

A report on Dumfries and Galloway Health and Social Care Partnership's consultation on the future of cottage hospitals

Kirkcudbright, Moffat, Newton Stewart and Thornhill

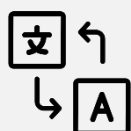
October 2024

Acknowledgements

Healthcare Improvement Scotland would like to thank members of the public, service users, local communities, elected representatives, Third Sector groups and health and social care staff for generously giving us their support, feedback and views on this engagement and consultation process.

We would also like to thank the staff at Dumfries and Galloway Health and Social Care Partnership for the assistance they provided to us in reviewing the engagement and consultation process.

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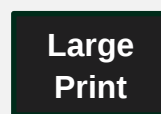
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Executive summary

Healthcare Improvement Scotland (HIS) has a legal duty to support, ensure and monitor the discharge of health bodies' duties in respect of public involvement¹. This includes quality assuring their engagement and consultation on changes to delegated health services being considered by Integration Joint Boards that are categorised as 'major'.

This report provides our assessment on whether the engagement and consultation process undertaken by Dumfries and Galloway Health and Social Care Partnership (HSCP) on the future of four cottage hospitals, has met the requirements and expectations set out in national guidance, [Planning with People: Community Engagement and Participation](#).

To inform our assessment, we have:

- reviewed Dumfries and Galloway HSCP's consultation plans and information
- observed at in-person drop-in events
- asked people for their views on the consultation process through an online survey and phone interviews, and
- reviewed local and social media coverage.

Based on the findings outlined in this report, it is our view that Dumfries and Galloway HSCP's consultation process has met the Planning with People guidance set out by the Scottish Government and COSLA². This is informed by our reviewing the information publicly available, considering consultation activities and opportunities for people to participate, our observations and the feedback we have received from participants.

This report focuses on Dumfries and Galloway HSCP's engagement activity (December 2023-May 2024) and subsequent public consultation on the future use of the four cottage hospitals in Kirkcudbright, Moffat, Newton Stewart and Thornhill.

The consultation period was extended as it began before the pre-UK general election period. The consultation ran from 17 May to 27 September 2024. Activities included local and social media, online and face-to-face methods for sharing information and opportunities for people to ask questions and give their views via anonymous survey responses.

Dumfries and Galloway HSCP consulted on six options on the future of the cottage hospitals in Kirkcudbright, Moffat, Newton Stewart and Thornhill. The inpatient services at these four

¹ The NHS Quality Improvement Scotland (Establishment of the Scottish Health Council) Regulations 2005, <https://www.legislation.gov.uk/ssi/2005/120/regulation/2/made>

² Convention of Scottish Local Authorities, <https://www.cosla.gov.uk/>

cottage hospitals are currently suspended. The six options, which were developed with people previously involved in engagement on Right Care, Right Place³ were:

- Option 1: Status quo (services currently offered in 2024)
- Option 2: Status quo plus (Near Me Suite and small number of additional services with respect to each location)
- Option 3: Community Health and Social Care Hub (option 2 plus potential additional services)
- Option 4: Re-establish inpatient services (inpatient services suspended since 2020)
- Option 5: Community ownership
- Option 6: Close the site

The option appraisal process carried out in May 2024 focused on approving the criteria for non-financial benefits (important factors that are not capable of being measured in money terms); considering benefits and risks (the potential pros and cons of the option); ranking and scoring each of the six options.

At the Newton Stewart option appraisal, an additional option was proposed, which included elements of options 3 and 4 (a hybrid model). Dumfries and Galloway HSCP subsequently explained to participants that this could not be considered as a seventh option as it had not been subject to the full options appraisal, and due to governance considerations. However, it was agreed that questions could be included in the consultation to get people's views on this suggestion. A paper describing the hybrid model in more detail will be prepared and submitted to the Integration Joint Board meeting in October 2024 as part of the evidence to support decision-making, along with financial data and other relevant information.

We carried out a survey to ask people about their views and experiences of the consultation process. We received 74 full responses: 45 members of the public; 13 patient and service users; three carers, friends or family members; three voluntary or community groups; two NHS or Social Care staff or service providers; two elected representatives and six 'others'. Most people who responded to our survey also attended one of the in-person drop-in sessions. The majority of survey respondents felt that Dumfries and Galloway HSCP had given enough information to understand the proposed options for change and that information was clear and in plain language.

In addition, the majority of survey respondents felt they had the opportunity to give their views on the options and ask questions. Respondents were less certain when asked whether they felt their views were listened to and questions answered.

³ Right Care, Right Place: Dumfries and Galloway HSCP (2023), <https://dghscp.co.uk/rightcarerightplace/#:~:text=Work%20has%20been%20taking%20place,communities%20within%20Dumfries%20and%20Galloway> and IJB board paper <https://dghscp.co.uk/wp-content/uploads/2023/09/Item-8-Right-Care-Right-Place-Report.pdf>

HIS does not comment on clinical or financial issues or the effectiveness of an organisation's engagement with its own staff. We will, however, look to boards "to provide evidence that the views of potentially affected people and communities have been sought, listened to and acted on, and treated with the same priority... as clinical standards and finance performance"⁴.

We have made recommendations, based on our findings of the engagement and consultation process, to support Dumfries and Galloway IJB in its decision-making process and implementation of approved proposals.

Recommendations

We recommend that, as part of its decision-making process on the future use of the four cottage hospitals, Dumfries and Galloway Integration Joint Board (IJB) should:

1. Analyse and consider the feedback from people and communities, recognising that although the options for each cottage hospital were considered as part of one public consultation exercise, there are different nuances and contexts for each individual cottage hospital location and therefore the decision the IJB makes for each may be different. A respondent to our phone interview stated: "There are four hospitals involved in the consultation but they're not all the same. Not one size fits all".
2. Explain how the hybrid model (a combination of options 3 and 4) put forward during the option appraisal will be considered alongside the consultation feedback.
3. Consider how it can address concerns raised around the capacity for people to receive inpatient care at Dumfries and Galloway Royal Infirmary (DGRI) and the remaining cottage hospitals. An attendee at the Kirkcudbright in-person event observed "There's people in the DGRI who don't need to be there [DGRI] but there's no-where else for them to go". Similar concerns were also raised at other in-person events.
4. Ensure that additional impacts for each locality, identified through the option appraisal and consultation process, are included in the updated impact assessments and are fully considered throughout the decision-making and implementation processes.
5. Demonstrate how the board has taken into account (through the [Fairer Scotland Duty](#)), the concerns people have raised about challenges to accessing services due to limited public transport, travel, distance and costs.
6. Recognise the concerns expressed by some people during the consultation around the perceived 'erosion' of local services and consider how these concerns may be addressed.
7. Acknowledge that during the consultation people have consistently expressed the importance and high value attached to inpatient beds in their local communities.
8. Feedback to communities on each of the decisions reached, how the IJB conscientiously considered people's views, and financial considerations have impacted on the decision-

⁴ Planning with People: Community Engagement and Participation Guidance, Scottish Government and COSLA, updated May 2024 <https://www.gov.scot/publications/planning-people-community-engagement-participation-guidance-updated-2024/documents/>

making process and how the issues identified, for example travel and access, may be addressed moving forward.

