MAJOR SERVICE CHANGES



1. INTRODUCTION

- 1.1 Option appraisal can be a lengthy and complex process, particularly when it relates to major change in health services. It involves techniques and concepts with which economists and other specialists may be comfortable, but which some NHS staff, patients, carers and the public can find very difficult to understand. This can add considerably to the challenges which are involved in the process, particularly if the proposed service changes are by their nature contentious.
- 1.2 This paper has been written primarily for NHS Boards who are planning to involve patients, carers and the public in option appraisal processes, and in particular, in weighted scoring events. However, it may also be of interest to Public Partnership Forums and other local community groups, who may be asked to take part in these processes. It does not provide a model process for Boards to follow. Instead, it highlights points for Boards to consider when planning weighted scoring events, building on learning from the experiences of Boards who have grappled with the challenges of involving people throughout the process, and of patients and members of the public who have taken part.

2. MAJOR SERVICE CHANGE - DUTIES ON NHS BOARDS

- 2.1 There are a number of statutory duties that NHS Boards must comply with, and guidance documents that they must follow, when they are developing and implementing major changes in health services.

2.2 Patient and Public Involvement

2.2.1 NHS Boards have a statutory duty¹ to involve patients and the public in the planning and development of health services, and in decisions which will significantly affect the operation of those services. Guidance² sets out how NHS Boards should inform, engage with, and consult their local communities. This is particularly important where a service change will have a major impact. Major service changes require a full public consultation process and also need Ministerial approval. In addition, the Scottish Government has introduced a process of independent scrutiny which will apply in some cases of major service change.

2.2.2 One of the key mechanisms for obtaining input and feedback from local communities is Public Partnership Forums. Every Community Health

¹ National Health Service Reform (Scotland) Act 2004, section 7, <http://www.opsi.gov.uk/legislation/scotland/acts2004/20040007.htm>

² Informing, Engaging and Consulting People in Developing Health and Community Care Services CEL 4 (2010), Scottish Government

Partnership in Scotland is required³ to establish a Public Partnership Forum in order to help it to maintain an effective and formal dialogue with its local community. NHS Boards should ensure that Public Partnership Forums are involved in the design and delivery of services.

2.3 Option Appraisal

2.3.1 Both the Scottish Government and the UK Government are committed to ensuring that public services are continuously kept under review, and improvements are made where necessary. The aim of this is to ensure that public funds are spent as efficiently as possible, in ways that provide the greatest possible benefits to the public.

2.3.2 A range of guidance has been produced in order to ensure that public bodies follow a consistent and robust process for making decisions involving significant financial commitments. Core guidance is contained in The Green Book⁴.

Excerpts from the Introduction of The Green Book

“1.1 All new policies, programmes and projects, whether revenue, capital or regulatory, should be subject to comprehensive but proportionate assessment, wherever it is practicable, so as best to promote the public interest. The Green Book presents the techniques and issues that should be considered when carrying out assessments.”

“1.4 The Green Book is a best practice guide for all central departments and executive agencies, and covers projects of all types and size. It aims to make the appraisal process throughout government more consistent and transparent.”

“1.6 Departments or agencies should ensure that their own manuals or guidelines are consistent with the principles contained here, providing supplementary guidance on their specific areas.”

2.3.3 In keeping with the expectations in The Green Book, the Scottish Government Health Directorates has produced comprehensive supplementary guidance which sets out the approaches that should be followed within NHS Scotland. Key documents include the Scottish Capital Investment Manual⁵ and its accompanying Business Case Guide⁶ and

³ Community Health Partnerships Statutory Guidance, Scottish Executive Health Dept, October 2004 – available at <http://www.sehd.scot.nhs.uk/chp/Pages/CHPfinal%20guidanceOCT2.pdf>

⁴ The Green Book - Appraisal and Evaluation in Central Government, HM Treasury – available at http://www.hm-treasury.gov.uk/data_greenbook_index.htm

⁵ Scottish Capital Investment Manual, Scottish Government – available at <http://www.scim.scot.nhs.uk/>

⁶ Business Case Guide – available at http://www.scim.scot.nhs.uk/Manuals/BC_Guide.htm

Option Appraisal Guide⁷. These are technical guidance documents, which focus on the process, methods and techniques that are to be used by Boards. They do not contain practical guidance on involving stakeholders in the process, and therefore, this paper has been produced to support stakeholder involvement.

3. ROLE OF THE SCOTTISH HEALTH COUNCIL

- 3.1 The Scottish Health Council works to promote improvements in the quality and extent of Patient Focus and Public Involvement in the NHS in Scotland. A key aspect of its role is to support and monitor the ways that NHS Boards discharge their statutory duties to involve patients and the public in the planning and delivery of NHS services.
- 3.2 There are eight 'special' Health Boards and 14 territorial NHS Boards in Scotland. Special Health Boards have a national remit. The Scottish Health Council's remit covers all of these Boards, except NHS Quality Improvement Scotland. As the Scottish Health Council is part of NHS Quality Improvement Scotland, there are separate arrangements in place for monitoring how it carries out its Patient Focus and Public Involvement duties.
- 3.3 The Scottish Health Council looks at how NHS Boards involve patients, carers and the public in option appraisal processes, and should have an ongoing dialogue with Boards throughout the process. It does not look at the technical aspects of the option appraisal process that are covered in The Green Book and other guidance.

