

Report on NHS Greater Glasgow and Clyde's consultation on the proposal to move Ward 15 Royal Alexandra Hospital in Paisley, to the Royal Hospital for Children in Glasgow

February 2017



Acknowledgements

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

We would also like to thank NHS Greater Glasgow and Clyde for the assistance they provided to us in reviewing the involvement process.

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Executive Summary

This Scottish Health Council report relates to NHS Greater Glasgow and Clyde's process for engaging with and consulting people on the proposal to move Ward 15 in the Royal Alexandra Hospital in Paisley, to the new Royal Hospital for Children in Glasgow. It sets out the Scottish Health Council's assessment of that process against Scottish Government guidance¹. Consultation on this proposal took place from 7 November 2016 to 6 February 2017.

The Scottish Health Council used a range of methods to assess the board's consultation against this guidance. The main concerns raised by patient and public representatives related to:

- Elements of the engagement and consultation process, for example, transport impact assessment, visibility of the consultation
- Lack of clarity on the clinical reasons for change
- Potential impact on other services
- Additional distance for some localities and impact on transport and travel
- Capacity of the Scottish Ambulance Service to support proposed change
- The potential loss of local services that are valued by people.

We understand that NHS Greater Glasgow and Clyde has engaged face-to-face with more than 200 people and received more than 100 responses during the consultation.

The Scottish Health Council confirms that the process undertaken by the board so far is in line with the national guidance outlined by Scottish Government.

More than half of the respondents to our evaluation felt the consultation material was easy to understand and they were given the opportunity to give their views or ask questions.

However, it is clear that many of the people who have participated in this process are not supportive of the proposed change, have felt their views were not heard and their questions remain unanswered.

Public feedback identified various concerns around aspects of the consultation process. It also reflected that people are aware of the financial pressures that the NHS is currently facing and consider the current drive towards specialisation and centralisation of some services as likely to have an adverse impact on their local district general hospital. There was an anxiety and resistance to this 'general sense of creeping centralisation of acute services.'

It will be important for the board to demonstrate how this consultation process, and the views of people and local communities, has informed any decision or next steps.

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

In its submission, the board is expected to demonstrate how it has taken the issues raised during the consultation and any alternative suggestions into account in its decision.

¹ Informing, Engaging and Consulting People in Developing Health and Care Services, The Scottish Government, February 2010, http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf

It will be important for the board to feed back to people what the outcome of this process is and to outline the opportunities for further involvement.

The Scottish Health Council has identified recommendations, areas of good practice and learning points from this engagement and consultation.

We are aware that NHS Greater Glasgow and Clyde is currently taking forward several other change proposals and the learning from this process should inform this activity.

1. Introduction

Scottish Government guidance, *Informing, Engaging and Consulting People in Developing Health and Community Care Services*², outlines the process NHS boards should follow to ensure meaningful involvement of people in any plans and decisions on local health services.

This Scottish Health Council report relates to NHS Greater Glasgow and Clyde's process for engaging with and consulting people on the proposal to move Ward 15 in the Royal Alexandra Hospital in Paisley, to the new Royal Hospital for Children in Glasgow. It sets out the Scottish Health Council's assessment of that process against Scottish Government guidance.

Our approach

We have based our conclusions and recommendations in this report on:

- communications with NHS Greater Glasgow and Clyde
- our attendance and observations at engagement events (including option appraisal)
- our attendance and observations at public consultation meetings
- our attendance at the Stakeholder Reference Group meetings
- public feedback to our questionnaires
- focus group and one-to-one interviews with members of the public
- review of consultation material, and
- social media, news articles and media coverage.

² Informing, Engaging and Consulting People in Developing Health and Care Services, The Scottish Government, February 2010, http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf

Background

In 2011, NHS Greater Glasgow and Clyde spoke to patients, parents, carers and public representatives about a proposal to transfer all services from Ward 15 Royal Alexandra Hospital, Paisley, to the Royal Hospital for Sick Children, Yorkhill, Glasgow.