If the proposals are approved, then we recommend the following areas are considered during implementation:

9. Continue to co-design solutions, with agreed timescales, with people, communities and partners to help mitigate adverse impacts identified through the consultation responses, impact assessments and Fairer Scotland Duty, for example, transport and access.
10. Recognise that the commissioning process ran in parallel with the public consultation. This may have resulted in some changes to how the intermediate care model will be implemented. If the changes are substantially different, there may be a need to consider further communication and engagement with affected stakeholders.
11. All stakeholders are offered the opportunity to be meaningfully involved in the implementation of the IJB's decision.

We will seek assurance from Dumfries and Galloway IJB on how these recommendations are taken forward as part of the decision-making process and implementation of approved options/model.

With the aim of contributing to continual improvement in the quality of public engagement activities in NHS Scotland, we have identified points which we hope will inform future practice and be considered as part of the evaluation. These are summarised in this report as areas of good practice and learning points.

Introduction and Background

Introduction

[Healthcare Improvement Scotland](#) works with NHS boards, Integration Joint Boards (IJBs) and Health and Social Care Partnerships (HSCPs) to support meaningful engagement with local communities, this includes when they are considering changes to services. We are governed by the [Scottish Health Council](#). You can find out more about how we work to ensure meaningful engagement matters on our [website](#).

The national guidance from the Scottish Government and COSLA, '[Planning with People: Community engagement and participation guidance](#)', outlines the process NHS boards and Integration Joint Boards should follow to involve people in decisions about local services. When a proposal is considered to be a 'major service change', Healthcare Improvement Scotland provides external assurance that people and communities have been effectively involved in line with the guidance. Further information on the engagement process set out in the national guidance and what we quality assure meaningful engagement against can be found on our website, [Overview Guide: Planning with People](#).

Dumfries and Galloway HSCP categorised the six options to be consulted on as a major service change. The six options were:

- Option 1: Status quo (services currently offered in 2024)
- Option 2: Status quo plus (Near Me Suite and small number of additional services with respect to each location)
- Option 3: Community Health and Social Care Hub (option 2 plus potential additional services)
- Option 4: Re-establish inpatient services
- Option 5: Community ownership
- Option 6: Close the site.

Background

There have been periodic reviews of the cottage hospitals in Dumfries and Galloway for around 15 years.

In 2022, Dumfries and Galloway HSCP carried out public engagement through the programme, [Time to Talk](#), to learn what people and communities thought about health and care services, eg cottage hospitals, care at home, care homes and primary care, in their local areas.

This feedback, together with a range of additional information, for example demographic analysis, was used to develop [Right Care Right Place: Intermediate Care](#).

Right Care, Right Place is the name of the programme of Community Transformation in Dumfries and Galloway. The programme has three distinct but closely linked related areas of health and social care.

- Home Teams
- Care and Support at Home
- Bed based intermediate Care and Supported Living

Bed based intermediate care is when a person can, in the short term, no longer be supported safely to live in their home but does not need to be in a general hospital. In Dumfries and Galloway this has historically been delivered in community and cottage hospitals, but more and more is being delivered in care homes, or supported housing (such as sheltered housing or extra care housing).

Dumfries and Galloway HSCP consulted on Right Care Right Place: Intermediate Care over the summer of 2023. The scope of the public consultation was to:

- share findings from previous engagement activities
- describe how intermediate care is currently provided and a forecast of future need
- outline the proposal to introduce a flexible approach to intermediate care⁵
- ask for people's ideas on how intermediate care may be provided over three timescales (1-2 years; 5 years; and, 10-15 years).

In September 2023, Dumfries and Galloway IJB [approved plans](#) to adopt a flexible bed approach to intermediate care. Under this approach, the IJB is currently commissioning care beds in each of the Home Team areas⁶. The IJB also gave a direction to Dumfries and Galloway HSCP to undertake engagement and consultation on the future use of the four cottage hospital sites where inpatient services are currently suspended – Kirkcudbright, Moffat, Newton Stewart and Thornhill.

This report focuses on Dumfries and Galloway HSCP's engagement activity (December 2023-May 2024) and subsequent public consultation on the future use of the four cottage hospitals in Kirkcudbright, Moffat, Newton Stewart and Thornhill.

⁵ Dumfries and Galloway HSCP describes bed-based intermediate care as "Bed-based intermediate care is the bed-based care provided to someone when they don't need to be in hospital in an inpatient bed, but they are not able to manage at home either independently or with help. Examples of this type of care include step-down care, short breaks for carers' respite, palliative and end-of-life care." <https://dghscp.co.uk/right-care-right-place-consultation-frequently-asked-questions/>

⁶ The Home Team areas are: Mid and Upper Annandale and Eskdale (Moffat Hospital), Mid and Upper Nithsdale (Thornhill Hospital), Stewartry (Kirkcudbright Hospital), Machars (Newton Stewart Hospital), Rhins, Dumfries North, Dumfries South and Lower Annandale and Eskdale.

Dumfries and Galloway Health and Social Care Partnership's consultation activities and our findings

In this section, we describe what Dumfries and Galloway HSCP did to follow the guidance on consulting with people and communities. We have assessed the consultation process for this major service change through:

- review of Dumfries and Galloway HSCP's consultation material
- our observations at five of the in-person drop-in events
- people's feedback via Healthcare Improvement Scotland's questionnaire and phone interviews, and
- review of local and social media.

Engagement

The Dumfries and Galloway Consultation and Engagement Working Group is made up of health and care staff and Third Sector representatives with knowledge and experience in community engagement and consultation. They meet on a monthly basis and were provided with regular updates and the opportunity to comment on this process.

Some of the people who had most recently been engaged on the Right Care Right Place programme expressed an interest to be further involved in this work. Dumfries and Galloway HSCP invited them to take part in a focused workshop session in each locality to develop options for those cottage hospitals with suspended inpatient services. In addition, where an active 'action group' was linked to a hospital, they were also invited to identify a representative to be involved. These workshop sessions took place during December 2023 and January 2024. Dumfries and Galloway HSCP has advised that the outputs from the sessions were shared with and validated by participants prior to an [update on engagement activities](#) being considered at Dumfries and Galloway IJB's board meeting in March 2024.

