

## Major Service Change

# A report on NHS Tayside's Consultation on proposals for Transforming Surgical Services in Tayside

November 2017



## **Acknowledgements**

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

We would also like to thank NHS Tayside for the assistance they provided to us in reviewing the involvement process.

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## Who we are

The Scottish Health Council was established in April 2005 to promote improvements in the quality and extent of public involvement in the NHS in Scotland. It supports and monitors work carried out by NHS Boards to involve patients and the public in the planning and development of health services and in decisions that affect the operation of those services. The Scottish Health Council has a network of 14 local offices across Scotland (one in each NHS Board area) and a national office in Glasgow. The Scottish Health Council, which is part of Healthcare Improvement Scotland, is a key partner in the delivery of Our Voice<sup>1</sup>.

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

The Scottish Health Council works with NHS Boards and communities across Scotland, to improve public involvement in service change. When the Scottish Government considers a proposal to be a 'major service change', the Scottish Health Council has a quality assurance role and reports on whether the process has been in line with the guidance. For all other change, the Scottish Health Council provides advice to support the NHS Board to develop its communication and engagement process in line with guidance.

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<sup>1</sup> <https://www.ourvoice.scot/our-voice> Our Voice is a framework that seeks to support people who use health and social care services, carers and members of the public to engage purposefully with health and social care providers to improve services

<sup>2</sup> 'Informing, Engaging and Consulting People in Developing Health and Community Care Services', Scottish Government, 2010, [www.sehd.scot.nhs.uk/mels/CEL2010\\_04.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf)

## 1 Executive Summary

This report sets out the Scottish Health Council's assessment on whether NHS Tayside's engagement and consultation process for transforming surgical services followed Scottish Government guidance, 'Informing, Engaging and Consulting People in Developing Health and Community Care Services'.<sup>3</sup>

Based on the evidence outlined in this report, the Scottish Health Council confirms that the process undertaken by NHS Tayside **has followed** the national guidance outlined by the Scottish Government.

Through our quality assurance process we have found that the majority of people that took part, and responded to our survey, understood the challenges facing surgical services in Tayside. However, some respondents felt that more consideration should be given to the potential impact of the proposals on patients, families and visitors.

The main concerns related to:

- the potential transport and access impact on patients and families
- whether the Scottish Ambulance Service has sufficient capacity to meet the proposed model for emergency surgery
- the lack of clarity about which elective surgical services would be transferred to Perth Royal Infirmary and also in relation to the proposed increased use of Stracathro surgical unit, and
- financial matters, with some comments suggesting that the perceived driver for change is financial rather than the provision of a sustainable and safe surgical service.

NHS Tayside reviewed its approach to communication and engagement during the consultation. Examples include:

- seeking feedback from its public partners on the draft materials and consultation process
- holding public meetings at the end of the consultation period to try to avoid the holiday period and give advance notice of meetings
- responding to requests by the communities to change the timing or adding additional meetings
- organising additional drop-in events in community settings in response to feedback received

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

- undertaking a midway review to consider the approach to communication and engagement and identifying as well as responding to any gaps in the process
- sending out information at key stages over the three-month period, and
- working with community contacts to develop its network for disseminating information.

There has been ongoing public and political concern about NHS services across Tayside. This consultation highlights a particular focus on the need to provide reassurance on the future of Perth Royal Infirmary.

Whilst there was no change envisaged regarding Stracathro Hospital, people and communities in Angus have also expressed concern that there could be changes to elective surgical services at Stracathro Hospital and that there is a perceived 'centralisation' of services at Ninewells Hospital, Dundee.

We have made the following recommendations to support the points raised during the consultation and to inform decision-making, communication of any decision and next steps.

It is important that the views of people who took part in the consultation are accurately recorded in NHS Tayside's consultation report. The report should explain how the views of people who took part in the consultation have been taken into account in any final decision or next steps agreed by the NHS Tayside Board.

## **Recommendations for NHS Tayside's Board**

**We recommend that, as part of its decision-making process on the proposed model NHS Tayside Board should do the following.**

1. Arrange further engagement (prior to any implementation) with patient, carers, staff and third sector representatives to consider how the issues raised about the Scottish Ambulance Service capacity and travel could be addressed.
2. Give genuine consideration to any alternative proposals put forward during the consultation and provide clear explanations for making any recommendations which appear to conflict with the views of local people.
3. Confirm that Accident & Emergency services at Perth Royal Infirmary are not within the scope of these proposals.
4. Provide reassurance in relation to the future use of the surgical unit at Stracathro Hospital.
5. Clarify where pre and post operative care will be delivered for both elective and unscheduled surgery.
6. Clarify where people living in Angus and Dundee would receive elective surgery.

7. Clarify how the implementation of the proposals would link with, and take account of, the reviews being undertaken in the Health and Social Care Partnerships and the Tayside Transformation Programme

If the proposals are approved then we recommend that the the following areas are considered during implementation by a stakeholder group that includes patient, carer and public representatives, Scottish Ambulance Service, community and volunteer drivers.