4. ROLE OF THE SCOTTISH GOVERNMENT HEALTH DIRECTORATES

- 4.1 The Scottish Government Health Directorates produce guidance for NHS Boards and work with them to promote good practice. This helps to ensure that NHS Boards work consistently across Scotland. Different teams within the Directorates have different roles and interests regarding option appraisal.
- 4.2 Staff within the Performance Management Team work closely with NHS Boards to ensure delivery of national targets and objectives. They gather, organise and distribute information on all aspects of Boards activities and performance. They have a key role to play in examining and probing Boards' service change proposals, acting as an important channel for senior level communications between the Health Directorates and Boards, and providing support to Ministers on operational issues affecting Boards.

⁷ Option Appraisal Guide: A Practical Guide to the Appraisal, Evaluation, Approval and Management of Policies, Programmes and Projects – available at http://www.scim.scot.nhs.uk/Support/OA_Guide.htm

- 4.3 The Patients and Quality Division leads on policy and strategy for the quality and safety of health services. It also produces guidance for NHS Boards on public involvement, and sponsors the Scottish Health Council.
- 4.4 The Capital Investment Group is responsible for approving and monitoring the delivery of projects by NHS Boards involving major investment. It produces guidance for Boards relating to capital planning and development, and is responsible for approving the business cases that Boards are required to prepare in order to provide justification for major investment and to provide assurance that proposals are robust affordable and deliverable. It ensures that Boards have followed all relevant guidance, including guidance on option appraisal, in preparing their business cases.

5. EARLY STAGES, OPTION GENERATION AND DEVELOPMENT

- 5.1 The Green Book and supplementary Scottish Government guidance set out a structured and disciplined approach that NHS Boards must follow when developing business cases to support investment in services. The starting point involves identifying the strategic aims and objectives of projects, and how they fit with national, regional and local policy. The need for expenditure must be established, and any particular objectives and constraints identified.
- 5.2 Guidance⁸ issued by the Scottish Government Health Directorates outlines the process and general principles to be followed by NHS Boards when involving people in service change processes. Boards should seek to involve people at the earliest possible stage, and throughout the process. As soon as Boards are aware of the need to consider a change to a service, they should develop an involvement and communication plan setting out how the engagement process will be carried out, and ensuring that potentially affected people and communities are provided with the information and support they need to play a full part in the consultation process. Information should be provided about any clinical, financial or other reasons why change is needed, and participants should be made aware of any factors that may limit possible choices. The benefits of proposed changes, and the processes that the Board will follow, should also be explained.
- 5.3 The development of options should be carried out in an open, transparent and accessible way, and local people should be proactively engaged in the process.
- 5.4 Initial thinking on possible solutions should lead to the development of a 'long list' of options. At this stage, people should be encouraged to think creatively, so that innovative, as well as more conventional, solutions are included. Options on the long list usually require to be 'sifted' to produce a more manageable 'short list' of options which will be the subject of more in-depth appraisal. This should be a transparent process, carried out according to specified criteria, with the reasons for rejecting options recorded clearly. Where appropriate, Boards may consider commissioning a feasibility study to inform the process of refining the options.

⁸ Informing, Engaging and Consulting People in Developing Health and Community Care Services CEL 4 (2010), Scottish Government

- 5.5 The short list must include a benchmark option. This should usually be the status quo or 'do minimum' option i.e. the option which represents the genuine minimum input necessary to maintain services at, or as close as possible to, their current level.

6. OPTION APPRAISAL - WEIGHTED SCORING OF NON-FINANCIAL COSTS AND BENEFITS

6.1 General points

- 6.1.1 Once the shortlist of options has been agreed, the next stage involves carrying out more in-depth appraisal. There are different aspects of this process, some of which lend themselves more to the involvement of patients, carers and the public than others. Elements such as financial appraisal, which involves analysing the costs of the options, and sensitivity analysis, which involves testing assumptions underlying the advantages of different options, are processes which are technical in nature and require specialist expertise. It is very important that patients, carers and the public: understand how these aspects fit into the overall process; are provided with clear information and explanations about the outcomes; and have opportunities to raise any questions that they may have.
- 6.1.2 Patients, carers and the public can play an important role in the assessment of non-financial costs and benefits. When weighing up and comparing different options, it is crucial not just to consider costs and benefits that can be measured in money terms, but also to consider other important factors that are not capable of being measured in this way.
- 6.1.3 Some Boards have also involved the public in risk assessment in relation to the options, and have included this element alongside the weighted scoring process.
- 6.1.4 One of the general principles underpinning option appraisal is that it should be proportionate. In small, less complex service changes, this may mean that it is appropriate to use simple techniques to assess non-financial factors, which could involve simply listing and describing them. However, service changes are often complex, and may well require more robust and sophisticated techniques and approaches. The term 'multi-criteria analysis' is used to describe such techniques, and guidance on these can be found in The Green Book and in Scottish Government guides. Weighted scoring is the technique that should be used in cases of major service change.
- 6.1.5 Weighted scoring typically involves a number of steps:
- Developing and agreeing a set of benefit criteria – These are all of the factors that are relevant and important to the 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. Care should be taken to avoid overlap between different criteria.