Participants who were involved in developing the options were subsequently invited to four online option appraisal sessions for each cottage hospital location in May 2024. A range of information was prepared to support their involvement, including:

- option appraisal briefing pack
- overview of health and social care in the Home Team area
- note of discussion from the local option development session, and
- impacts assessments.

The option appraisal sessions considered the criteria for non-financial benefits, then weighted and scored these for each of the options:

- strategic fit – how the option lines up with local and national strategy and policy
- sustainability – how the service can be delivered within available resources
- safety – care that is person centred, effective, efficient and reliable
- utility – makes best use of the facility in meeting the expressed needs of people in Dumfries and Galloway
- timeframe – within a reasonable timeframe.

Participants⁷ were also asked to consider the benefits and risks of each option and review the draft consultation plan and draft impact assessments. A financial appraisal of the options was not undertaken as part of this exercise and this, with other additional information, will be considered by the Integration Joint Board at its meeting on 29 October 2024 alongside the feedback from the public consultation.

At the Newton Stewart option appraisal, an additional option i.e. a hybrid model made up of a small number of inpatient beds together with elements of option 3, was proposed and supported by a number of participants. The meeting was paused and reconvened to consider the governance arrangements i.e. Dumfries and Galloway IJB had directed the HSCP in March 2024 to undertake option appraisal and consultation on the six options presented.

Participants were subsequently advised that the ‘hybrid’ model, while not appraised and scored as an option, will be written up and presented to the IJB in October 2024 with other information, eg finance, commissioning of intermediate beds, to support decision-making. It would also be included in the consultation papers. It was agreed that this model may also be relevant to some of the other cottage hospitals where inpatient services were suspended, though with recognition that “different cottage hospitals have a different need in their communities”. The proposed hybrid model was discussed with contributors to the other option appraisals, and it was agreed to include it in the Kirkcudbright and Thornhill consultation questionnaire. Dumfries and Galloway HSCP notes “there was no appetite to explore a ‘hybrid’ model amongst the participants at the Moffat Options Appraisal or subsequent to the Options Appraisal workshop event”.

Our observations from the option appraisal sessions, feedback from participants to our questionnaire and recommendations to Dumfries and Galloway Health and Social Care Partnership are covered in our letter dated 16 May 2024 ([Appendix A](#)).

⁷ People who access the service, people who deliver the service and those who manage it, were invited to take score the criteria for each of the options based on the information provided.

Consultation

What Dumfries and Galloway HSCP did

Dumfries and Galloway HSCP’s consultation ran from 17 May to 27 September 2024. The consultation period was extended in line with [pre-election guidance](#) for the UK General Election. The timings for the in-person events were scheduled to take place after the school holiday period to enable more people to attend.

People who participated in the option appraisal sessions were invited to comment on the draft consultation plan.

Information relating to the consultation was contained on a [dedicated webpage](#), signposted from Dumfries and Galloway HSCP’s homepage:

- details on how to get involved, for example in-person and online events
- consultation documents and feedback forms (online and downloadable copy)
- ‘Easy Read’ versions of the consultation documents and feedback forms
- animation
- results from the option appraisals
- Frequently Asked Questions (which included initial impact assessments)
- glossary
- background information on previous engagement and decisions taken on Right Care Right Place.

Dumfries and Galloway HSCP offered assistance, if required, on accessing any documents or translating information into another language. Information was sent to targeted groups and contacts, for example, faith organisations, mental health groups, men’s sheds and food banks/Food Trains.

The table below outlines some of Dumfries and Galloway HSCP’s activity to raise awareness and engage with people during the consultation and what Healthcare Improvement Scotland did to assess this activity.

What Dumfries and Galloway HSCP did to raise awareness and engage with people	What Healthcare Improvement Scotland did to assess this activity
Four press releases were issued to local and national media outlets at the start of the consultation and at key points during the consultation period.	Reviewed press coverage for published articles, discussions or issues raised.
Consultation information and an update was sent to community contacts, including community councils, councillors, elected	We emailed information about the consultation and our quality assurance questionnaire to MSPs/MPs (nine),

members, GPs, protected characteristic groups and partnership agencies.	councillors (44), community council contacts (92) and community groups (91).
An animation, also available for British Sign Language (BSL) users, which covered: the reasons for proposed change, the six options for each community hospital, how to get involved and next steps in the process.	Reviewed how this resource was shared online eg social media and on the consultation webpage.
Paid for a radio advertising campaign and newspaper articles.	We included a question in our survey on how people heard about the consultation.
Social media activity throughout the process eg Facebook and Instagram to raise awareness and encourage people to provide their views.	Reviewed social media coverage for articles, discussions or issues raised.
Posters were distributed in local public places, for example public libraries, health and care facilities. The consultation survey was also distributed to GP practices.	We looked for visibility of the consultation in public areas where the review of cottage hospitals is taking place. We saw posters and information about the consultation in some public libraries, local shops and health centres. Information on the consultation was also generated in communities by local groups, for example Save Kirkcudbright Hospital Action Group.
Printed information was made available at in-person events.	Information provided at the in-person events included: • Options appraisal results (booklet) • Consultation options and survey (also available in Easy Read) • Freepost envelope and QR (quick response) survey sheet • Relevant Right Care Right Place background papers: Information Pack; Modelling Future Demand for Health and Social Care: Intermediate Care Beds; and, Home Teams Information.
15 in-person events to share information and respond to people's questions.	We attended five of the in-person events in Kirkcudbright, Moffat, Newton Stewart, Thornhill and Annan.
Meeting attended with the Moffat Harmony Club (50 people present), elected members and offered to community councils.	We did not attend this meeting but support Dumfries and Galloway HSCP's approach to attend meetings, where possible, on request.

Online or in-person meetings with staff (75 people in total attended).	Healthcare Improvement Scotland does not comment on “the effectiveness of an organisation’s engagement with its own staff”.
The consultation survey was available online, it could be downloaded as a paper copy and printed copies were also available.	We developed a quality assurance questionnaire to seek people’s feedback on their experience of being involved in the consultation. We received a total of 74 full responses. We prepared posters and postcards to help promote our questionnaire (with a web link and QR code) and these were made available at the in-person events. A post to raise awareness of the survey was put on our Twitter account. We offered phone interviews to people who completed our questionnaire. Seven people took part in these phone interviews.
Phone number, dedicated e-mail and postal address for people to request paper copies of the consultation material or support in completing the survey.	Healthcare Improvement Scotland questionnaires could be completed online, emailed or sent to our Freepost address.