Following engagement with a range of stakeholders including patients, parents and public representatives four options were developed for appraisal and scoring in November and December 2011. These were:

- Option 1: maintain the current paediatric inpatient service at Ward 15, Royal Alexandra Hospital
- Option 2: transfer of all inpatient services from Ward 15, Royal Alexandra Hospital to Royal Hospital for Sick Children in 2012
- Option 3: Provision of a dedicated facility for short-stay medical assessment and planned medical and surgical day-care adjacent to the outpatient department, Royal Alexandra Hospital. There would be no inpatient beds in this option.
- Option 4: Maintain the current paediatric inpatient service at Ward 15, Royal Alexandra Hospital until 2015, and then transfer inpatient services to the new Children's Hospital in Glasgow.

Option 4 was the highest scoring option across all participant groups. Around 30 people attended the option appraisal sessions including 13 patient and public representatives.

At its board meeting in February 2012³, NHS Greater Glasgow and Clyde agreed to incorporate the full review of the children's services at the Royal Alexandra Hospital into the wider strategic review of clinical services. This was to ensure all implications and links with other services could be taken into account.

Clinical Services Review

The Child and Maternal Health was one of seven clinically-led groups set up as part of the Clinical Services Review in 2012. The Child and Maternal Health group was supported by a patient reference group, which met three times and included 10 patient and public representatives. The Scottish Health Council attended these meetings and the following core principles were developed in partnership with the identified stakeholders:

- Care should be focused on the needs of children and families.
- Care should be provided in dedicated, child friendly environments.
- The approach to care in settings should uphold the Rights of the Child.
- There should be a focus on co-ordination of care and clear points of contact.
- There should be an appropriately trained, skilled and senior workforce – complying with relevant standards.
- Information should be shared and available across the system to inform care.
- There should be robust child protection systems in place.
- Emotional support has to be central.
- Clear transition arrangements should be in place when children move to adult services.

³ NHS Greater Glasgow and Clyde, Board paper February 2012, <http://www.nhsggc.org.uk/about-us/nhs-board/board-meetings-and-papers/papers/2012/>

- Standards of care and access to a range of children services should apply equally across the whole of Greater Glasgow and Clyde.
- Care should be focused on reducing inequalities by ensuring access to the most disadvantaged and supporting children to have the best start in life.

The outcomes of the Clinical Services Review were approved at NHS Greater Glasgow and Clyde's board meeting in January 2015⁴.

Our observations

Feedback received by the Scottish Health Council to the option appraisal survey carried out in 2011 indicated that respondents developed a greater understanding of the option appraisal process, understood the purpose and drivers for the review and felt the sessions had been well-facilitated.

The main themes patients and public representatives raised during engagement in 2011 were:

- the high regard people have for, and trust they have in, services provided at Ward 15
- close proximity provides reassurance for parents of children with long term/complex conditions who live locally
- concerns around additional distance, time and expense of travelling to Yorkhill Hospital
- impact on patients' care pathways if inpatient beds and clinics are separated
- loss of flexible access to Ward 15 for children with complex health needs, and
- sufficient capacity at the Royal Hospital for Sick Children, Yorkhill, to absorb the additional activity.

⁴ NHS Greater Glasgow and Clyde Board meeting January 2015,
http://www.nhsggc.org.uk/media/215258/nhsggc_board_item_15-02.pdf

2. Planning

To fulfil their responsibilities for public involvement, NHS boards should routinely communicate with and involve the people and communities they serve to inform them about their plans and performance. Where appropriate, this should also include involvement of, and partnership working with, stakeholders and other agencies.

As soon as a Board is aware of a need to consider a change to a service, it should develop an involvement and communication plan which details how the engagement process will be carried out.

In early 2016 it was widely reported that NHS Greater Glasgow and Clyde was considering significant changes to services. These were reported in the media through “a leaked paper outlining £60m of possible cuts” and included the proposed transfer of paediatrics at the Royal Alexandra Hospital Paisley as one of the services identified. In response to this the chair of NHS Greater Glasgow and Clyde stated that “none of the contents have been approved by the board or referred to the Scottish government for consideration”⁵.