1. Review and address the issues raised about the Scottish Ambulance Service capacity to meet the proposed model for both unscheduled and elective surgery.
2. Identify solutions as to how partner organisations and third sector organisations can support patients to access services and revise information provided to patients ahead of surgery to clarify support available in relation to transport, parking and expenses.
3. Undertake a review of the patient booking system for surgical procedure appointments to address people's concerns about early morning appointments for people living in rural areas of Tayside.
4. Provide regular communication on the outcomes of this further work and keep people informed of progress and timescales for the implementation of the proposals.

We have identified a number of areas of good practice and also some learning points from this engagement and consultation.

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

- A YouTube video that was developed with input from the Deaf Hub and had a British Sign Language signer<sup>4</sup>.
- NHS Tayside's responsiveness to feedback about the engagement process and requests for further information and meetings and the consultation period was extended to accommodate further meetings.
- NHS Tayside's reference to examples of consultation materials from other major service changes and its willingness to consider our suggestions.

### **Learning points identified by the Scottish Health Council for future processes**

We recommend that NHS Tayside takes into account the following learning points when undertaking future change proposals. We are aware that there is a period of transformational change underway in Tayside and we would suggest the learning is shared with other review teams.

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<sup>4</sup> <https://youtu.be/kpmOZmFKuVA>








These are:

- consider the use of focus groups to gather feedback from people who have an experience of using the service ; the patient perspective may differ from the general public view
- try to balance information on the clinical case for change and the potential impact on patients to ensure a more person-centred approach when explaining proposals
- provide more information in a graphic format to explain the patient journey in the current and proposed model for change
- undertake a review of communication networks and contacts in Tayside to address issues raised about some community councils and groups not receiving information
- add any new contacts from this consultation to your network of contacts for further engagement
- consider including information in the summary consultation document about the option appraisal process (for example, who was involved, criteria used and discounted options), and
- consider having a representative from the Scottish Ambulance Service at future meetings to answer questions about transport.

## 2 Our quality assurance process: what we look for

Scottish Government guidance, *Informing, Engaging and Consulting People in Developing Health and Community Care Services*<sup>5</sup>, outlines the process NHS Boards should follow to ensure meaningful involvement of people in any plans and decisions on local health services. The main steps in the guidance we check against are:

<p><b>Planning</b></p> 	<p>To fulfil their responsibilities for public involvement, NHS Boards should routinely communicate with and involve the people and communities they serve to inform them about their plans and performance. Where appropriate, this should also include involvement of, and partnership working with, stakeholders and other agencies.</p> <p>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.</p>
<p><b>Informing</b></p> 	<p>The people and communities who may be affected by a proposed service development or change should be given information about the:</p> <ul style="list-style-type: none"> <li>• clinical, financial and other reasons why change is needed</li> <li>• benefits that are expected to flow from the proposed change, and</li> <li>• processes, which will be put in place to assess the impact of the proposal.</li> </ul>
<p><b>Engaging</b></p> 	<p>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.</p>
<p><b>Consulting</b></p> 	<p>When an NHS Board consults on a major service change, it should:</p> <ul style="list-style-type: none"> <li>• produce a balanced and accessible consultation document that enables people to come to an informed view</li> <li>• explore innovative and creative methodologies and approaches to ensure the process is inclusive</li> <li>• ensure the consultation lasts for a minimum of three months, and</li> <li>• 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.</li> </ul>
<p><b>Feedback and decision making</b></p> 	<p>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:</p> <ul style="list-style-type: none"> <li>• inform them of the outcome of the consultation process and the final agreed development or change</li> <li>• provide a full and open explanation of how views were taken into account in arriving at the final decision</li> <li>• provide reasons for not accepting any widely expressed views, and</li> <li>• outline how people can be involved in the implementation of the agreed change, and explain how communities can contribute to the implementation plan.</li> </ul>

<sup>5</sup> 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](http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf)

### 3 Introduction

This report relates to NHS Tayside’s process for engaging and consulting people on its proposal to make changes to where surgeons, doctors and nurses deliver some general<sup>6</sup> surgical procedures in Tayside. It sets out the Scottish Health Council’s assessment of that process following Scottish Government guidance. Engagement with patient and public representatives began in May 2015. Public consultation took place from 3 July 2017 to 16 October 2017.