- Ranking the criteria – This involves deciding the order of importance of the criteria and ranking them accordingly.
- Giving each of the criteria a ‘weighting’ – This is designed to show the relative importance of each of the criteria. The simplest way of doing this is to express each of the weights as a percentage, so that the total equals 100%. Reasons for giving differing weights should be recorded to show why one is considered more important than another.
- Scoring the options – This involves assessing each of the options on the short list against each of the criteria, and scoring accordingly. Scoring is usually carried out according to an agreed scale, for example 0 to 10, where 0 would represent that the option did not offer any benefits at all in relation to the criteria, and 10 would mean that it offered the maximum possible benefits. It is essential that there is a shared understanding about the level of benefits that each point on the scale represents.
- Calculating weighted scores – This involves multiplying the score for each of the criteria by the weight that was previously assigned to it. This is done for every option, and the scores are totalled to give the overall weighted score for each one.

6.2 Why Involve Patients, Carers and the Public in Weighted Scoring?

- 6.2.1 As outlined at section 2.2 above, NHS Boards have a statutory duty to involve people in the planning and development of health services. This is in keeping with the Scottish Government’s commitment to a mutual NHS - “...an NHS where ownership and accountability is shared with the Scottish people and with the staff of the NHS”⁹.
- 6.2.2 Guidance also requires that: “the exercise is not left to the ‘experts’, but is undertaken by a group of people who represent all of the interested parties, including for example, those who are directly affected by the project, and those who are responsible for its delivery”¹⁰. This provides a basis for involving patients and carers, in addition to NHS staff who will be involved in the service and who have management responsibility for its provision.
- 6.2.3 Involving all of the interested parties makes it more likely that a fair and balanced view will be taken of the potential benefits and disadvantages of options.
- 6.2.4 The Scottish Government has made a commitment to giving local people a greater say in the design and delivery of their local health services¹¹. Involving people as much as possible in the process has the potential to lead to enhanced credibility and a greater sense of openness and transparency when it comes to communicating the outcomes to the wider community. However, this potential will not be realised if people who participate feel that the process has been conducted poorly and that their participation has not been valued or meaningful.

⁹ Better Health, Better Care Action Plan, Scottish Government, 2007, section 1.1., page 5

¹⁰ Option Appraisal Guide: A Practical Guide to the Appraisal, Evaluation, Approval and Management

¹¹ Better Health, Better Care Action Plan, The Scottish Government, 2007

6.3 Planning the Weighted Scoring Process

- 6.3.1 Planning the process can be challenging, not least because staff leading major projects are often constrained in terms of resources available and deadlines that have already been fixed for completion of key stages in the project. However, taking the time to speak to other staff within the same NHS Board, or in other Boards, who have experience of planning similar projects can be invaluable.
- 6.3.2 A multi-stakeholder group or groups, involving staff, patients, carers, members of the public, and representatives of partner organisations, may already have been established at an earlier stage, or could be set up specifically to assist with planning. Such groups can play a useful role in an advisory capacity, acting as a sounding board for testing plans and material throughout the process.
- 6.3.3 Typically the process will involve a series of events devoted to the various stages of the weighted scoring process. It is clear from previous experience that it is easy to underestimate the time that will be necessary to complete all of the stages. In some previous cases, extra events have required to be organised as the process unfolded, because participants needed more time or information to complete their tasks. It may therefore be worth trying to incorporate some 'slippage time' to take account of that risk.
- 6.3.4 It is important to bear in mind when planning events that whilst staff may be used to working full eight-hour days, this may be a lot to ask of some patients or carers.
- 6.3.5 Where a proposed service change will impact on people in more than one NHS Board area, Boards are required to work collaboratively and to ensure that local people in each affected area have the opportunity to get involved. This can present particular challenges when it comes to weighted scoring, as it may be difficult to identify suitable times/venues for people to come together from the different areas. Running different sets of events in different areas can also be challenging. However, careful consideration must be given to ensure that people do not feel excluded or marginalised because they do not live in the main service catchment area.

6.4 Independent Advice and Support

- 6.4.1 Some NHS Boards have found it invaluable to obtain independent advice and support, in relation to planning and running the weighted scoring process. Existing guidance recognises the importance of having: "...an independent chairman to steer the process, probe opinions, promote consensus and avoid prejudice".¹² There are many reasons why independent support should be considered:

¹² Option Appraisal Guide: A Practical Guide to the Appraisal, Evaluation, Approval and Management of Policies, Programmes and Projects, Scottish Government (2009), Appendix 3, A3.4 (iii)

- There may not be sufficient technical expertise available in-house at the required time.
- The involvement of an ‘impartial expert’ can add credibility to the process.
- Independent consultants may have developed considerable expertise if they have been involved in similar exercises on behalf of other NHS Boards, and should be able to build on some the learning from those exercises.

6.4.2 There will obviously be additional costs involved in securing independent support. However, the potential benefits of that support may well justify those costs. In identifying a suitable consultant, it may be worth speaking to staff in other Boards who have previously used their services. It may also be worth testing people’s knowledge and understanding of good practice principles of patient, carer and public involvement, and associated guidance, as well as ensuring that they have the necessary technical expertise.