What we found

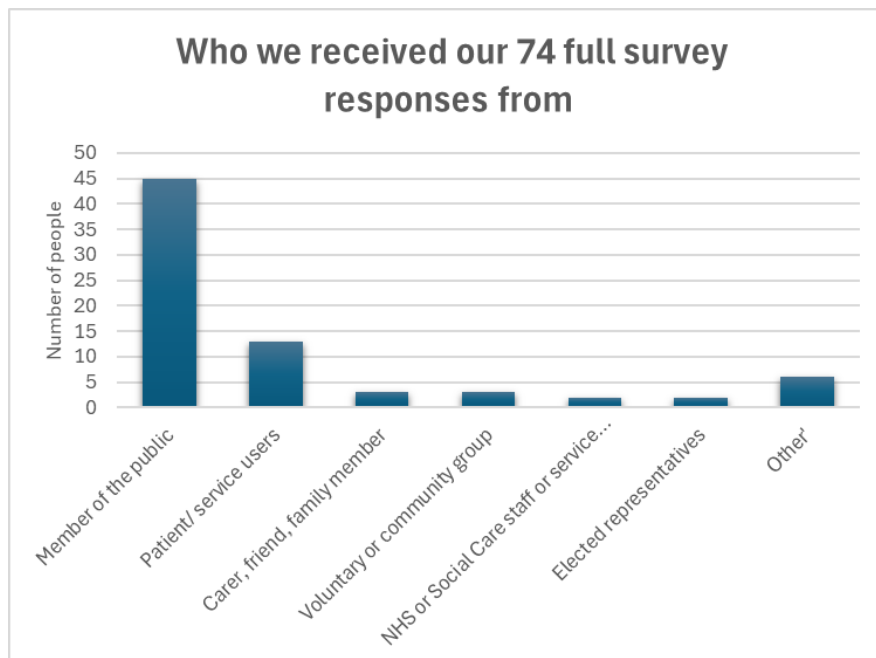
- Some community councils shared information on the public consultation via Facebook, for example Borgue, Moffat, Cree Valley and Kirkconnel and Kelloholm. Information was also shared on social media by community platforms and groups including DGWGO (Dumfries and Galloway What’s Going On), KPT Development Trust and the Glenkens Hub (Glenkens Community and Arts Trust).
- Media coverage of the consultation on the BBC website, in the Daily Record newspaper and on local radio. Media coverage tended to be generally neutral in tone and content. Campaigners, in some articles, put forward the view that re-opening inpatient services could help to ease the pressure on services at Dumfries and Galloway Royal Infirmary and deliver a better rural care model.
- Posters and information were displayed in some public libraries and health centres. We also saw posters in local shops, people’s home windows, supermarkets and public notice boards.
- Each in-person event was held from around 3.00pm – 7.00pm to allow people who work to also come to the meetings. The venues we attended were in a central location in the town/village with good access and either free on-street parking or a car park. Attendance figures at the in-person drop-in events were: Kirkcudbright (259 people), Moffat (142 people), Newton Stewart (235 people) and Thornhill (90 people). There were fewer people attending other areas, with figures ranging from 2 – 27 people.

- There were between 5 and 7 members of staff at every in-person event to talk to people about the information presented, respond to questions and direct people to complete the consultation survey.
- Two online public events were planned. No members of the public attended the first event and the second was cancelled due to no public registrations.
- A total of 1114 people interacted with Dumfries and Galloway HSCP either at the in-person events or via online meetings.
- Dumfries and Galloway HSCP received a total of 1229 responses to the public consultation. This figure can be broken down to 290 Kirkcudbright, 250 Moffat, 300 Newton Stewart and 389 Thornhill.

What people told us

a. Public questionnaires

Healthcare Improvement Scotland asked people about their views and experience of being involved in the consultation process. We received a total of 74 full responses to our consultation survey, with varying levels of feedback from each of the areas where the cottage hospitals are under review, and beyond. Those who completed the survey identified themselves as: 46 members of the public; 13 patient or service users; three carer, friend or family member; three voluntary or community group; two NHS or Social Care staff or service provider; two elected representatives; and, six 'others' (two retired NHS staff members, a retired NHS and care provider, a community councillor and one person did not respond).



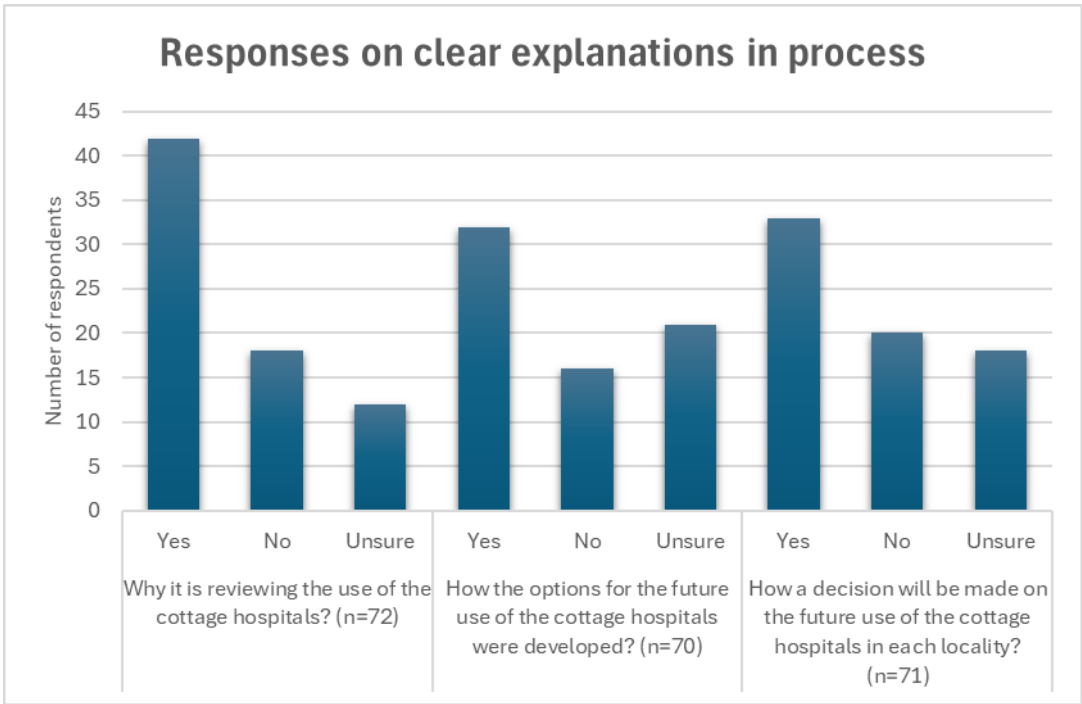
The majority of respondents (68, 92%) had read some or all of the consultation information, with 40 people (59%) feeling there was enough information to understand the proposed options for change and 47 people (69%) feeling the information was clear and in plain language. We received 39 open comments on why people felt and responded as they did. The main themes from those who responded 'Yes' were that the information was in plain

language and well presented; those who responded ‘No’ felt it was not sufficiently clear and concise, there were too many options to consider and there was insufficient detail. There was also a query on whether there was another option in addition to the six presented, “We have been led to believe there is another option that is not on the paper form or online.” Of those who were ‘Unsure’, people referred to insufficient detail, too many options and the additional option did not appear in the consultation pack.

