Major Service Change

A report on NHS Lanarkshire’s consultation on proposals to improve primary care out-of-hours services

Summary Report – May 2015
Acknowledgements

The Scottish Health Council would like to thank members of the public, patients, local communities, groups and members of the review programme board 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 Kate Bell, Senior Manager Change and Innovation and Calvin Brown, Communications Manager, 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
Summary report

Background

NHS Boards are required to work with people\(^1\) when they are considering changes to health and care services. The national guidance, 'Informing, Engaging and Consulting People in Developing Health and Community Care Services'\(^2\), outlines the process Boards should follow to involve people in decisions about local services.

When the Scottish Government considers a proposal to be a 'major service change', the Scottish Health Council has a quality assurance role and reviews the process. This report shares our findings on how NHS Lanarkshire has involved people in its proposals for primary care out-of-hours services. It also identifies good practice and suggests learning points.

This report will be considered by NHS Lanarkshire’s Board when reaching a view on its proposals for change. If the Board agrees to proceed, it will submit a copy of this report with its proposal to the Scottish Government. Any proposal will require to be approved by the Cabinet Secretary for Health and Wellbeing before it can proceed to implementation.

Proposal

The primary care out-of-hours service operates when GP surgeries are closed. It is used by people who need urgent attention and cannot wait until their GP surgery is open. NHS Lanarkshire states that in 2013 approximately 53,000 people attended the primary care out-of-hours centres.

A review programme board was set up in November 2013 with a range of stakeholders, involved in collating data and developing proposals for this service. Within this period sustainability was reported as becoming increasingly difficult with the service featuring on the Board’s risk register, and NHS Lanarkshire implementing its business continuity plan from July 2014. Challenges included a shortage of GPs available to work out-of-hours and an increasing number of people who were using the service as a 'means of choice' to accessing primary health care.

In January 2014, the primary care out-of-hours service was delivered from five sites i.e. Central Health Centre, Cumbernauld; Lanark Health Centre; Monklands District General Hospital, Airdrie; Hairmyres District General Hospital, East Kilbride; and, Wishaw District General Hospital. The centres in Cumbernauld and Lanark operated restricted hours, but have not been operational since July 2014 (as a result of the business continuity plan).

NHS Lanarkshire’s two proposals, which have been subject to public consultation over a three month period, from 6 January to 6 April, are:

- **Model 1**
  Single primary care out-of-hours centre located in Douglas Street Community Health Clinic, Hamilton.

- **Model 2**
  Two primary care out-of-hours centres located in Airdrie Health Centre and Douglas Street Community Health Clinic, Hamilton.

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\(^1\) 'people' refers to health service users, patients, staff, members of the public, carers, volunteers and voluntary organisations

Engagement

The option development and appraisal process was delivered over three sessions from May to November 2014. The focus was to identify viable option(s) for the clinical model of care and the most accessible locations for centres (taking into account agreed criteria). The process included a group of people who may be directly affected by the proposals and those who were involved in the service delivery.

Consultation

From 6 January 2015 to 6 April 2015, NHS Lanarkshire undertook formal consultation on the proposals. NHS Lanarkshire used a range of methods to provide information to people about the proposals and to capture their views. In total, it received 781 responses to the consultation survey and 145 emails from a range of stakeholders. The proposals were reportedly featured in 79 news articles in the local press and information was disseminated through many stakeholders’ networks.

NHS Lanarkshire also received a petition with around 2000 signatures from Cumbernauld, Kilsyth and Northern Corridor residents as well as more than 800 standard consultation letters, the majority of which have come from Cumbernauld, Kilsyth and Villages. A petition with around 2500 signatures was also received from residents in Cambuslang and Rutherglen.

The main issues raised through the consultation include the following.

- Concern that the reduction of the service to one or two sites means that some people will have further to travel. In particular, attention was drawn to the poor public transport infrastructure in NHS Lanarkshire and associated increased costs and journey times.
- People sought greater assurance that the proposals were sustainable i.e. GPs, nursing and support staff would be attracted to work in the service and that it would have the capacity to respond to patients' needs.
- A number of people questioned whether there might be an adverse impact on Accident and Emergency services, with more people going there rather than to the primary care out-of-hours service. Some people suggested that it might be easier to access Accident and Emergency services in one of the three acute hospitals.
- With regards to the consultation process, some people and groups felt that they should have been involved in the process at an earlier stage i.e. at option appraisal.
- People who responded to the Scottish Health Council’s survey questionnaires and participated in our focus groups raised concerns around the quality and accessibility of the information provided by NHS Lanarkshire.