6.4.3 Some public participants have previously queried how independent someone can be where they are receiving payment from a Board for their services and are, to varying degrees, relying on the Board for information. That perception may be influenced by how the independent consultant conducts the proceedings, and underlines the importance for any consultant of ensuring that all participants understand the process and the relevant information, and that they are given ‘a fair and equal say’.

6.5 Facilitators and Support Staff

6.5.1 Facilitators and other staff who will be involved in supporting the process have an important role to play in helping to ensure that events run smoothly. They must have a good grasp of the process and relevant information, and be clearly briefed on any expectations in terms of their role and input.

6.6 Identifying Potential Participants

6.6.1 As discussed at section 6.2.2 above, the guidance provides a basis for involving all interested parties. This might include: patients, carers, members of the public, NHS staff involved in providing the service (clinicians, nurses etc), NHS staff responsible for managing the service, and other stakeholders, such as local authority or voluntary sector partners.

6.6.2 There is no definitive guidance on the optimum number of people, or the proportions of the various stakeholders, that should be involved in a weighted scoring exercise. It will be for Boards to decide in each case what is reasonable and proportionate. However, if the numbers of each stakeholder group are very small, it may be more likely that people might perceive the process to be tokenistic. Similarly, if one group, such as patients, appears to be under-represented when compared to NHS staff, there is a risk that people may perceive the process as biased in favour of the latter group. With very large groups, it may be more challenging to ensure that everyone has a common understanding of, for example, definitions of non-financial benefit criteria; and that all those involved have sufficient opportunity to ask questions,

in order that the facilitator can be confident that they have enough knowledge and understanding to carry out the scoring process.

- 6.6.3 Whilst Boards are required to involve people in these processes, people have a choice about whether or not to take part. Boards should bear in mind that they are asking people to give up their time to take part in a process that can be complicated and may require a significant time commitment. Following a 'reciprocity' principle, Boards should make it clear that they recognise and value the input that people are giving, and to underline that this is an opportunity to influence an important part of the process. As well as explaining what the Board expects of participants, it is worth also explaining what participants can expect from the Board.
- 6.6.4 Decisions to involve all stakeholders together in a large group, or to divide stakeholders into a number of smaller groups, may in turn impact on the techniques that may be used, and on how scores will be recorded and/or combined.
- 6.6.5 There may be patient and/or carer groups who already have established links with the service. Public Partnership Forums or community councils may also provide routes to potential participants. Another possible way to identify potential participants is to advertise in the local media, ideally at an earlier stage in the project, for local people to express an interest in taking part in the process.
- 6.6.6 Boards should try to be alert to sensitivities that may exist where there are a number of patient groups with an interest in a particular service. Involving one group and excluding others may be perceived as unfair.
- 6.6.7 Where there are a number of different services affected, it is desirable to try and ensure that patients and carers representing each service have the chance to be involved.
- 6.6.8 Where changes will impact on people in more than one Board area, staff from the relevant Boards should work together to reach agreement on whom to involve. Other key partners, such as local authorities, should also be involved in these discussions. The aim should be to ensure that all affected communities have the opportunity to have an input.
- 6.6.9 It is essential that potential participants have clear information about what will be involved in the weighted scoring exercise and how it fits within the wider process that the Board is following. People should be able to make an informed choice about whether to take part. This means that they must understand the expectations of them in terms of the process, their role and the time commitment required. A timetable setting out key events in the process can be helpful. People should be aware that the time required is generally not just the time to attend the necessary events, but also to prepare for tasks by reading information sent out in advance.
- 6.6.10 The Board's policy in terms of covering travel costs and other out of pocket expenses should be explained.

- 6.6.11 NHS Boards are subject to a range of duties under equalities legislation and should aim to eliminate discrimination and promote equality of opportunity for everyone. Boards will be familiar with these duties and should take them into account when planning events. Any special needs of participants should be identified at the outset. This may include communication and/or other supports. For example, some participants may benefit from having the support of an independent advocate at events in order to assist them to express their views.
- 6.6.12 Where people are members of patient or other groups, they may feel constrained in terms of their freedom to take part, and this requires to be clarified at the outset. In some cases, patient groups have had very strong views about their 'preferred option' and have believed that their nominated representative was taking part in the process in order to 'vote for' that option on their behalf. However, this is at odds with the expectation in the guidance about objectivity of participants, who are expected to score options based on the information and evidence presented. It is therefore vital that expectations about the basis on which people are being asked to participate in the process are clarified at an early stage.

6.7 Preparing Potential Participants

- 6.7.1 Once participants have been identified, it is important to ensure that they are prepared to take part before proceeding to carry out the various tasks of agreeing criteria, weighting etc. It is possible that some participants will have been more involved in the earlier stages of the process than others. It may therefore be desirable to hold an informal introductory session or sessions, to offer an overview of the process so far, and to explain the weighted scoring process in more detail. People should have the opportunity to ask questions at that session, and could also be provided with contact details for a named person to whom they should be encouraged to direct any comments, feedback or questions as the process unfolds. If people are unable to attend an introductory session, efforts should be made to contact them separately to ensure that they have any information that they require.