Respondents were asked how clearly they felt Dumfries and Galloway HSCP had explained parts of the consultation process.

42 (58.3%) respondents felt it was clear why Dumfries and Galloway HSCP was reviewing the use of the cottage hospitals (n=72), 18 people (25%) felt it was not clear and 12 people (16.7%) were unsure.

29 (45.8%) respondents felt it was clear how the options for the future use of the cottage hospitals were developed (n=70), 22 (23%) felt it was not clear and 22 (31.2%) were unsure. 33 (46.5%) respondents felt it was clear how a decision will be made on the future use of the cottage hospitals in each locality (n=71), 20 (28%) felt it was not clear and 18 (25.5%) were unsure. This information is illustrated in the graph below:



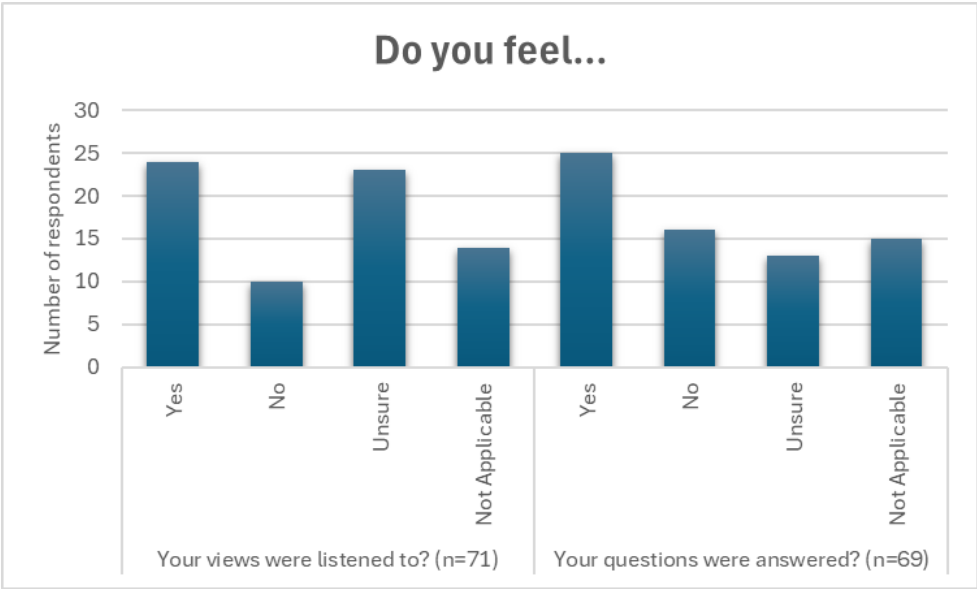
People who answered ‘No’ or ‘Unsure’ in the above questions were also asked how this information could have been made clearer. Responses included: an informative talk to explain it all more clearly, more joined up working with partners and local discussions for individual hospitals.

⁸ (n=) signifies the sample size for the particular question.

The majority of respondents felt they had the opportunity to give their views (47 people, 65%) and ask questions (49 people, 71%).

When asked if respondents felt their views were listened to: 24 (34%) said ‘Yes’, 10 (14%) said ‘No’, 23 (32%) said ‘Unsure’, and 14 (20%) responded ‘Not applicable’.

Similarly, when responding to whether they felt their questions were answered: 25 (36%) replied ‘Yes’, 16 (23%) replied ‘No’, 13 (19%) were ‘Unsure’, and 15 (22%) responded ‘Not applicable’.



Respondents were asked why they had felt as they did. 33 people in total gave further explanation. Those who had responded positively referred to staff being extremely approachable, professional and patient. They were satisfied with their discussion. One person felt the “drop-in event provided sufficient scope for specific questions, but overall general questions were difficult to propose”. Those who did not feel they were listened to or their questions answered referred to ‘a decision is already made’ and ‘negativity to suggestions’. Some people who were unsure, questioned whether it mattered what people said and the information was not presently available to respond to their question.

Finally, we asked people if there was anything else they would like to tell us about this consultation process. The main themes were frustration at the length of time the process has taken, people not feeling actively listened to, and support for the local cottage hospitals.

The infographic below illustrates some of the key findings from the 74 fully completed questionnaires we received.

What people told us...



74

Full responses to our questionnaire



3 top ways people heard about the consultation

- local newspaper/ newsletter/radio
- Social media e.g. Facebook
- word of mouth



68

Respondents had read some of the consultation information

Feedback to our survey

42

felt the reasons for the review were clearly explained

40

felt enough information was given to understand the proposed options for change

47

felt they had an opportunity to give their views

32

felt how options were developed was clearly explained

49

felt they had the opportunity to ask questions

33

felt that how a decision will be made was clearly explained

b. Phone interviews

We asked people who completed the Healthcare Improvement Scotland survey to indicate if they would like to take part in a telephone interview. This was to understand more deeply their experiences and expectations having participated in the consultation process. In total 21 people stated they would be willing to take part. Two people did not provide contact information, and one person did not participate in the consultation. An invitation was sent to the remaining 18 people. Nine people did not respond and two people were unable to take part due to the tight timescale (we had an unstructured phone discussion with one of these respondents). Seven interviews were successfully undertaken.

Six people felt the consultation was well-advertised and that it was helpful to have digital and more traditional approaches to raising awareness eg posters, newspapers, radio.

Five people felt it was clear why the review was taking place. Additional comments made were: “have all the dots been connected for people with the prior work done, for example step-up/step-down beds”; concern about the lack of capacity for intermediate care leading to delayed discharge; and a concern that a decision has already been made.

All the respondents felt the consultation information was clear for them. Three people felt it was “a bit wordy”; one felt more detailed information on the financial aspects of the options, especially set within the current national financial position, would have been useful; and another felt that more information about the additional option should have been included.