Some issues have been raised at the public meetings and in discussions with people, which although not directly part of NHS Lanarkshire’s proposals, have had an impact on how people subsequently responded to the consultation. These include:

- Boundary changes - in 2013 the Cabinet Secretary for Health and Wellbeing announced that Cambuslang and Rutherglen and the Northern Corridor would move from NHS Greater Glasgow and Clyde's catchment area to that of NHS Lanarkshire. The transfer of out-of-hours services has not yet been implemented and people who

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have participated in this primary care out-of-hours consultation have expressed a preference to continue to use NHS Greater Glasgow and Clyde’s service.

- A national review of out-of-hours primary care was announced by the Scottish Government on 30 January 2015. There have been some public calls for NHS Lanarkshire's consultation to be paused until this group reports back in late summer.
- People are frustrated that the GP contract agreed in 2004, enables GPs to opt out of providing any out-of-hours care. The impact in NHS Lanarkshire is that around 90% of the GPs who deliver the service are contracted, with less than 10% of GPs salaried i.e. NHS Lanarkshire cannot compel contracted GPs to provide out-of-hours cover.
- Redirection policy – not yet formally implemented in NHS Lanarkshire but involves “the referral of patients who are assessed as not requiring emergency care away from the Emergency department. This may be to another service or with self care advice”.  

NHS Lanarkshire has responded to these issues when raised at public meetings, and referenced most of them through the Frequently Asked Questions, which have been published on its website.

Our findings

Based on our review, information presented by NHS Lanarkshire and feedback from communities and local people, it is our view that NHS Lanarkshire has followed the Scottish Government’s guidance on involving people in the consultation on ‘Improving NHS Lanarkshire’s Primary Care Out of Hours Services.’ We have identified significant dissatisfaction that people from some communities have articulated regarding the consultation proposal and process. It is essential that views expressed by affected communities, whether those views are positive or negative, are fully considered and responded to in the Board’s decision-making process. In light of the concerns expressed during this process, the Board should also consider the following in forming its final proposal and the subsequent implementation of any proposal.

- Development of a programme to evaluate the changes that are implemented by NHS Lanarkshire to provide public assurance that they are safe, person-centred and effective. This evaluation should include patient and public representatives.
- Feedback received during the process indicates that people are sometimes accessing out-of-hours services because they find it difficult to get appointments in-hours. NHS Lanarkshire should use the opportunity of engagement it will undertake through its primary care strategy to develop a greater understanding of this.

Areas of good practice identified by the Scottish Health Council

- Patient and public representation on the review programme board and communications and engagement subgroup from the outset of the review.
- Work undertaken to identify and engage with those people potentially most affected by the proposal and to support their continued participation in the process e.g. carers. NHS Lanarkshire has worked in partnership with NHS Health Scotland to consider potential health inequalities.

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• Pre-meetings with patient and public representatives to discuss the option appraisal process (June and October) and respond to any queries on the information provided.
• The use of social media to share information.
• Some people welcomed the opportunity at the consultation public meetings to sit round the table with an ‘expert’ to discuss their views and concerns before moving into a larger group.
• The short film produced that aimed to capture key messages on why people who are involved in delivering the out-of-hours service believe that change is necessary. Although some public feedback relates to the poor quality of the video, it was nevertheless a useful way to provide consistent information to participants at the public meetings enabling them to hear from people on the front line of service delivery.
• The production of an ‘easy read’ version of the summary consultation document that was shared through the Learning Disabilities service and networks.
• In addition to capturing the views of public representatives and communities, NHS Lanarkshire also undertook a survey to gauge service users’ views on the potential impact of the proposed change, with a particular focus on transport and travel.

Learning points identified by the Scottish Health Council

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

• Consider the time required once a decision has been taken to proceed to formal consultation and prior to the formal launch to ‘road test’ the draft consultation information, key messages and feedback questionnaire with a wider group of public representatives.
• Within the summary consultation, it may have been helpful to capture the service models that were considered (the ten options) and the reasons some were discounted and similarly provide more detail on how the preferred locations were identified.
• NHS Lanarkshire focused a large proportion of its consultation activity and resource in undertaking eight public meetings. We would suggest that consideration be given to using a wider range of methods to enable greater balance between open and targeted engagement.
• Feedback from some community forums, community councils and patient groups suggested that they would have welcomed the opportunity to have been engaged earlier in the process. NHS Lanarkshire should consider how it might use this feedback to further develop wider public networks for future service change, particularly in preparation for health and social care integration.

NHS Lanarkshire plans to discuss its final proposal at its May 2015 Board meeting. If the proposal is supported by the Board, it will then be submitted to the Scottish Government for a final decision by the Cabinet Secretary for Health and Wellbeing.
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