This gained wide public exposure and was reported on several times prior to NHS Greater Glasgow and Clyde presenting a paper on proposed changes at its August 2016 Board meeting. We feel that this sequence of events adversely affected NHS Greater Glasgow and Clyde’s subsequent engagement process which, followed on from their previous work.

It is our view that once a board is aware of a need for change then it should take steps to involve patients and the public at the earliest opportunity.

At its August 2016 Board meeting⁶, NHS Greater Glasgow and Clyde agreed to engage on the proposal to move Ward 15 in the Royal Alexandra Hospital in Paisley to the new Royal Hospital for Children in Glasgow. NHS Greater Glasgow and Clyde stated that inpatient services included planned and unplanned inpatients, day case and short-stay medical assessment. It also stated that the proposal did not include Accident and Emergency services for children who self-present, outpatients and specialist community paediatric services (the PANDA centre), which would continue to be provided at the Royal Alexandra Hospital.

This proposal was informed by the outcome of the engagement and option appraisal undertaken in 2011.

What NHS Greater Glasgow and Clyde did to meet the guidance

A Stakeholder Reference Group was set up in September 2016, which had a membership of 13 people, nine of whom were patient and public representatives. These included:

- parents
- Kids Need Our Ward (KNOW) local campaign group
- Action for Sick Children (Scotland)

⁵ BBC News, January 2016: <http://www.bbc.co.uk/news/uk-scotland-glasgow-west-35325639>

⁶ NHS Greater Glasgow and Clyde, Board paper August 2016, http://www.nhsggc.org.uk/media/238754/nhsggc_board_paper_16-45.pdf

- Engage Renfrewshire, and
- Your Voice Inverclyde.

NHS Highland was also represented on this group. The remit of the Stakeholder Reference Group was to support and guide NHS Greater Glasgow and Clyde in how it informs and engages with people on the proposal. The Scottish Health Council was in attendance at all Stakeholder Reference Group meetings to observe and provide advice on guidance.

NHS Greater Glasgow and Clyde shared a draft communications and involvement plan with us in August 2016, which we provided feedback on. This was further reviewed by the Stakeholder Reference Group at its first meeting in September.

The equality impact assessment from July 2011 was refreshed and reviewed with members of the Stakeholder Reference Group in early November and December 2016. The Equality Impact Assessment highlighted a need to engage further with young people and to raise awareness of the financial support available to families while children are receiving care in hospital. This led to more active engagement with young people and awareness-raising actions of the Family Advice and Support Service among staff in contact with families.

From our observations we note that NHS Greater Glasgow and Clyde provided a verbal update to the Stakeholder Reference Group on issues that emerged from earlier meetings. However, it may also be helpful to have a tracking system or actions note in place to demonstrate that comments and suggestions from earlier meetings are captured to further assure participants that their suggestions have been adequately considered.

3. Informing

The people and communities who may be affected by a proposed service development or change should be given information about the:

- Clinical, financial and other reasons why change is needed and which may limit possible choices.
- Benefits that are expected to flow from the proposed change.
- Processes, such as carry out a transport needs assessment, which will be put in place to assess the impact of the proposal.

What NHS Greater Glasgow and Clyde did to meet the guidance

NHS Greater Glasgow and Clyde used a number of methods to inform patients, parents, carers and members of the public about the engagement and consultation, and ways in which people could provide feedback. This included a press release, webpage, information bulletins and posters to promote the drop-ins and public meetings at the hospital sites.

In September 2016, a press release was issued to local media to launch the six-week engagement. This directed people to where they could get more information and how to make comment. The proposal was widely covered in the local media including Paisley Daily Express, Paisley Gazette, Greenock Telegraph, Evening Times, Radio Clyde and STV.

Four information bulletins were emailed to around 400 organisations, networks and individuals to make people aware of the proposal and the public engagement events taking place in September 2016.