On whether people felt Dumfries and Galloway HSCP was open to consider alternative options, four people said ‘Yes’, two felt that a decision may have already been made, and one felt staff were defensive. All seven people interviewed felt they had the chance to have their say.

With regards to what respondents feel Dumfries and Galloway IJB should consider at the next stage in this process, they said:

- Take advice from a range of stakeholders including communities, medical staff, public bodies and private providers about the best way forward; and, work with local communities in implementing decisions.
- Genuinely listen and be honest with people. Ensure any decisions are communicated timely, clearly and widely (not just via social media).
- Make a clear decision, recognising that the circumstances for each hospital and local community may differ.
- Consider the impacts on service users, families and communities eg travel and access.
- Update people on the other work and reviews that were taking place in parallel with this consultation process eg commissioning flexible beds, IV therapies.

Some quotes from people are given below:

The public are seen as the local stakeholders, but this is not just one group; they have various interests and there are also partners beyond health and social care.

I [also] felt the timing for the session was good – the longer period worked around people's other commitments.

I feel it is a reasonable time to think about what the cottage hospital can be best used for.

Feel it was a pity not to put in the 'other' mixture of both health hub and inpatient beds. How will the decision be made – will they consider six options or 6.5?

The whole process could have been quicker.

Media and social media review

At key stages in the consultation process, for example at the launch, re-launch, start of in-person events, we undertook a manual online search to identify any media articles relating to the consultation. We customised our search to begin from 17 May to 5 October 2024. Media articles were primarily carried in the BBC, Daily Record (Galloway News), DGWGO⁹ and Hello Rayo (live and on-demand radio). Media coverage tended to provide information on the consultation and was generally balanced and neutral in tone, for example the views of campaigners were presented alongside remarks from Dumfries and Galloway HSCP. In terms of political interest, this was relatively limited to a small number of articles, where some elected members favoured a particular option and urged the IJB to listen attentively to communities.

We also monitored social media coverage via Facebook and X (formerly known as Twitter). These platforms were primarily used to share information on the consultation activities and encourage people to get involved in the process.

After the consultation period, we noted local media coverage on the [close of the public consultation process and information on next steps](#) from Dumfries and Galloway HSCP, the [view from Dumfries and Galloway Social Work Services](#), and the [local authority's response](#) agreed at a meeting on 5 October 2024.

⁹ DGWGO - Dumfries and Galloway What's Going is a free community platform to keep everyone up-to-date with what's going on in Dumfries and Galloway.

Conclusions

Based on the findings in this report, Healthcare Improvement Scotland confirms that Dumfries and Galloway HSCP's engagement and consultation on the future of cottage hospitals in Kirkcudbright, Moffat, Newton Stewart and Thornhill has met the national guidance set out by the Scottish Government and COSLA.

We acknowledge and support the use of traditional and digital communication and engagement methods used by Dumfries and Galloway HSCP. The posters in local communities and media appeared to be effective in raising awareness of the consultation. This awareness raising activity was further augmented by the activities of local support/action groups.

Attendance at the 15 in-person events varied. In those areas where the cottage hospitals are under review, the events were busy with numbers ranging from 90-259 attendees. This demonstrates the value people placed on gathering more information and being able to have a dialogue with staff members about the options and process. The majority of comments we received in our questionnaire relating to these interactions are positive, and this aligns with our general observations at the events we attended. For example, staff were pro-active in approaching people, giving them time to consider the information and ask questions. However, when the events were very busy, there were some practical challenges with people having to wait to read the display boards or speak to a staff member. This was a particular issue at the Newton Stewart event where the room was also small and fairly cramped. Some comments from the in-person events included:

That was so good – I didn't know anything about it before

All these people have come to save the beds at the hospital

People [who were] stuck in the DGRI when they didn't need to be there but not ready to go home

There appeared to be a general frustration amongst some people about the length of time the process to review the use of cottage hospitals has taken. One person commented "A week to close the cottage hospitals, and four years trying to re-open it". This may be due, in part, to the previous involvement done on Time to Talk and Right Care Right Place: Intermediate care (see [Background](#)) and clarity around the scope of each engagement activity and how people's feedback has been used to inform next steps. We are aware that there are not any visuals demonstrating either the process followed to date and how the flexible bed intermediate model may operate moving forward (aligned with the cottage hospitals) and suggest this resource may be co-produced with stakeholders to support the documentation.

The remaining 11 in-person events hosted by Dumfries and Galloway HSCP had relatively low attendance. We understand people from some of these communities may travel to access the cottage hospitals and be affected by the flexible beds intermediate care model and Home Teams.

With regards to the transition from option appraisal to public consultation, there were some aspects that we feel may benefit from further reflection by Dumfries and Galloway HSCP. These relate to the following:

- An additional option was identified when participants for the option appraisal met. This could not be included in the appraisal and scoring process as the IJB had already given a direction on which options could proceed to option appraisal and consultation. A compromise was agreed, where the additional 'hybrid' model was included in the consultation paper, with a paper providing more detail to be developed and considered by the IJB in October. However, this meant the same level of information and consideration was not given to the 'hybrid' model during the public consultation. That is, the consultation paper described each of the six options and asked five standard questions on each, with a question on the hybrid model appearing out with the main set of questions (at question 35), leading to a lack of clarity with some people questioning, as one participant said, "Where is the information on the hybrid model – is that it?"
- While financial information was broadly referenced in the consultation material, for example 'moderate capital', 'cannot be delivered within existing revenue', some people felt more information was needed to help determine what was a viable option. A participant considered this as particularly relevant in the current challenging financial climate.
- The consultation presented 'ranked options for non-financial benefit criteria' rather than a 'preferred option'. We recognise this was intended to offer full transparency and an opportunity for people to comment on all the options. However, we feel this approach created some practical challenges in ensuring equitable and balanced information was presented for all the options, while some people wanted more detail on specific ones eg staffing, partnership working, finance. Similarly, some people described having "to battle your way through the consultation questions", which covered the six options.

At the in-person events, some people referred to the adverse impacts of rurality, distance and travel when accessing services. Dumfries and Galloway HSCP prepared a [draft equalities impact assessment](#) for the four cottage hospitals, which was shared with people as part of the option appraisal session and within the Frequently Asked Questions on the consultation webpage. It will be important to update these impact assessments to take account of people's feedback from the consultation and reflect any further developments eg commissioning of flexible beds.