Current model	Proposed model
<p><b>Perth Royal Infirmary (PRI):</b></p> <ul style="list-style-type: none"> <li>• Unscheduled<sup>7</sup> surgery Monday to Friday only</li> <li>• <b>Elective<sup>8</sup> Surgery:</b> <ul style="list-style-type: none"> <li>○ General surgery</li> <li>○ Urology (including major)</li> </ul> </li> </ul>	<p><b>Perth Royal Infirmary:</b></p> <ul style="list-style-type: none"> <li>• No unscheduled admissions for surgery</li> <li>• <b>Elective Surgery:</b> <ul style="list-style-type: none"> <li>○ General surgery</li> <li>○ Urology (including major)</li> <li>○ Low risk Vascular surgery</li> </ul> </li> </ul>
<p><b>Ninewells:</b></p> <ul style="list-style-type: none"> <li>• Surgical Receiving Unit 24-hour, 365-day basis (including unscheduled surgery)</li> <li>• Elective General Surgery, Urology and Vascular Elective (including major surgery)</li> </ul>	<p><b>Ninewells:</b></p> <ul style="list-style-type: none"> <li>• All unscheduled surgical admissions in Tayside 24-hour, 365-day basis</li> <li>• Elective General Surgery, Urology, and Vascular (including major surgery)</li> </ul>
<p><b>Stracathro:</b></p> <ul style="list-style-type: none"> <li>• No unscheduled admission – Angus patients go to Ninewells</li> <li>• Elective (day case<sup>9</sup>) General Surgery and Urology for patients who fulfil the anaesthetic and surgical criteria</li> </ul>	<p><b>Stracathro:</b></p> <ul style="list-style-type: none"> <li>• No unscheduled admission – Angus patients go to Ninewells</li> <li>• Elective (day case) General Surgery and Urology for patients who fulfil the anaesthetic and surgical criteria</li> </ul> <p><i>(no change)</i></p>

<sup>6</sup> General surgery usually focuses on the abdomen, including oesophagus, stomach, small bowel, colon, liver, pancreas, gallbladder and bile ducts, and often the thyroid gland

<sup>7</sup> Unscheduled surgery is surgery which cannot reasonably be foreseen or planned in advance. Unscheduled surgery is sometimes referred to as emergency surgery.

<sup>8</sup> This is surgery that is planned in advance, usually following discussion with the patient. This is also sometimes referred to as planned surgery.

<sup>9</sup> A day case is a patient who has an elective admission to a specialty for clinical care and requires supervised recovery in the place of treatment. The patient is not expected to, and does not, remain overnight.

NHS Tayside states, that on average, three to four patients a day (up to 28 patients a week) are seen in Perth Royal Infirmary for unscheduled general surgery assessment. Of these, approximately five patients a week require surgery. NHS Tayside estimates<sup>10</sup> that transferring all emergency admissions to Ninewells could create capacity for an additional 600 elective admissions to Perth Royal Infirmary per year.

## **Background and Context**

Similar proposals for emergency surgical services at Perth Royal Infirmary were developed in 2013 and at that time concern was expressed in the media, about the impact on other services at Perth Royal Infirmary.

The proposals for the reconfiguration of the general surgical model are part of the wider Shaping Surgical Services (SSS) review programme set up in 2014. NHS Tayside has worked with the Institute for Healthcare Optimization (IHO) to improve theatre access and elective surgical inpatient flow.

The Shaping Surgical Services programme of redesign was established to undertake a comprehensive ‘whole system’ review across NHS Tayside General Surgery Services to ensure the provision of a sustainable high-quality, person-centred, safe, effective and affordable surgical service.

NHS Tayside sets out in its consultation materials the drivers for the review and proposed changes.

Shaping Surgical Services – A proposed transformation of surgical services in Tayside- summary consultation document<sup>11</sup>

**“Like all health boards in Scotland, we are facing significant challenges, including caring for an ageing population, an increasing number of people with long-term and multiple conditions, a shortage of some groups of health staff, rising costs, growing demand for services and continuing pressures on public finances”.**

An interim arrangement to divert unscheduled surgery from Perth Royal Infirmary was put in place on 21 August 2017 in response to staff shortages. This means that all unscheduled surgery has been undertaken at Ninewells to ensure a safe and appropriate level of care for patients. This was mentioned at the public meetings by NHS Tayside who stated that the Perth Royal Infirmary divert has been in place approximately 40% of the time since January 2017. We noted comments in the media, and in our evaluation, about the implementation of the divert while the consultation was ongoing.

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<sup>10</sup> NHS Tayside used standard capacity planning methodology to arrive at the 600 figure

<sup>11</sup> <http://www.nhstayside.scot.nhs.uk/OurServicesA-Z/TransformingSurgery/index.htm>

NHS Tayside had planned to consult earlier in 2017 on the proposals but this was delayed by the pre-election period for the local council in May 2017 and the general election in June 2017.

## 4 Our findings

This section outlines what NHS Tayside did to follow the guidance. This was assessed through various methods including evidence we have gathered, what we have heard and seen, and what people have told us.

### Planning, Informing and Engaging

NHS Tayside first discussed the review with the Scottish Health Council in May 2015 and met with us from July 2015 to discuss its informing and engaging activities.

We provided feedback to NHS Tayside after we carried out our evaluation to inform further engagement and future practice.

This has included:

- a feedback report on engagement dated 23 March 2016 and recommendations for further engagement, and
- giving our view on the impact of change in our letter of 12 January 2017 (available on the Scottish Health Council website).<sup>12</sup>

### Engagement – Option appraisal

NHS Tayside carried out option development and appraisal in two stages.