6.8 Information

- 6.8.1 The volume of information which participants may require can be considerable. This includes information about: the weighted scoring process and how it fits into the Board's wider option development and decision making processes; what will be expected of participants; information about the approaches that will be used; information about the options; and about the next steps. It is important that people also understand the context in which the options have been developed and the vision for proposed service changes.

- 6.8.2 It may also be helpful to include some contextual information about the Board's wider responsibilities. Although participants will be expected to focus on options for specific services, it can be useful if they have a general understanding that Boards have responsibility for providing a much wider range of services. The National Health Service (Scotland) Act 1978 requires the provision of a comprehensive health service to improve the physical and mental health of the people of Scotland and to provide or secure services for the prevention, diagnosis and treatment of illness. There is also a general duty to promote the improvement of physical and mental health. NHS Boards are therefore required to allocate finite resources in a way that best promotes the health and wellbeing of the population they serve. Decisions to invest in a particular service may well have 'opportunity costs' in relation to the provision of other services.
- 6.8.3 People generally prefer to have information in advance of events in order that they have the opportunity to prepare beforehand, and this can save time at the events. However, it cannot be assumed that everyone will be able to read the information in advance of the events, and it is desirable to ensure that there is sufficient time built into event programmes to talk through the key points and allow people to seek clarification.
- 6.8.4 Boards should aim to ensure that people receive relevant information at least one week before events, with details of a contact person that they can get in touch with if they have any queries. Where people are members of groups, they may wish to have additional time to circulate information to group members and discuss it before the events. Any expectations or limitations in this regard should be clarified.
- 6.8.5 Where there is a large amount of information, consideration should be given as to how best to present this, for example, it may be easier for people to have information for each event in a pack or single document, which is structured so that people can quickly and easily find any information that they need. It may also be worth organising a separate session which is devoted to discussing the information and answering any questions people might have, prior to people attending the subsequent scoring event.
- 6.8.6 Boards should aim to follow good practice in preparing the information in order that it is as clear and accessible as possible, avoids jargon and acronyms etc. Information should be made available in alternative formats for any participants who require this. Consideration should be given to whether some information can be conveyed or supplemented other than through text. Visual aids, such as the use of colour-coded aerial site maps or DVDs, can be very helpful. Depending on the particular circumstances, it may be worth considering arranging a site visit, however, this may not always be feasible.

6.9 Objectivity of Participants

- 6.9.1 As previously mentioned, one of the challenges of weighted scoring is that there is an expectation that participants will complete the required tasks as objectively as possible. This is reflected in the guidance:

Excerpts from the Scottish Government Health Directorates' Option Appraisal Guide, Appendix 3

A3.4 This process necessarily assigns numeric values to judgements. These judgements should not be arbitrary or subjective, but should reflect expert views, and should be supported by objective information.

A3.15 ...The credibility of the scores depends upon the provision of a rational justification to support them, including measurement where possible. In any case, project sponsors must be able to provide justification for each and every score that is awarded, and the Scottish Government Health Directorates will expect this to be recorded in full detail.

- 6.9.2 This can cause difficulties in practice, as people who take part in weighted scoring events – whether patients, carers or staff – may already have strong views about which option is the best. This may be what has motivated them to participate in the process. However, the expectation in weighted scoring processes is that participants will score the options on the basis of the information and evidence available, and not on their own personal preferences, or the preferences of any group(s) to which they may belong. Despite this expectation, the process does require people to make value judgements. *“It is the number of people involved in the process and their expertise that lends credibility to these value judgements”¹³.*
- 6.9.3 The results of weighted scoring must be tested for robustness. This can be carried out through ‘sensitivity analysis’ which 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. Event facilitators should explain that weights and scores will be subject to sensitivity testing and that this is a standard part of the option appraisal process.
- 6.9.4 The outcome of a weighted scoring process may be considered to be unsound if there is evidence of non-objective strategic scoring by participants. Extreme scoring patterns (for example, where one option has been given the highest possible scores and others have been given nil or exceptionally low scores) may suggest that some participants have scored in order to achieve a particular outcome, rather than on the basis of a fair assessment of the information and evidence available. This could potentially result in the whole exercise having to be repeated or in some participants’ scores being excluded.

¹³ Scottish Capital Investment Manual, Business Case Guide, Scottish Government, page 76

6.9.5 It is essential that people are very clear about the expectations about objectivity from the outset, and are made aware that extreme scoring behaviours, which do not appear to have a rational explanation, may undermine the process. This can be difficult to explain, and some participants may be concerned at the perception that judgements may require to be made about whether scores are sufficiently objective. However, it is of critical importance given its potential to undermine scoring exercises. Event facilitators should therefore ensure that participants have a clear understanding of this prior to commencing scoring.

6.10 Stakeholder Groups – Separate or Together?

6.10.1 Whilst some NHS Boards have held separate weighting and scoring events for the different stakeholder groups e.g. clinicians, managers, service users and carers, others have held events where all of the stakeholders have been mixed.