Areas of good practice and learning points

Areas of good practice

- Information on the consultation was prepared in 'Easy Read' and BSL formats to support participation and inclusiveness.
- Use of a mix of online and more traditional forms of communication to raise awareness of the proposals eg radio and local advertising, posters in the local community and physical face-to-face meetings. These methods take into account the findings of a report¹⁰ on digital exclusion.
- Staff were available to provide in-person technical support to enable people to participate during the engagement and consultation.
- The Frequently Asked Questions sheet was updated during the consultation, indicating a 'live' process.
- In-person consultation events in localities were arranged to take place after the school summer holidays to encourage attendance.
- Senior Management, including Chief Officer and Director level, attended some of the in-person events to hear at first-hand people's views on the options.
- We felt it was positive that Dumfries and Galloway HSCP asked people to voluntarily complete an equalities monitoring form to help them better understand the demographics of who was participating in the process.

Learning points

- Some people expressed a level of frustration about the engagement and consultation process. They felt they had been asked similar questions previously and not listened to. It will be helpful for Dumfries and Galloway HSCP to reflect on the different stages and purposes of each stage in the engagement journey, and whether the scope was sufficiently clear to people. For example, participants said "How much has all this consultation cost?" and "We've already taken part in previous consultation exercises on cottage hospital beds – not listening to us".
- It is good practice to consider any additional options put forward as part of the option appraisal and consultation process so that people can give equal consideration to all of the options during the consultation process to help them understand an informed view. As one participant said: "Instead of the additional suggestion being stuck [at the end of the consultation], it should've been another option."

¹⁰ Digital Exclusion in Dumfries and Galloway, Dumfries and Galloway Third Sector, 2022
<https://www.tsdg.org.uk/digital-exclusion/>

- Consider additional support needs at in-person events, for example at some of the busier in-person events people noted that the acoustics made it difficult to hear responses to questions.
- It is important to give people information on the financial appraisal to help them to understand whether an option or model are potentially financially viable to enable them to provide informed feedback as part of the consultation process – [“it is essential that Boards and Partnerships are seen to be open and transparent about financial issues.”](#)
- By presenting a list of six options that had been appraised and ranked for the non-financial benefit criteria only, it was not clear to people whether the HSCP had a ‘preferred’ option. In addition, some people found it difficult to respond to the number of questions in the consultation survey due to its repetitiveness. One participant said: “Options survey is taxing, difficult to complete. You can start to lose track as you’re going through the options”.
- Consider best practice in terms of survey length and time for respondents to complete.
- It is good practice to co-produce consultation materials with stakeholders in advance of publication to ensure that all relevant information is clearly presented, balanced and accessible.
- We noted that there were several consultations taking place in the one location at the same time eg national park, windfarms. It would be helpful to consider how these may be co-ordinated to support people’s participation and reduce consultation fatigue.

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.

We recommend that, as part of its decision-making process on the future use of the four cottage hospitals, Dumfries and Galloway Integration Joint Board (IJB) should:

1. Analyse and consider the feedback from people and communities, recognising that although the options for each cottage hospital were considered as part of one public consultation exercise, there are different nuances and contexts for each individual cottage hospital location and therefore the decision the IJB makes for each may be different. A respondent to our phone interview stated: “There are four hospitals involved in the consultation but they’re not all the same. Not one size fits all”.
2. Explain how the hybrid model (a combination of options 3 and 4) put forward during the option appraisal will be considered alongside the consultation feedback.
3. Consider how it can address concerns raised around the capacity for people to receive inpatient care at Dumfries and Galloway Royal Infirmary (DGRI) and the remaining cottage hospitals. An attendee at the Kirkcudbright in-person event observed “There’s people in the DGRI who don’t need to be there (DGRI) but there’s no-where else for them to go”. Similar concerns were also raised at other in-person events.
4. Ensure that additional impacts for each locality, identified through the option appraisal and consultation process are included in the updated impact assessments and are fully considered throughout the decision-making and implementation processes.
5. Demonstrate how the board has taken into account (through the [Fairer Scotland Duty](#)), the concerns people have raised about challenges to accessing services due to limited public transport, travel, distance and costs.
6. Recognise the concerns expressed by some people during the consultation around the perceived ‘erosion’ of local services and consider how these concerns may be addressed.
7. Acknowledge that during the consultation people have consistently expressed the importance and high value attached to inpatient beds in their local communities.
8. Feedback to communities on each of the decisions reached, how the IJB conscientiously considered people’s views, and financial considerations have impacted on the decision-making process and how the issues identified, for example travel and access, may be addressed moving forward.

If the proposals are approved, then we recommend the following areas are considered during implementation:

9. Continue to co-design solutions, with agreed timescales, with people, communities and partners to help mitigate adverse impacts identified through the consultation responses, impact assessments and Fairer Scotland Duty, for example, transport and access.
10. Recognise that the commissioning process ran in parallel with the public consultation. This may have resulted in some changes to how the intermediate care model will be implemented. If the changes are substantially different, there may be a need to consider further communication and engagement with affected stakeholders.
11. All stakeholders are offered the opportunity to be meaningfully involved in the implementation of the IJB's decision.

Healthcare Improvement Scotland will seek assurance from Dumfries and Galloway IJB on how these recommendations are taken forward as part of the decision-making process and implementation of the agreed options/model.

Appendix A



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16 May 2024

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Sent by Email

Dear Viv

Right Care Right Place: Cottage Hospitals
Kirkcudbright, Newton Stewart, Thornhill and Moffat

Thank you for sending us information on the engagement activities you have undertaken, which have led to the review and proposed changes to four cottage hospitals (Kirkcudbright, Newton Stewart, Thornhill and Moffat). We understand you have categorised these proposed changes as Major on the basis that one of the six options being considered is the closure of a hospital facility. The other options being considered will also have an impact on the way services are delivered and accessed by patients.

The options relating to the cottage hospitals have emerged from wider programmes of work relating to community health and social care (Time to Talk) and intermediate care (Right Care, Right Place).

On the basis of the information, we have available to us at this time, Healthcare Improvement Scotland is satisfied that Dumfries and Galloway proceeds to public consultation on the options for each of the cottage hospitals, with the opportunity for people to suggest alternative options. This consultation should be undertaken in line with Planning with People guidance.

Our feedback and observations of the focused engagement for the cottage hospitals, and recommendations for next steps are detailed below.

Our observations at the option appraisal sessions

Healthcare Improvement Scotland has a role to quality assure any proposed service changes that are categorised as Major. We therefore attended the option appraisal sessions to observe the process, identify areas of good practice or improvement, and to gather people's feedback on their involvement in the process.

At each of the sessions, Dumfries and Galloway has ensured attendance of a range of stakeholders with an interest in the proposals e.g. members of the public, community councils and hospital action group; operational staff (for example, nursing and Allied Health Professional representatives, health care support workers and social work) and the medical lead (General Practitioner); and managers. Staff were also invited to provide additional information if required in response to questions.