At stage 1 NHS Tayside held sessions with staff and patients to find out what their priorities were and what mattered to them. This feedback was used to develop the seven criteria for the service delivery option appraisal.

NHS Tayside developed a long list of 18 options and these were shortlisted to five feasible options by the programme board for surgical services.

Three meetings were held with the seven NHS Tayside public partners who took part in the option appraisal, as below.

- options development focus group, 19 June 2015
- pre-option appraisal information sharing session, 25 June 2015
- option appraisal workshop, 25 June 2015

NHS Tayside public partners are members of the public who have a keen interest in health and health-related issues. Public partners with a recent experience of using surgical services took part in the option appraisal.

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<sup>12</sup> [http://www.scottishhealthcouncil.org/publications/service\\_change\\_updates.aspx#.WhPzhIVI\\_IU](http://www.scottishhealthcouncil.org/publications/service_change_updates.aspx#.WhPzhIVI_IU)

The public partners were briefed on the context for the review and the option appraisal process by NHS Tayside. At the information sharing session clinical staff, and the staff leading the review, explained the options that had been shortlisted and the challenges of the current service model.

The short list of options was then reviewed and scored (stage 2) at meetings held in June 2015 with staff and NHS Tayside's public partners with a recent experience of using surgical services. There were seven public partners involved in the scoring of the options compared with approximately 57 members of staff. Scottish Health Council guidance suggests that if one group, such as patients, appears to be under-represented in comparison to NHS staff, there is a risk that people may perceive the process as biased in favour of the latter group. Good practice is normally to have a three-way split between participants- patients/public, clinical staff and managerial/administrative staff.

We therefore recommended that the preferred option(s) and work to date was shared with a wider group of people to help to gauge any specific concerns and sense check the proposed changes. We made some recommendations in relation to this and these are referenced in the table below.

The two highest scoring options were then reviewed further for resource, workforce and financial implications to help to identify a preferred option. The outcome of this work was shared at a meeting with the public partners to explain how the preferred option was reached.

More detailed information on the engagement and option appraisal process can be found in NHS Tayside's full consultation document<sup>13</sup>.

As part of our quality assurance we made the following recommendations for NHS Tayside to undertake ahead of progressing to public consultation.

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<sup>13</sup> <http://www.nhstayside.scot.nhs.uk/OurServicesA-Z/TransformingSurgery/index.htm>

<b>Our recommendation to NHS Tayside:</b>	<b>What NHS Tayside did:</b>
<p>Hold a meeting with the public partners to :</p> <ul style="list-style-type: none"> <li>• update them on the further work on the options,</li> <li>• explain how the preferred option(s) was reached,</li> <li>• discuss what the expected impact of the preferred option(s) might be, and</li> <li>• develop a Frequently Asked Questions (FAQ) information.</li> </ul>	<p>Feedback on the outcome of the financial and workforce appraisal was provided to the public partners who had participated in the option appraisal at the May 2016 meeting. The outcomes were also tested with a wider group of public partners (approximately 15) from across the Tayside area, in order to seek feedback from a wider group on how clear the proposals were.</p>
<ul style="list-style-type: none"> <li>• Carry out an Equality Impact Assessment of the preferred option(s) and use the findings to inform the completion of the <i>Identifying Major Service Change template</i></li> </ul>	<p>This was completed in preparation for the consultation period and made available on the website. The findings from the Equality Impact Assessment were to be tested alongside the wider public consultation</p> <p>They found residents of Perth and Kinross were more likely to be impacted than the population of Dundee and Angus, in terms of travel for treatment and/or as visitor/carer.</p> <p><a href="http://www.nhstayside.scot.nhs.uk/OurServicesA-Z/TransformingSurgery/PROD_284631/index.htm">http://www.nhstayside.scot.nhs.uk/OurServicesA-Z/TransformingSurgery/PROD_284631/index.htm</a></p>
<p>Hold a further meeting with the public partners to review the consultation materials to ensure that the case for change is clear and the proposed model for surgery is understandable.</p>	<p>A meeting was held in December 2016 for public partners to input to the planning of the engagement activities and again in April and June 2017 to review the draft consultation materials and process.</p>

## Consultation

NHS Tayside planned a three-month consultation from the 3 July to 3 October 2017; this was extended to 16 October in response to a request for further public meetings.

As part of our quality assurance we wanted to know if NHS Tayside provided people with enough information, in plain language, about the proposed changes. We also wanted to know if people who were interested in the proposals had the chance to discuss them and to submit their views and comments.