A webpage⁷ was set up to provide information generated during the engagement and consultation. This included links to supporting papers, presentations, the summary option appraisal report from 2011 and Stakeholder Reference Group papers.

Two transport impact assessments were developed for the proposal – the first in 2011 to inform the option appraisal. A revised transport impact assessment, which was undertaken in autumn 2016, considered the up-dated context of the proposal and was informed by current parents and visitors.

NHS Greater Glasgow and Clyde identified an officer within the Patient Experience and Public Involvement Team for the public to contact or submit feedback.

⁷ <http://www.nhsggc.org.uk/get-in-touch-get-involved/inform-engage-and-consult/review-of-paediatric-inpatient-services-at-royal-alexandra-hospital/>

4. Engaging with patients and public representatives

NHS boards should develop options through a process that is open, transparent and accessible, delivered within available resources, and in which potentially affected people and communities are proactively engaged.

What NHS Greater Glasgow and Clyde did to meet the guidance

A six-week period of communications and engagement began on 5 September 2016. The purpose was to make the public aware of the engagement that had been done previously, particularly the option appraisal. It aimed to ensure that people were informed about the proposal and had the opportunity to provide further comment to help inform next steps.

Engagement activity

Six drop-in sessions were arranged – four at Ward 15, Royal Alexandra Hospital, one at a paediatric clinic at Inverclyde Royal Hospital and another at the Vale of Leven Hospital. The Patient Experience and Public Involvement officer spoke to a total of 19 patients and parents at these sessions.

Two public engagement events took place on the afternoon and evening of 27 September 2016. A total of 35 people including parents, members of the public, locally elected representatives and community and voluntary groups attended. The events were facilitated by the Medical Director, with short presentations from clinical and nursing staff. The aim of the event was to:

- outline the background to the proposal
- explain why the change was being proposed and potential benefits
- provide people with an opportunity for early comment or feedback, and
- describe what happens next.

To support its engagement during September and October 2016, NHS Greater Glasgow and Clyde offered to support people's participation in the process, for example crèche facilities during public engagement events.

The Scottish Health Council attended the two public engagement events. The main themes from these discussions and responses received to our evaluation questionnaire are given below.

Some patient and public representatives' raised concerns about the process. This included:

- lack of transparency around financial considerations and potential savings
- requirements of further detail relating to the equality impact assessment and transport needs analysis to fully consider potential impact of proposals, and
- lack of feedback from engagement in 2011 and the importance of providing feedback on how people's views have been taken into account.

Some patient and public representatives' feedback on the proposal:

- The staff and service provided to children in Ward 15 Royal Alexandra Hospital are highly valued by patients, parents and communities.

- Some people asked for assurance around staff and services that will remain at the Royal Alexandra Hospital for example community nurses, the PANDA child development centre and Accident and Emergency paediatric activity.
- People were concerned about a range of access issues if Ward 15 moved to the Royal Hospital for Children, Glasgow for example capacity within the Scottish Ambulance Service, transport, travel and parking concerns and the open access system (currently in place at the Royal Alexandra Hospital).
- There was anxiety around whether there was sufficient capacity at the Royal Hospital for Children to effectively absorb the additional activity (inpatients and Accident and Emergency).

Feedback from patient and public representatives

Patient and public representatives who participated in the public engagement events were asked by the Scottish Health Council to complete a survey questionnaire.

Summary of responses – 19 responses received, representing a 54% response rate

	Yes		No		Not sure		Total
Reasons for change are clear	9	47%	7	37%	3	16%	19/100%
Clear how proposals were developed	9	50%	5	28%	4	22%	18/100%
Given the opportunity to ask questions	15	88%	2	12%	-		17/100%
Given the opportunity to give your views	16	89%	2	11%	-		18/100%
Do you feel your views were listened to?	11	65%	6	35%	-		17/100%
Do you feel your questions were answered?	10	67%	5	33%	-		15/100%
Understand the next step in the process	11	61%	3	17%	4	22%	18/100%

	Very good	Good	Okay	Poor	Very poor	Total
How would you rate the event?	1(6%)	9(50%)	6(33%)	2(11%)	-	18(100%)

Some of the comments from patient and public representatives:

“Do not doubt integrity/sincerity of surgical, medical, nursing and support staff etc. Answers given insofar as they could be given.”