Generally, the interaction between the facilitators and participants appeared positive or neutral for example, checking back to ensure questions were answered. We noted that due to the operational context some assurances and detailed information that people sought could not be given at this time e.g. location of flexible intermediate care beds, as this is part of a current commissioning and procurement process.

We noted that following some initial technical issues at the first session, changes were made to the process to make it more inclusive e.g. test the technology in advance of the session, meeting in person with staff in each locality or stay at the end of each session to get technical support.

At the Newton Stewart option appraisal session, a further 'hybrid' or blended option was proposed for the locality and supported by a number of participants. Dumfries and Galloway advised stakeholders that while this option has not been appraised and scored, it will be referenced in the consultation materials with the opportunity for people to respond and a more detailed paper on this 'hybrid' option will be taken to the IJB in September 2024 along with the option appraisal report, outcome from the public consultation and other relevant information.

Discussions by participants regarding the future use of the cottage hospital were informed and varied and reflected the range of expressed needs and expectations for health and care services in each of the localities. People offered their perspectives on the potential benefits and disadvantages of each of the options and highlighted areas where they felt language may be more objective and additional information would be helpful e.g. challenges around distance, transport and cost, parking.

Feedback to our survey

Healthcare Improvement Scotland conducted an online survey to capture people's views and experiences of the option appraisal sessions held by Dumfries and Galloway.

We received 21 responses to our survey.

Six of these responses were from members of the public and community/voluntary groups – the full breakdown of responses is attached at appendix 1.

All respondents felt they received appropriate information in advance of the session.

On a scale of five points (Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree), members of the public and community/voluntary groups 'agreed' that Dumfries and Galloway had clearly explained the reasons for the review of cottage hospitals and the process for appraising options.

They 'strongly agreed' or 'agreed' that the process for scoring options had been clearly explained and that they'd had the opportunity to give their views on the benefits criteria and descriptors. Similarly all members of the public 'strongly agreed' or 'agreed' that their views were listened to and their questions answered.

Public participants comments included:

"Comprehensive information before event and open discussion during. All options are clearly on the table."

"Answers were sometimes lengthier than necessary – with the risk that listeners lose the ability to hear the answers. Examples of what constituted departures from strategic fit or sustainability would have been helpful."

Our recommendations

1. Ensure people have the information, through the public consultation, to enable them to understand the reasons for the review, the proposed options and alternative flexible intermediate care models for inpatient care, to support them in providing informed feedback on the options proposed.
2. Information should be made available as soon as possible on the location of the proposed flexible intermediate care beds.
3. Demonstrate how feedback received from stakeholders during the engagement has been taken

into account within the consultation materials.

4. Consider preparing an FAQ that captures some of the questions and points of clarity that people raised during the option appraisal workshops.
5. The consultation should clarify how people's feedback will inform the decision-making process alongside other relevant information, for example financial and impact assessments.
6. Continue to review and update the impact assessments to reflect feedback received through the public consultation and identify potential mitigating measures to address adverse impacts.

If you have any questions or would like to explore any of the points above, please contact me.

Yours sincerely



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Appendix 1

Feedback to Healthcare Improvement Scotland's survey of option appraisal sessions for the four cottage hospitals (7–16 May 2024)

Responses from 21 participants in total i.e. four members of the public, two members of community/voluntary groups and 15 NHS/staff members (combined scores for members of the public and community/voluntary groups are separated out in parenthesis)

Do you feel you got appropriate information in advance to help you prepare for this session?					
Yes – 20 (5)		No - 0		Unsure – 1 (1)	
Do you feel Dumfries and Galloway has clearly explained:					
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
the reasons for the review of community hospitals?	11	10 (6)			
the process for appraising (testing) options? (20 respondents)	9	11 (6)			
The process for scoring options? (20 respondents)	12 (3)	8 (3)			
Do you feel you've had an opportunity to:					
give your views on the benefits criteria and descriptors?	11 (3)	8 (3)	2		
agree the weightings for the benefits criteria?	7 (1)	10 (5)	4		
appraise and score options	12 (3)	6 (3)	2	1	
ask questions	11 (3)	9 (3)	1		
Explain why you responded to the question as you did above:					
“Detailed briefing pack and advice given in the session”.					
“Received all information in a timely manner to enable me to understand the process”.					
“Although the TEAMS meeting was shortened, I hadn't realised fully that out with this time I would be required to fill in the questionnaire. I thought everything would have been able to happen in this time. It was good that the 24 hours was changed to 48 hours but again confusing as stated initially as 24 hours”.					
“Lots of support and description to allow participants to understand the process and able to ask questions”.					
“it was hard at first to find the relevant papers, but once I had looked at the right email it was fine. Weightings: there could be others!”					
“Overall happy but could have been more discussion about weightings”.					
“Comprehensive information before event and open discussion during. All options are clearly on the table”.					
“The weighting system could have been better explained, especially what constituted 'strategic fit' and 'sustainability'. The process for giving views, asking questions, appraising and scoring options was very good”.					
“open forum and clearly explained”					
“Really good conversation with members of community council, as well as staff members, Trade Union and GP's.”					
“I have had opportunities to communicate as I wish”.					

"I asked questions & received answers".

"It was a fair opportunity to express my views".

"We questioned some of the options and requested an additional option. This request was considered and considerable time and effort was put in by the team to facilitate reaching an agreed acceptable outcome."

"I was able to adjust the weightings on the survey questionnaire, and had the info to score options".

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Do you feel:					
your views were listened to?	8 (3)	8 (3)	5		
your questions were answered?	10 (3)	6 (3)	5		
Do you feel you understand how the scored options will be taken forward?					
Yes – 21 (6)		No - 0		Unsure - 0	
<i>Please tell us if you have any other comments on this option appraisal process:</i>					
"I do feel that there could have been more warning for the date of this teams option appraisal and consideration that it is the day after a bank holiday which in Primary Care is an extremely busy day, putting pressure on my colleagues to have me not seeing patients for 2 hours of the day. At least it was changed from 10-12 instead of 10-4 which would have been extremely challenging to attend. A lot of background reading that could have been given further in advance". "Answers were sometimes lengthier than necessary - with the risk that listeners lose the ability to hear the answers." "Felt the bias was with NHS staff. Unclear why previous suggestions not included as an option yet others not supported was. Feel the blended model is best fit yet believe the community consultation will not have explanation how it could work." "No opportunity to add comments on the questionnaire eg if no option is the perfect fit. Otherwise the process was clear to understand".					

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