## What NHS Tayside did:

- Seven NHS Tayside public partners were asked to review the draft consultation materials and approaches to engagement. NHS Tayside also sought feedback and input from colleagues on the Perth and Kinross engagement and communication group<sup>14</sup>. NHS Tayside used a mixture of methods to gather feedback on the proposals including:
  - seven public meetings
  - seven drop-in sessions, and
  - questionnaires available in print or online
- Information about the consultation,(background, event information and ways to give feedback) was shared at key points over the three-month consultation period with:-
  - 52 Community Councils, partnership agencies and the three Neighbourhood Representative Structures
  - 34 public libraries
  - All GPs, 11 Patient Participation Groups (PPGs), 36 NHS Tayside public partners and 16 Voluntary Services Managers for dissemination to volunteers
  - the three carers' organisations and Third Sector Interfaces in Tayside (Angus, Dundee and Perth and Kinross), and
  - Nine health organisations and forums – such as Chest, Heart and Stroke Scotland.
- Posters were sent to all Tayside GP practices, pharmacies and local community centres/libraries and to supermarkets in the Perth area in September and there were pop-up banners in Perth Royal Infirmary, Stracathro and Ninewells Hospitals.
- Press releases – information on events issued to all local media, social media (Facebook and Twitter), and NHS Tayside website at key stages. There has been ongoing local coverage of the process and main issues raised in the media related to the impact of the proposals on, and future of, Perth Royal Infirmary.
- Staff briefings and information issued on the consultation via emails and intranet.
- Briefings with MSPs and MPs.

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<sup>14</sup> The **Integration Joint Board (IJB)** is a **joint board** of NHS Tayside and the three local authorities in Tayside which manage adult health and social care services. There are three IJBS in Tayside (Angus, Dundee and Perth & Kinross) that oversee the three Health and Social Care Partnerships (HSCP).

## **We found that:**

- A number of individuals, local voluntary and community groups were using social media to share information on the proposed changes, for example Community Councils, local councillors and the Third Sector Interface in Perth and Kinross.
- Approximately 149 members of the public, community and elected representatives attended the public meetings. NHS Tayside has received 181 responses to its consultation which is comparable to other major service changes in Scotland.
- There wasn't a high level of political interest in the proposals when they were launched in July. However, latterly there has been more interest -- possibly related to the wider review of services, financial situation and a perceived downgrading of Perth Royal Infirmary.
- A consultation on proposed changes to General Adult Psychiatry and Learning Disability Inpatient beds across Tayside by the Integration Joint Boards in partnership with NHS Tayside was undertaken at the same time as this consultation. That consultation has appeared to be more high profile and people have raised concerns about a perceived centralisation of services at Ninewells.
- NHS Tayside was responsive to requests for further information and meetings and undertook a midway review in September to identify the need for any further communication and engagement.
- We understand that NHS Tayside intended to undertake an inpatient survey in November and suggest that this is incorporated into the report on the consultation.

## **What we did:**

- Reviewed NHS Tayside's consultation plan.
- Reviewed the consultation material to see if it met guidance requirements and made suggestions based on good practice.
- Attended the communication and engagement group meetings to provide advice and share good practice.
- Attended the seven public consultation meetings.
- Attended the public meeting in Perth on 2 October organised by two Conservative MSPs with NHS Tayside.
- Reviewed social media and local press coverage for discussions, articles or issues raised.
- Distributed our questionnaire to:
  - 258 participants – public meetings (149) and community drop-ins (109)
  - 82 Community Councils
  - elected representatives- six MSPs, five MPs and 93 councillors, and
  - 47 community groups who receive our Tayside local office newsletter.

- Held a focus group with eight people and conducted nine telephone interviews with people who had participated in the consultation.
- Our survey questionnaire was also promoted on Twitter. Questionnaires could be completed online, emailed, sent to a Freepost address or handed to us at meetings.

A summary of the points we noted from our quality assurance of the process were:

Process	<p>There was a perception that there had been a lack of publicity on the consultation and this had contributed to poor attendance, by the wider public, at some of the public meetings</p> <p>There were comments at the meeting in Kinross about the meeting only being organised in response to a request from an MSP.</p> <p>Some people felt that the level of information in the consultation material was focussed too much on clinical drivers. There was a view that presentations should have given more consideration to the potential impacts of the proposals on patients, families and carers.</p>
Decision already made	<p>Some people felt a decision has already been made; there were questions about the other shortlisted options and reference to the divert being put in place while the consultation process was ongoing.</p>
Scottish Ambulance Service capacity and safety of proposals	<p>Concerns raised about safety for Perth and Kinross residents of further distance to travel to Ninewells for unscheduled surgery and whether the Scottish Ambulance Service has capacity to support the proposed model of care.</p>
Transport and access to elective surgery	<p>Concerns raised about impact on people (patient and families) from rural areas accessing elective surgery services at Ninewells, Perth Royal Infirmary and Stracathro via public transport. In particular for early morning appointments.</p> <p>There were also comments about difficulty and cost of car parking at Ninewells Hospital</p>
Discharge and admissions process	<p>Comments related to lack of clarity on the whole patient pathway in relation to how people would be admitted and discharged for both unscheduled and elective surgery; length of stay, discharge home and in relation to follow up locally.</p>
Concern in relation to impact on Perth Royal Infirmary	<p>Concern raised about the impact of the proposals on Accident &amp; Emergency and the future of Perth Royal Infirmary- perceived downgrading of services and concerns that services are being</p>

Accident & Emergency and future status	centralised at Ninewells
Financial	Comments made about the driver for the change being related to financial issues at NHS Tayside.
Staffing	Questions related to how staffing issues had been addressed as part of the option appraisal process and whether NHS Tayside would be able to recruit and attract surgical and nursing staff to the proposed model for elective surgery at Perth Royal Infirmary-
Concern about changes to elective surgery at Stracathro	Clarification needed about how Stracathro would be impacted and questions about what elective surgery would be provided under the proposals.
Population growth	Comments made about the need to expand services at Perth Royal Infirmary due to the growing population of Perth and Kinross.