“Good presentation, detailed and informative. No financial impact information.”

“I’m not certain that this event was more than a ‘hard sell’. I would have preferred it, if presenters were more open to listening than seeking to persuade.”

“There needs to be a transport analysis – including costs, number of buses required to reach new hospital (bus times).”

“Feel like decisions have already been made.”

We recommended that NHS Greater Glasgow and Clyde undertake a transport impact assessment and equality impact assessment prior to consultation, which was completed and published.

5. Consulting

When an NHS board consults on a major service change, it should:

- produce a balanced and accessible consultation document that enables people to come to an informed view
- explore innovative and creative methodologies and approaches to ensure the process is inclusive
- ensure the consultation lasts for a minimum of three months, and
- where a preferred option is indicated by the Board, be clear that all responses to the consultation will be considered, including alternative suggestions that are put forward.

What NHS Greater Glasgow and Clyde did to meet the guidance

The public consultation was launched on 7 November 2016 and ran until 6 February 2017. NHS Greater Glasgow and Clyde prepared a consultation plan, which outlined its involvement and communications activities. The Stakeholder Reference Group was given the opportunity to comment on this and reviewed a draft equality impact assessment.

Visitors to Ward 15 were asked what they thought should be included in a transport analysis. From this feedback information was presented on drive times (rush hour and off-peak times), public transport, ambulance drive times, car parking and financial support for travel and accommodation.

Information

NHS Greater Glasgow and Clyde hosted all information relating to the pre-consultation and consultation on a dedicated webpage which was updated on a regular basis.

Full and summary consultation documents were published, together with a consultation leaflet, transport impact assessment and Frequently Asked Questions. The consultation leaflet was dispatched to GP practices, pharmacies, and libraries in Renfrewshire and Inverclyde.

NHS Greater Glasgow and Clyde issued a press release following the October 2016 board meeting with three further press releases issued during the consultation.

Information bulletins were sent out five times during the period of the consultation to a stakeholder network of over 400 contacts.

An article outlining the consultation proposal, how it was developed, the expected benefits and how to get involved was included in the winter edition of *'Health Matters'*⁸ (a newsletter that aims to keep the public up-to-date with local NHS developments). This publication is reported to have a circulation of around 6,400 readers.

Social media via Twitter and Facebook, was also used to promote the consultation, share information about public meetings and remind people to input their views on the proposed move of Ward 15 from the Royal Alexandra Hospital. NHS Greater Glasgow and Clyde's Twitter

⁸ <http://www.nhsggc.org.uk/about-us/health-news/2016/winter/>

account has around 7,000 followers and its Facebook account, set up in autumn 2016, has over 8,500 'likes'.

NHS Greater Glasgow and Clyde placed adverts relating to the consultation in the Renfrewshire Gazette, Paisley People and Greenock Telegraph.

Awareness of the consultation was also raised by local MSPs, with one circulating details to 45,000 constituents.

Engagement with people

NHS Greater Glasgow and Clyde provided the following opportunities to meet with people to explain the reasons for the proposed change, respond to questions and hear views and concerns:

- four public meetings (two in Inverclyde and two in Paisley)
- nine drop-in sessions held at Royal Alexandra Hospital, Paisley, Vale of Leven Hospital, Alexandria and Inverclyde Royal Hospital, Greenock
- drop-in sessions at the Royal Hospital for Children, Glasgow, and
- presentations to East Renfrewshire Public Partnership Forum and Inverclyde Carers Council.

NHS Greater Glasgow and Clyde also offered to attend meetings in the community if requested in West Dunbartonshire, Argyll and Bute, Inverclyde, Renfrewshire and East Renfrewshire.