6.10.2 There are a number of arguments in favour of mixing stakeholders. It enables people to hear directly the perspectives of other groups and individuals. This may arguably enable participants to take a more balanced approach, which may in turn lead to a greater degree of objectivity in scoring. On the other hand, it is possible that some people may feel more reticent about speaking out in a mixed group. This may be more likely where one group, such as NHS staff, are present in much greater numbers than another group, such as service users or carers. Some service users might feel awkward expressing opinions about services in the presence of staff who have been involved in their care or treatment. It may be worth exploring whether people have any such anxieties at the planning stage, and considering how those anxieties might be sensitively addressed.

6.10.3 Holding separate events for the various stakeholder groups may mean that people do not have the same opportunities to hear other perspectives. In some previous exercises however, some stakeholders have expressed a preference for separate events to be held for different groups. One potential benefit is that it may be easier to capture whether there is a divergence of views between or within different stakeholder groups. Where a decision is made to have separate weighting and scoring events for the different stakeholder groups, consideration should be given to other ways in which all stakeholders can hear different perspectives, perhaps through speaker presentations, or through earlier events which give opportunities for broader discussion.

6.10.4 Scottish Government guidance on weighted scoring appears to favour a mixed stakeholder approach:

“...it is important that:

(i) the exercise is not left to the ‘experts’, but is undertaken by a group of people who represent all of the interested parties, including, for example, those who are directly affected by the project, and those who are responsible for its delivery;

(ii) the group possesses the relevant knowledge and expertise required to make credible measurements and judgments of how the opinions will impact upon the attributes;”¹⁴

¹⁴ Option Appraisal Guide: A Practical Guide to the Appraisal, Evaluation, Approval and Management of Policies, Programmes and Projects, Scottish Government (2009), Appendix 3, A3.4

6.11 Techniques and Approaches

(a) *Developing the Criteria*

6.11.1 The first step in the weighted scoring process is to develop the criteria that will be used to capture the factors that cannot be measured in money terms, but which are still relevant and important to the project. Whilst it can be difficult to articulate these in practice, it is vital that all participants have a shared understanding of the meaning of the criteria.

Excerpt from the Scottish Government Health Directorates' Option Appraisal Guide, Appendix 3

A3.7 Identifying the criteria may sound straightforward, but criteria must be clearly defined so that both appraisers and those reviewing appraisal reports have a clear understanding of them. To help in the scoring of options, criteria should be defined as far as possible in service or output-oriented terms, and they should generally relate closely to the service objectives and performance measures established at the outset of the overall appraisal. Considerable care is also needed to ensure that:

(i) There is no double counting caused by an overlap in the criteria (e.g. aesthetic qualities and attractiveness);

(ii) There is no double counting caused by criteria being covered by costs (e.g. including a 'reliability' criterion when reliability is already provided for by inclusion of maintenance costs); and

(iii) All relevant criteria are included, even if they are common to all the options.

6.11.2 There have been some variations in previous option appraisal exercises in terms of how involved patients, carers and the public have been in developing the criteria. For example, one NHS Board held several workshops involving a total of 157 people (50 of whom were public representatives), where people were asked to consider and discuss the criteria that should be used to assess the options. This followed presentations on the benefits appraisal process and the use of criteria. A number of broad headings were given in order to stimulate discussion and participants were asked to write their suggestions on 'post-it' notes. Criteria were developed based on an analysis of these suggestions. A spreadsheet was used to record all of the suggestions and demonstrate how they linked to the criteria. Feedback was provided to participants to demonstrate how their suggestions had been used.

6.11.3 Other approaches have included presenting participants with a draft set of criteria and definitions, based on corporate objectives, or earlier input from stakeholders, and inviting comments and suggestions, which are then used to finalise the criteria.

6.11.4 Some participants may feel more comfortable with ranking and weighting criteria where they have been involved in shaping and influencing these from the outset. If participants make requests or suggestions for criteria to be amended, and these are not accepted, it is important that explanations are provided.

6.11.5 Where participants do not feel that they have had a meaningful opportunity to influence the criteria, there is a risk that some participants may perceive that the process has been designed to favour a particular option or options. It is therefore important that the process used to identify the criteria is clear and transparent.

(b) Ranking and Weighting the Criteria

6.11.6 The next stage involves participants in deciding the order of importance of the criteria and ranking them accordingly. Weights are then given to each of the criteria, in order to demonstrate their relative importance. Weights are typically allocated as percentages, so that the total weight for all of the criteria amounts to 100%. Reasons for allocating particular weights should be recorded.

6.11.7 There are different ways of approaching this task. Once people understand what they are required to do, and have had the opportunity to discuss the issues, they may be asked to carry out the task individually, or in a number of small groups, or in one large group. Where people are ranking and weighting individually, or in small groups, it will be necessary to calculate the average results. Where all of the participants are involved in a single discussion to agree the results, the chair or facilitator will have an important role in helping to identify with the group where the consensus lies.

6.11.8 There are pros and cons for different approaches, and there are various factors that will have to be taken into account when deciding on which is the most appropriate, for example, the overall number of participants may mean some approaches are more practical than others.