### A sample of comments from evaluation questionnaire

"Heated discussion which lead to clearer understanding of reasons behind proposal, felt we were involved with decision making."

**Public**

"I have concern over the long-term future of services at PRI and whereas the current changes are understandable other changes and what public are being told by hospital staff do not give any assurance."

**Councillor**

"Plenty of time was allowed for questions and concerns during the meeting and attempts made to give adequate answers."

**Public**

*"Less clear about how issues arising in the consultation process might be included in the final decision."*

**Patient**

"Until the final decision is made one cannot be sure one has been listened to."

**Public**

## Evaluation summary



### What people told us...

62

Responses to our survey questionnaire

82%

of respondents were patient and public representatives \*



3

top ways people participated in the consultation

1. Attended a meeting
2. Completed a survey
3. Letter or email



74%

felt they had the opportunity to give their views



60%

felt it was clear how a decision will be made



71%

felt they had the opportunity to ask questions



52%

felt their questions were answered



65%

felt the reasons for change were clear



51%

felt their views were listened to

\*This statistic includes the "others" category

## Discussion Group and Feedback

To supplement the feedback received through our survey we held a focus group with eight people and nine one-to-one interviews with people who had been actively engaged in the process, either individually or through local groups where they are members.

Some people said during the focus group and the interviews they felt the information was generally clear and most said they had understood the clinical case for change. However, they felt there could have been more focus in the consultation materials and at the meetings on the impact of the proposals on people. Some respondents felt strongly that there should be further consideration of the Scottish Ambulance Service's capacity to meet the proposals for unscheduled surgery and the availability of public transport and voluntary service to support admission and discharge for elective surgery.

Concerns were expressed about the status and future of Perth Royal Infirmary, and some respondents had a perception that services are being centralised at Ninewells due to a challenging financial environment.

Comments included the following:

"Need to emphasise the significance of the proposals in the press, and in emails to get people to share information about the consultation."

"More information on 'what it means for me?' in the presentation would have been helpful."

"Honest and realistic about challenges and what is feasible. More explanation to counteract the press."

We asked the focus group participants if they could identify areas for improvement in the communication and process that we could share with NHS Tayside. They suggested the following.

- Ask local community groups and workers to help promote the consultation and gather feedback; offer to attend meetings organised by Community Councils and community groups.
- More 'features' in the media about the proposals to emphasise the significance of public feedback and encourage dissemination of materials.
- Generally people found the information was clear but suggested it would be helpful to have fewer statistics and more visual presentations of the pathway;

a more 'holistic' approach to describing how people might be impacted; clarity on where people will recover from surgery and who will provide follow-up care.

- Ask people to register for meetings to allow the offer of follow-up discussions; either one-to-one or as a focus group.
- Aim for a greater emphasis on the impact on people with less focus on the clinical case for change.
- Greater transparency regarding the financial situation so people can understand what is feasible.
- More sensitive approach when referring to the 'ageing population' as the reason for change.

## Conclusions

Based on the evidence outlined in this report, the Scottish Health Council confirms that the process undertaken by NHS Tayside **has followed** the national guidance outlined by the Scottish Government.

However, the feedback we received to the evaluation indicated that 33% of respondents felt their questions had not been answered and 15% respondents noted they were unsure in response to this. In further analysis we found the majority of feedback in this section related to uncertainty about transport and access.

Our observations at the meetings were that NHS Tayside attempted to respond to all points raised and noted the need for further discussion in relation to transport and access. We understand that NHS Tayside plans to use the feedback from the consultation to inform further discussions on this issue and we recommend that patients, families, staff and the third sector are involved in any further engagement on this issue.

There were comments about wider public awareness of the consultation. We found that NHS Tayside received approximately 180 responses to the consultation, which is comparable to other major service changes.

While we found NHS Tayside was responsive to requests for information and meetings, we would suggest for future Tayside wide reviews (where there isn't a specific patient group or community affected) that a more proactive approach could be taken to offering meetings to community groups.

Through our quality assurance we are aware of many people feeling there was high level of change in Tayside that may result in 'consultation fatigue' and a feeling that services are being centralised. It was suggested that 'people need to be able to see the bigger picture and how this fits together'. This could form part of any future engagement that will be undertaken on Transforming Tayside<sup>15</sup>.