We understand that NHS Greater Glasgow and Clyde has engaged face to face with over 200 people and received over 100 responses during the consultation.

Our observations

The proposal and how it was developed was explained and there was reference to the key issues raised during engagement. A consultation leaflet was produced in colour to supplement the full and summary consultation materials. NHS Greater Glasgow provided a range of methods for people to ask for more information or give their views, for example in writing, by phone or in person.

The transport analysis was informed through discussion with parents and visitors at Ward 15, Royal Alexandra Hospital. We note that distance and time calculations were recorded using Google maps and verified using data from Scottish Government sources. The transport impact assessment and calculations were challenged during the public meetings and we note that the slides on transport were amended for the latter sessions to provide more indicative travel times. We consider it acceptable to amend or correct any information that people felt was incorrect or lacked clarity. This should be done with openness and honesty and we note that presentations for each of the meetings have been published on NHS Greater Glasgow and Clyde's website to support transparency.

The public meetings were arranged in the afternoon and evening to enable people with families and those who work during office hours to participate. Meetings were chaired by the Medical Director and NHS clinical and nursing staff delivered a presentation at the start of each session and responded to comments or questions from the public. The chair of public meetings has an important role to ensure that all attendees are given the opportunity to ask questions and have these responded to appropriately. It is important that the chair is seen as objective and impartial

and it can therefore be helpful if the role is undertaken by someone independent of the planning and delivery of the service being discussed.

Participants were asked to register for the public meetings to ensure that people's support needs could be appropriately catered for, for example child care and communication needs. In addition, as one of the venues had paid parking, people were offered reimbursement for parking fees. NHS Greater Glasgow and Clyde was flexible in their approach to the format of the public meetings and responded to attendees' requests to remain as one group rather than breaking into table top discussions.

A relatively small number of people attended the public meetings, from seven in Inverclyde to 26 in Paisley. It was suggested by some attendees that the small numbers in Inverclyde were due in part to insufficient publicity. We are aware that details of the public meetings had been circulated to the board's network of contacts, on the website, promoted via social media and adverts placed in local newspapers to promote the Paisley meetings. NHS Greater Glasgow and Clyde placed an advert in the Greenock Telegraph for the Paisley meetings following feedback that there was poor advertising of the Greenock dates as highlighted below.

Information materials provided to attendees at the public meetings included:

- consultation paper and leaflet
- printed handout of the presentation
- the option appraisal report
- frequently asked questions
- transport needs assessment
- NHS Greater Glasgow and Clyde board papers – August and October 2016
- *'Facing the Future: Standards for acute general paediatric services (Revised 2015)*

Summary of the main concerns and discussion points	
Process	Observations were made by attendees regarding the consultation process at each of the public meetings. These included: • poor advertising and short notice of public meetings • limited promotion of the consultation • the consultation material lacked objectivity and balance • the use of Google maps to calculate travel times, distance and public transport: times in particular were challenged and impact on large geographical areas not properly taken into account • limited number of options and sense that alternative suggestions would not be considered, and • the option appraisal carried out in 2011 (view that feedback had not been clearly provided in 2011).
Clinical reason for change	Patient and public representatives highlighted the exceptional care provided at Ward 15 and asked for evidence to show that outcomes will be improved through the move to Royal Hospital for Children. The view was put forward that the nurturing support provided by families to support a child's recovery has not been sufficiently considered or valued in the consultation material. It is more feasible for families to provide this non-specialist care and support when services are local. There were also some queries raised around paediatric intensive care

