Major Service Change
A report on NHS Lanarkshire’s consultation on proposals for the development of a new healthcare strategy, Achieving Excellence

Summary report – November 2016
Acknowledgements

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

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

To see the full copy of our report, please visit www.scottishhealthcouncil.org

© Healthcare Improvement Scotland 2016

Published November 2016

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

www.scottishhealthcouncil.org
Summary report

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

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

Engagement

NHS Lanarkshire initiated engagement on the emerging healthcare strategy in January 2016 using a range of methods. The option development and appraisal for orthopaedic services was delivered over three sessions in December 2014, March 2015 and July 2016. The focus was to identify and develop a clinical model of care in response to recommendations from Healthcare Improvement Scotland\(^2\) and the Academy of Medical Royal Colleges and Faculties in Scotland\(^3\).

Consultation

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

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

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

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


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

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

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

• Regional planning – development of a major trauma network across Scotland. NHS Lanarkshire’s proposal is to create a major trauma unit at Wishaw General Hospital to augment the regional centre.

• Health and social care partnerships – it was felt imperative that the healthcare strategy Achieving Excellence should take cognisance of the North and South Lanarkshire Health and Social Care Partnerships’ Strategic Commissioning Plans.

• Elective treatment centres – Scottish Government’s commitment to invest in six diagnostic and elective treatment centres across Scotland⁴.

• A National Clinical Strategy for Scotland

Conclusion

It is our view that:

• NHS Lanarkshire met national guidance in developing options and consulting on a preferred model for orthopaedic services.

• The specialty specific reviews are at an earlier stage in their development and further engagement should be undertaken to refine proposals and seek views from patients, carers and the public as appropriate.

• Patient and public representatives should continue to be actively engaged in the various elements of the capital investment programme for the redevelopment of Monklands Hospital.

Recommendations

- A number of practical challenges were identified with the Centre of Excellence model, for example transport and travel, access and continuity of care. We suggest an equality impact assessment be undertaken on the Centre of Excellence generic model, which may then be adapted for appropriate specialties.

- In response to concerns that shifting the balance of care from the acute setting to the community may not be sufficiently resourced, NHS Lanarkshire and the Health and Social Care Partnerships may consider how workforce and financial arrangements are made visible to the public to provide assurance around quality of care and sustainability of emerging models.

- Our survey identified that a number of people were unsure about next steps in the consultation process. NHS Lanarkshire has undertaken to provide further clarity on how a decision will be made on developments and timescales.

- Further engagement with patient and public representatives should be undertaken, as appropriate, to take forward the plans for orthopaedics and redevelopment of Monklands.

Areas of good practice identified by the Scottish Health Council

- Pre-meeting and briefing papers in advance of orthopaedic option development and appraisal events to support people’s understanding and enable them to participate in the process in a meaningful way.

- Development of a healthcare strategy engagement leaflet to initiate a level of understanding and discussion with a wider group of people and to provide an opportunity for comment at a formative stage in the process.

- Range of methods and approaches used to share information and maintain momentum for participation during the consultation process.

- Approaches used to support a more inclusive process for example Easy Read version of the consultation document, signers in attendance at all public meetings and use of short films.

- Flexibility during the consultation to respond to requests for further meetings and to meet the information needs of people at the meetings.

- The format of the public meetings supported all people to participate in smaller groups and was more accessible to those with sensory impairment.

- Attendance of Chief Executive, senior management and Non-Executive Directors at the five public meetings, demonstrated the importance they attached to Achieving Excellence and a willingness to hear people’s views at first hand to help inform their decision-making.

- Use of Health and Social Care networks and events to cascade information and develop shared understanding.

Learning points identified by the Scottish Health Council for future processes

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

- We note that NHS Lanarkshire took the decision based on urgent clinical reasons for implementing the interim orthopaedic model. It is important that this approach is taken as an exception and that the process outlined in the guidance is followed as the norm. We are aware there are occasions when there is a need to develop interim models to ensure safe and sustainable services. It is important that when steps are taken to put in place urgent changes for safety reasons, the Board is able to demonstrate this is because of deteriorating circumstances.
and that such arrangements do not, in any way, pre-empt or pre-judge permanent changes. This is important to ensure that members of the public are not, and do not feel, disempowered.

- NHS Lanarkshire used the word ‘interim’ to describe the first phase in its approach to deliver an orthopaedic service. Some people understood ‘interim’ to mean temporary until the outcome of the consultation was agreed. The Scottish Health Council recommends that in future when NHS boards are putting into place temporary arrangements, pending an engagement and consultation process and formal decision, this should be described as ‘temporary’ to support full engagement in the process.

- Many respondents referred to a lack of clarity and detail in the consultation documents around the practical aspects of implementing care within the community setting – we understand some of this detail may not yet be developed but this feedback should be considered and addressed as work progresses.

- To avoid any suggestion of tokenism, always ensure that sufficient time is allowed during open events for questions from the floor, and for responses to be given.

- Although NHS Lanarkshire clearly described the drivers for change and scope of the consultation, it was not clear how feedback would be collated and used to inform the next steps.

- Consider additional locations where consultation material may be more visible and widely available.
The Scottish Health Council has a national office in Glasgow and a local office in each NHS Board area. To find details of your nearest local office, visit our website at: www.scottishhealthcouncil.org/contact/local_offices.aspx