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<sup>15</sup> <http://www.nhstayside.scot.nhs.uk/OurServicesA-Z/TransformingTayside/index.htm>

The perception that a decision has already been made may be linked to the interim measure in place for unscheduled surgery at Perth Royal Infirmary. When steps are taken to put in place interim measures for staffing and safety reasons, it is important that such arrangements do not in any way pre-empt or prejudice permanent changes.

This feedback may also be linked to what consultation materials people had read. We found that the majority of the respondents to the evaluation had read the summary consultation document and only half had read the full consultation document. The full consultation document contained more detail about the other options under consideration.

At the beginning of the public meetings, and in the full consultation document, NHS Tayside was clear that while it had a preferred option, it hadn't made a decision and was looking to gather people's view to inform the final proposals.

NHS Tayside reviewed its approach to communication and engagement during the consultation. Examples include the following.

- Seeking feedback from its public partners on the draft materials and consultation process.
- Holding public meetings at the end of the consultation period to try to avoid the holiday period and giving advance notice of meetings.
- Responding to requests by the communities to change the timing or adding additional meetings.
- Organising additional drop-in events in community settings in response to feedback received.
- Undertaking a midway review to consider the approach to communication and engagement and responding to any gaps in the process.
- Sending out information at key stages over the three-month period.
- Working with community contacts to develop its network for disseminating information.



## 5 Recommendations

We have made the following recommendations to support the points raised during the consultation and to inform decision making, communication of any decision and next steps.

It is important that the views of people who took part in the consultation are accurately recorded in NHS Tayside's consultation report. The report should explain how the views of people who took part in the consultation have been taken into account in any final decision or next steps agreed by the NHS Tayside Board.

### Recommendations for NHS Tayside's Board

**We recommend that, as part of its decision-making process on the proposed model NHS Tayside Board should do the following.**

1. Arrange further engagement (prior to any implementation) with patient, carers, staff and third sector representatives to consider how the issues raised about the Scottish Ambulance Service capacity and travel could be addressed.
2. Give genuine consideration to any alternative proposals put forward during the consultation and provide clear explanations for making any recommendations which appear to conflict with the views of local people.
3. Confirm that Accident & Emergency services at Perth Royal Infirmary are not within the scope of these proposals.
4. Provides reassurance in relation to the future use of the surgical unit at Stracathro Hospital.
5. Clarify where pre and post operative care will be delivered for both elective and unscheduled surgery.
6. Clarify where people living in Angus and Dundee would receive elective surgery.
7. Clarify how the implementation of the proposals would link with, and take account of, the reviews being undertaken in the Health and Social Care Partnerships and the Tayside Transformation Programme.

If the proposals are approved then we recommend that the the following areas are considered during implementation by a stakeholder group that includes patient, carer and public representatives, Scottish Ambulance Service, community and volunteer drivers:

1. Review and address the issues raised about the Scottish Ambulance Service capacity to meet the proposed model for both unscheduled and elective surgery.
2. Identify solutions as to how partner organisations and third sector organisations can support patients to access services and revise information

provided to patients ahead of surgery to clarify support available in relation to transport, parking and expenses.

3. Undertake a review of the patient booking system for surgical procedure appointments to address people's concerns about early morning appointments for people living in rural areas of Tayside.
4. Provide regular communication on the outcomes of this further work and keep people informed of progress and timescales for the implementation of the proposals.

## 6 Areas of good practice and learning points

As the NHS looks to deliver continual improvements in the quality of its public involvement activities, it is appropriate to identify areas of good practice and learning points. These are drawn from comments received from the public during the process and our own observations.

We have offered to undertake an 'after action review' with NHS Tayside to identify what has worked well, what could be improved and to explore any improvements in how we work together in future.

We have identified a number of areas of good practice and also some learning points from this engagement and consultation.

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

- A YouTube video that was developed with input from the Deaf Hub and had a British Sign Language signer<sup>16</sup>.
- NHS Tayside's responsiveness to feedback about the engagement process and requests for further information and meetings and the consultation period was extended to accommodate further meetings.
- NHS Tayside's reference to examples of consultation materials from other major service changes and its willingness to consider our suggestions.

### Learning points identified by the Scottish Health Council for future processes

We recommend that NHS Tayside takes into account the following learning points when undertaking future change proposals. We are aware that there is a period of transformational change underway in Tayside and we would suggest the learning is shared with other review teams.

- Consider the use of focus groups to gather feedback from people who have an experience of using the service; the patient perspective may differ from the general public view.
- Try to balance information on the clinical case for change and the potential impact on patients to ensure a more person-centred approach when explaining proposals.
- Provide more information in a graphic format to explain the patient journey in the current and proposed model for change.
- Undertake a review of communication networks and contacts in Tayside to address issues raised about some Community Councils and groups not receiving information.

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<sup>16</sup> <https://youtu.be/kpmOZmFKuVA>

- Add any new contacts from this consultation to your network of contacts for further engagement.
- Consider including information in the summary consultation document about the option appraisal process (for example, who was involved, criteria used and discounted options).
- Consider having a representative from the Scottish Ambulance Service at future meetings to answer questions about transport.