	service. It was noted that this is a specialist, national service delivered across two sites in Glasgow and Edinburgh. Other comments related to: the extent Clinical Standards are currently being met, the loss of 'open door' access at Ward 15 (especially for children with complex health needs), capacity and staffing levels at the Royal Hospital for Children, variations in staff who do specific procedures across the two hospitals (impact on patients). Some people expressed the view that the proposal has been driven by financial savings. NHS Greater Glasgow and Clyde's responded to this by saying the reasons for change were clinical.
Impact on other services	Concerns were raised around: • Sustainability of paediatric services not included within the current consultation scope e.g. PANDA centre, Accident & Emergency for children who 'self-refer' • A general sense of creeping centralisation of acute services (services being withdrawn from smaller, local hospitals to support guidelines and standards) • Potential impact on the status of Royal Alexandra Hospital as a district general hospital
Transport and travel	Many people, especially from Renfrewshire, commented on the poor transport infrastructure. Some areas highlighted were: complexity of public transport routes, distance, time, traffic congestion and cost. In addition people felt that NHS Greater Glasgow and Clyde's transport impact assessment was not sufficiently reflective of the impact of potential change for some communities.
Scottish Ambulance Service	Some people asked for assurances that there would be sufficient and appropriate ambulance capacity to cover the catchment area – they noted the Scottish Ambulance Service was not present to respond to concerns. People also asked for clarity around some of the current operating procedures.
Value of local services	People at the public meetings in Paisley spoke of the value and pride the local community has in Ward 15 and other paediatric services at the Royal Alexandra Hospital and asked if these might be expanded or developed through investment in the hospital. There was a view that the status of the unit was not fully reflected in the consultation.

Kids Need Our Ward (KNOW)

Kids Need our Ward is a campaign group that was set up by some locally elected representatives and parents in 2011 when a review was initially started on children's inpatient services at the Royal Alexandra Hospital. It has raised awareness of the proposed changes and has looked to gain community support to retain the current service. Its activities have included running stalls in the town centre, organising public meetings, hosting a Facebook page (which includes a short film with parents sharing their experiences) and organising a petition, which has attracted around 4,700 signatories (at time of this report). It has also been represented on NHS

Greater Glasgow and Clyde's Stakeholder Reference Group and contributed to a review undertaken by Renfrewshire Council's Audit, Scrutiny and Petitions Board⁹.

Media coverage

There has been local media coverage of the consultation, for example The Gazette, Greenock Telegraph, Barrhead News, Glasgow Evening Times, The Herald, Scottish Daily Record, Clyde 1 and STV news.

Renfrewshire Council undertook a review of potential impact of proposed changes to those living in Renfrewshire and highlighted the strong community links and additional travel from the area for any transfer of services¹⁰.

We are aware that voluntary and community groups have also used social media to share information or record discussion about the proposed move of Ward 15 from the Royal Alexandra Hospital to the Royal Hospital for Children, for example Sense Scotland, Renfrewshire Carers, Action for Sick Children (Scotland) and some community councils within the catchment area.

What people told us – surveys

The Scottish Health Council was in attendance at the public meetings organised by NHS Greater Glasgow and Clyde. We estimate that a total of around 63 people attended the four public meetings: broken down as: Greenock (15 people) and Paisley (48 people).

In addition the Scottish Health Council sent out the questionnaire directly to all community councils, councillors and elected representatives in: Renfrewshire, East Renfrewshire, Inverclyde, West Dunbartonshire and Argyll and Bute (230 in total). Questionnaires were also sent to Third Sector and children's groups and shared through Twitter.

Questionnaires could be completed online, emailed or sent to a Freepost address. We received a total of 65 completed questionnaires from across the catchment area. The majority (89%) of respondents identified themselves as patients, carers, public or representative of a community organisation with 11% identified themselves as elected representatives.

	Yes		No		Not sure		Total
Information was easy to understand	38	58.5%	12	18.5%	15	23%	65
Reasons for the proposed change were clear	23	35%	28	43%	14	22%	65
Clear how the proposal was developed	25	40%	27	43%	11	17%	63
Given the opportunity to give your views	40	77%	12	23%	-	-	52
Given the opportunity to ask questions	34	74%	12	26%	-	-	46
Do you feel your views were listened to?	17	40%	26	60%	-	-	43
Do you feel your questions were answered?	13	32%	28	68%	-	-	41
Understand how a decision will be taken	31	57%	13	24%	10	19%	54