6.11.9 Some participants may not be comfortable speaking out in large groups, and there is a risk that they may feel that they have not had the opportunity to have their say. The chair or facilitator's role in this respect is critical, as is the opportunity for people to have support, such as independent advocacy, if they feel that would be beneficial. If people are aware of what will be involved in the process beforehand, then they should have had the opportunity to express in advance any anxieties they may have, to enable these to be addressed.

(c) Scoring Options against the Criteria

6.11.10 After the criteria have been weighted, the next step is to assess the extent to which each of the service options that have been shortlisted meet each of the criteria. This involves giving a score for each option against each of the criteria. Scoring is usually carried out according to an agreed scale, for example 0 to 10, where 0 would represent that the option did not offer any benefits at all in relation to the criteria, and 10 would mean that it offered the maximum possible benefits. It is essential that there is a shared understanding about the level of benefits that each point on the scale represents. Once the scoring process is complete, weights and scores are then multiplied together to provide a total weighted benefit score for each option.

- 6.11.11 Guidance states that participants need to: “...*think carefully about the differences in the scores awarded to the options, and to provide meaningful justification for them*”¹⁵.
- 6.11.12 Discussions about the options may often involve technical or clinical information which some lay people may struggle with. The chair or facilitator may wish to establish some ‘ground rules’ at the outset, particularly when groups include people from different backgrounds and areas of interest, in order that everyone present is clear about expectations about how the process will run, the avoidance of jargon and acronyms etc.
- 6.11.13 Prior to commencing scoring, there must be opportunity for people to discuss the options and ensure that they have all the necessary information which will enable them to complete the exercise. It is important that relevant staff are available on the day to answer questions or provide clarification. It is possible that people may ask questions about financial issues, in which case it will be important to provide clear explanations as to the requirement in the guidance for the financial aspects of the options to be considered separately from the non-financial benefits, and to outline opportunities that people will have to find out about the financial aspects at a later stage.
- 6.11.14 As with ranking and weighting the criteria, decisions require to be made regarding how to approach the scoring exercise, for example, whether participants will be asked to score individually, in a number of small groups or in one larger group.
- 6.11.15 Where people are scoring individually, it should be recognised that some people may require more time and support to do this than others. It is important that there are facilitators or support staff on hand who can assist where this is necessary.
- 6.11.16 Where people are scoring as a group, it is important to recognise that it may be not be possible for everyone in the group to reach a consensus on the appropriate scores. There should be a system in place for recording any differing opinions. These differences of opinion can be used to inform subsequent sensitivity analysis (see 6.9.3 above). It may be helpful for people who disagree with the scores agreed by the group to know that their opinions will still be recorded and used for this purpose.
- 6.11.17 Consideration must be given in advance as to how the reasons underlying differences in scoring will be recorded, as required by the guidance. It may be more challenging and time consuming to do this where people are scoring individually. However, one benefit of individual scoring is that people may feel that they are able to have a more direct and tangible input than might otherwise be possible if scoring as part of a group.

¹⁵ Option Appraisal Guide: A Practical Guide to the Appraisal, Evaluation, Approval and Management of Policies, Programmes and Projects, Scottish Government (2009), Appendix 3, A3.14

- 6.11.18 One advantage to scoring as a group is that everyone will be aware of the outcome i.e. how each of the options have been scored and which has scored the highest. Where people are scoring individually, additional work is required to collate the scores and report on the results. In some previous exercises, this process of collation and reporting has happened immediately the scoring exercise has been completed, enabling 'instant' feedback to participants. However, this may not always be feasible. If it is not, then it is important that participants are clear about when they can expect to receive feedback on the outcome.
- 6.11.19 The outcome of the scoring process enables people to compare how each of the options performs only in terms of non-financial benefits. However, this can leave a powerful impression with participants about which option is 'best'. It is essential that people understand that this is only one stage of a longer process, and that there is further work to be done in terms of financial appraisal and risk assessment, further consultation and decision making. People should be aware that the subsequent work may mean that the option that scores highest in terms of non-financial benefits may not be the option that performs best overall and which may ultimately be selected by the Board. For example, one option might have a marginal benefit over another in terms of non-financial benefits, but may be significantly more costly or risky in terms of delivery. All of these factors have to be taken into account.

6.12 Risk of 'Drop Out'

- 6.12.1 In some previous weighted scoring exercises, where the process has taken place over a number of sessions, the number of patients, carers and members of the public participating has fallen as the process has unfolded. Whilst it may be that some people have simply been unable to attend the later sessions, there may have been others who have chosen to withdraw as they have found the process more complicated and challenging than they had expected. This underlines the need to ensure that people understand at the outset what the process will entail, and are able to identify any support that they feel they may require.
- 6.12.2 It may be worth checking with people prior to each session whether they will be able to attend, and following up with people who do not attend later sessions to establish the reasons for this, as it may highlight useful learning points which can be helpful for future planning.

