Dear Maimie

NHS Highland - Developing Sustainable Adult Health and Social Care Services in Caithness

Thank you for sharing the information on NHS Highland’s proposed redesign of Health and Social Services in Caithness.

From the information you have shared, we understand that proposals would mean:

- The refurbishment of the Caithness General Hospital, including improvements to A&E, Maternity Unit, out-patients and day case and a move to 50% single room configuration.
- The refurbishment and extension of the Dunbar Hospital to create a health and care hub – with the transferal of services delivered from Thor House Day Centre and Bay View Care Home and co-location for a range of services currently delivered from multiple locations across Thurso.
- The closure of the Town and County Hospital and transferal of services to the refurbished Pulteney House, which will become a health and care hub in Wick. Plans also include co-location for a range of services currently delivered from multiple locations in Wick.

View on the status of proposals

On the basis of the information that you have shared with us, we have considered whether this proposed change would likely meet the general threshold for ‘major service change’, with reference to the issues identified in the ‘Guidance on Identifying Major Health Service Changes’1. This has included reviewing the proposed change alongside other changes in Scotland that have been identified as ‘major’ to identify any comparable changes in recent years.

It is our view that the proposal would meet the threshold for major service change on the basis of:

- the history of service change in the Caithness area
- the level of local and political interest and concern associated with service change in this area

Public consultation in line with the CEL 4 (2010) guidance will offer an opportunity to involve all interested parties, including patients, carers, the local community, locally elected officials and campaigners in an open discussion about the sustainability issues and the proposed future options for local services. This should include opportunities to discuss mental health services and potential use of the Town and County Hospital.

Recommendations

The Steering and Reference group was involved early on in the engagement process and we

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recommend that they continue to help to design and review the draft consultation materials and approach to engagement.

The public consultation should meet the requirements set out in the CEL 4 (2010) guidance. We would also recommend that:

- The findings of the equality impact assessment and steps that will be taken to address any negative impacts of the proposals should be shared as part of the consultation material. This should include the transport and transfer arrangements for patients and service users who will be accessing services from the new health and care hubs.
- Consultation materials should clearly explain how the preferred option was reached and the reasons why other options were discounted. NHS Highland should also make clear that all responses to the consultation will be considered, including views about all of the options that have been considered to date. In particular, the Board should give genuine consideration to any alternative suggestions that are put forward as a result of the consultation.
- The materials should clearly set out the current hospital and service configuration, the proposed changes to health and care facilities and what these changes would mean in practice for patients, service users, families and carers. This should include for example, details about the services being relocated to new facilities, bed numbers, single rooms, and explanations about new roles like the Nurse Practitioner.
- Targeted engagement will be required to support the involvement of long term patients and service users who will be directly affected by the proposed changes, including people with particular communication and/or support needs and their families and carers.
- During consultation, information should be made available to patients, service users and others in a range of easily accessible formats. Clinicians and other staff should be available to facilitate discussions and to support everyone’s understanding of the proposals.
- Develop Frequently Asked Questions, informed by engagement to date including the option appraisal and meeting in March this year, to include in the consultation materials to help to explain the case for change and what the proposed changes will mean for people accessing services, as well as the people who care for them.

In forming our view we have taken into account information currently available to us. If the proposals change I would ask that you contact us at the earliest opportunity as it may be necessary to review this position.

Whilst the points raised represent the view of the Scottish Health Council, the decision on whether a change to services should be designated as ‘major’ rests with the Scottish Government.

Please contact me if you wish to clarify any of the above points.

Yours sincerely

Marie McIlwraith
Service Change Advisor