## **7 Next steps**

This report has been shared with NHS Tayside and is due to be considered at its Board meeting on 7 December 2017. The Board should take into account what people have said during the consultation. It is important that the Board can evidence how this process, and the views of local communities, have informed any decision or next steps.

If the Board agrees to proceed with its proposal, it should submit a copy of this report with its proposal to the Scottish Government. Proposals that meet the threshold for major service change need to be approved by the Cabinet Secretary for Health and Wellbeing before they can proceed to implementation.

After a decision has been taken it will be important for NHS Tayside to (i) publically communicate and feedback to everyone involved and/or affected by the decision and (ii) provide opportunities to take part in implementation.

As NHS Tayside moves to the next stage in the process, we hope that this feedback will inform future involvement work and support the further improvement of its engagement and consultation processes.

We encourage NHS Tayside to share this feedback with all staff to support consistency, to address the highlighted areas to enable consideration of the impact of significant service change and to widely disseminate the lessons learned.

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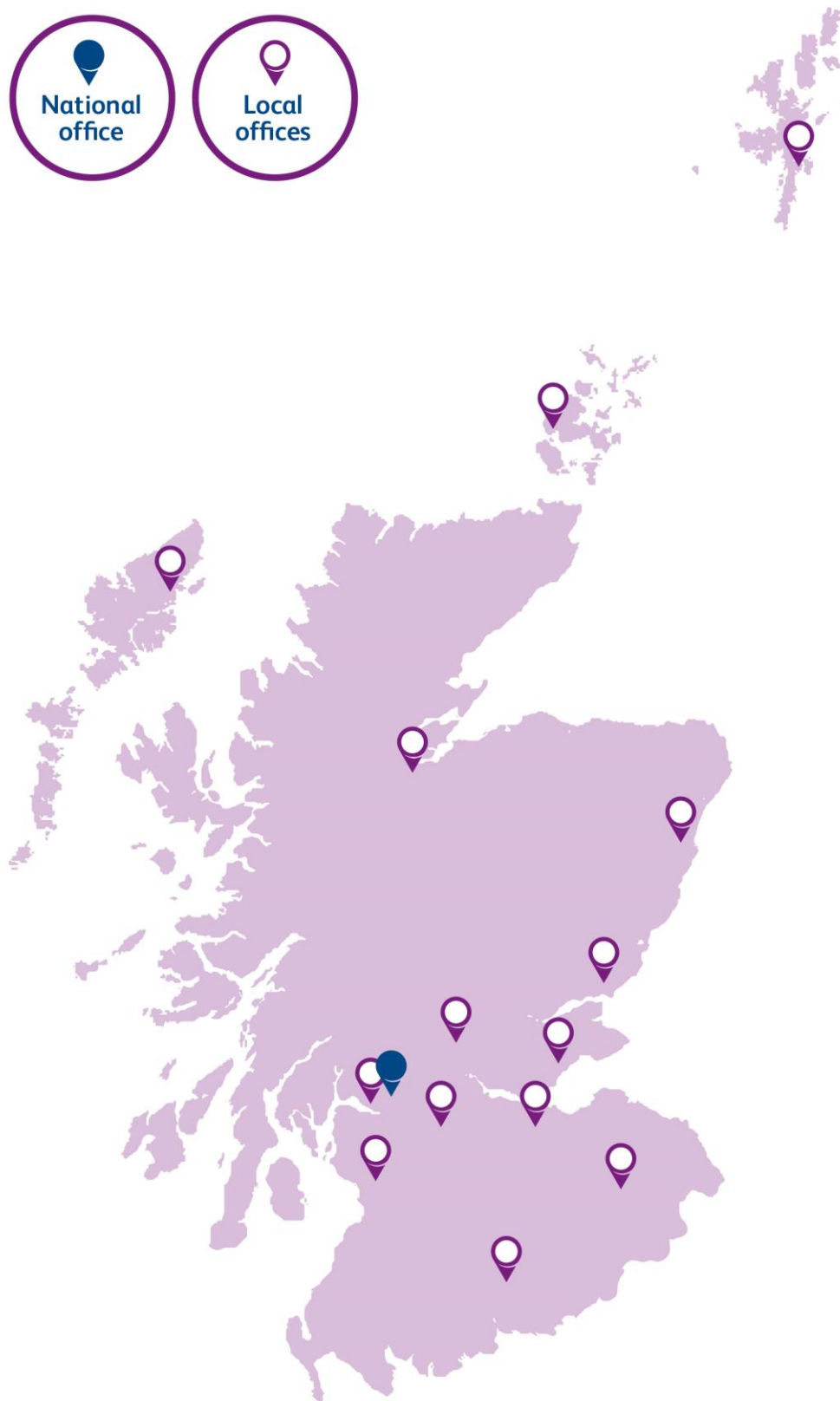
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