7. FINANCIAL APPRAISAL

- 7.1 It is clear from the guidance that financial issues should be considered separately from the non-financial benefits. The process of assessing costs in line with the principles set out in the Treasury's Green Book is technical and specialist in nature, and is therefore a process which is not likely to be suitable for direct public involvement (although it is of course possible that some local people may have both the expertise and interest necessary to participate in these aspects). However, it is a vital element of the process, and it can have a significant effect on the assessment of options i.e. the option which has the highest weighted benefit score in terms of non-financial benefits may no longer appear to be the 'best' option when costs are taken into account. This is an issue which has led to some unhappiness from participants in past exercises.
- 7.2 It is important that people who have participated in the weighted scoring exercise receive information relating to the financial appraisal and how it has impacted on the overall assessment of options, in addition to information about the next steps in the process. As well as providing written reports, it can be helpful to arrange a meeting for all participants in order that they have the opportunity to hear about the work that has been carried out in terms of financial and risk issues and the assessment of affordability/deliverability, and that they have the opportunity to raise any queries or concerns that they may have. It is essential that Boards are seen to be open and transparent about financial issues. For example, it is possible that some people may wish to see background papers or detailed workings that would not generally be included in summary reports, and Boards should be open to requests for such information and willing to provide further explanations as appropriate.

8. IDENTIFYING THE PREFERRED OPTION(S) FOR CONSULTATION

- 8.1 Once the earlier stages have been completed, Boards will require to decide on the preferred option(s) for consultation, and on how this will be presented in the public consultation documents. It is important to involve patients, carers and the public in this part of the process, and advice should be sought from the Scottish Health Council about how to approach this. The rationale and process underlying decisions must be clear and transparent.
- 8.2 Whilst option appraisal should be used to inform the decision-making process, it does not in itself identify the definitive solution. It might be assumed that any preferred option will be the one which performs best overall in terms of value for money, which is the optimum balance of cost, benefit and risk. However, as is recognised in the guidance: "...*non-cost factors may be crucial and may justify selection of an alternative that is not the least costly*".¹⁶ The results of weighted scoring exercises and financial and risk appraisals provide vital evidence to inform the decision-making process, but it should not be presumed that they will provide a definitive way forward, and other factors, including the views of local communities must be taken into account. This is why public consultation is so important, as it is the main mechanism for obtaining stakeholders' views.

¹⁶ Option Appraisal Guide: A Practical Guide to the Appraisal, Evaluation, Approval and Management of Policies, Programmes and Projects, Scottish Government (2009), Paragraph 2.10.9

9. CONSULTATION

- 9.1 NHS Boards should not proceed with consultation until they have confirmation from the Scottish Health Council that the public involvement that has taken place thus far has been in accordance with Scottish Government guidance¹⁷. This guidance sets out the general principles which Boards should follow in determining their approach to consultation and ensuring that the process is inclusive and enables all potentially affected people and communities to participate. A consultation document requires to be produced, and sufficient time, normally three months, must be allowed for people to consider and respond to any proposals.
- 9.2 The consultation document should include information about the option development and appraisal process and explain clearly how decisions have been reached to date about any preferred option(s). It should be made clear that although a Board may have outlined its preference for a particular option or options, no final decision has been made, and there is still potential for local communities to influence the decision-making process. People should be encouraged to express their views on all of the options that have been considered to date, or to make suggestions for alternative approaches.

10. MAKING DECISIONS

- 10.1 Once the consultation process has concluded, Boards will require to make a decision on how they propose that any changes should be taken forward. This decision should be informed by the outcome of the option appraisal and the public consultation process, in addition to any other relevant information. Again, transparency in this process is vital. The Board must demonstrate that it has listened to the views of local communities, and provide clear explanations for making any decisions which appear to conflict with the views of local people.
- 10.2 Boards are required to submit proposals for major service change to the Cabinet Secretary for Health and Wellbeing for approval. The Cabinet Secretary's decision will be informed by a report from the Scottish Health Council, which will set out its views on whether Boards have appropriately involved local patients, carers and communities in line with Scottish Government guidance. It is within the power of the Cabinet Secretary to request that a Board carries out further consultation where it appears that the Board's involvement of local people throughout the process has fallen short of the required standards.

¹⁷ Informing, Engaging and Consulting People in Developing Health and Community Care Services, CEL 4 (2010), Scottish Government

- 10.3 Where service change proposals require a capital investment in new facilities, Information Technology (IT) or equipment, NHS Boards are required to comply with the Scottish Capital Investment Manual. This is technical guidance setting out how such projects should be developed and delivered and the governance and approval processes which apply. In the case of projects relating to major service change, business cases for capital investment will only be considered by the Capital Investment Group at the Scottish Government Health Directorates where such proposals have been approved by the Cabinet Secretary for Health and Wellbeing. All business cases developed by NHS Boards (whether resulting from major service changes or not) require to demonstrate that there has been appropriate stakeholder involvement and engagement in accordance with current guidance.

11. EVALUATION

- 11.1 As with any major project, evaluation is essential, and is a requirement of The Green Book, which states that:
- 11.2 *“Evaluation examines the outturn of a policy, programme or project against what was expected, and is designed to ensure that the lessons learned are fed back into the decisions-making processes. This ensures government action is continually refined to reflect what best achieves objectives and promotes the public interest”¹⁸.*
- 11.3 Consideration should be given as to how best to involve relevant stakeholders in the evaluation process, and to share the outcome with them. There should be systems in place to ensure that any learning that can be identified is shared both within the Board and with colleagues in other Boards.

¹⁸ The Green Book - Appraisal and Evaluation in Central Government, HM Treasury, paragraph 7.2

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