⁹

<http://renfrewshire.cmis.uk.com/renfrewshire/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=A%2fqns8ibOH3biLXngFZcgM1VC90okSYp3IEGHyrHt3qUbBng0pr7rg%3d%3d&rUzwRPf%2bZ3zd4E7lkn8Lyw%3d%3d=pwRE6AGJFLDNlh225F5QMaQWCtPHwdhUfCZ%2fLUQzgA2uL5jNRG4jdQ%3d%3d&mCTIbC>

¹⁰ <http://www.renfrewshire.gov.uk/article/4463/Longer-travel-for-most-in-Renfrewshire-under-childrens-hospital-services-transfer-plan>

We appreciate the feedback received through our questionnaires, and thank people for being open and honest in sharing their views. Some of their comments are captured below

"I think it [the consultation leaflet] provides enough information without overloading with jargon or complicated wording that to the general public would be difficult to understand."

"The information was very heavily bias in favour of the proposal."

"Decision already taken regardless of consultation process."

"The consultation has failed to understand and obtain patient issues and views."

"Previous views not recorded in consultation results."

"Questions were answered within the framework of the meeting."

"I think the health board on numerous occasions tonight failed to grasp and listen to public concerns and questions."

"Their statistics showed a clear disregard for accurate findings, use of Google maps for averaging vast geographical areas to skim over concerns is not acceptable. Their presentation was completely biased and during the majority of tonight many of the panel would interrupt whoever asked a question and blatantly not listen to public opinion."

"The Board should have publicised the consultation more effectively, one poster in Ward 15 is not enough... when questioned about the ambulance provision the answer was that the Ambulance Service works to national standards we have been assured there will be ample provision."

"Having been to two events I now understand the proposal better. Needs to be clear to normal 'Joe Soap'."

What people told us – focus group and one-to-one interviews

A focus group and one-to-one interviews were held with six individuals that had participated in the process. Participants identified areas where they felt communications could have been improved and a number of these themes are consistent with the feedback received through the Scottish Health Council questionnaire. A particular focus was on how people felt NHS Greater Glasgow and Clyde interacted with participants at public meetings with statements including "they need to work on building relationships with their communities".

Generally there was a view that changes are being looked at in isolation and the overall impact on patients, families and communities is not being fully considered.

Conclusions

Where an NHS board is considering consulting the public about a service development or change, it is responsible for ... providing evidence of the impact of this public involvement on the final agreed service development or change.

An inclusive process should encourage and stimulate discussion and debate. While it may not result in agreement and support for a proposal from all individuals and groups, it should demonstrate that the NHS listens, is supportive and genuinely takes account of views and suggestions. Ultimately, boards should demonstrate that there has been a wide ranging consultation, which has taken all reasonable steps to take account of differences of view.

The Scottish Health Council confirms that the process undertaken by NHS Greater Glasgow and Clyde so far on the proposal to move Ward 15 in the Royal Alexandra Hospital in Paisley, to the new Royal Hospital for Children in Glasgow is in line with national guidance outlined by Scottish Government. However it is clear that many of the people who participated in this process are not supportive of the proposed change.

It is our view that the leaked paper (see page 8) in early 2016 adversely affected NHS Greater Glasgow and Clyde's subsequent engagement process.

More than half of respondents to our questionnaire felt the consultation information was easy to understand and that they were given the opportunity to give their views and ask questions. However, feedback also indicates that less than half understood the reasons for change, felt their views were listened to or had their questions answered.

Some strong feelings were expressed in relation to the reasons for change not being clear. People noted that while the board's reason for change is clinical, the proposal is not about the quality of care at the Royal Alexandra Hospital. They felt there is little evidence to demonstrate that clinical outcomes will be better for children and have a strong attachment to the existing service. There is also a view that specialist clinical care is being wrongly prioritised over more general healthcare services, and the emotional and nurturing support, which can best be provided locally. It was acknowledged by NHS Greater Glasgow and Clyde that this is a balance and there was reference to the benefits of change and to programmes of work to reduce the need for children to go into hospital and to enable them to be promptly discharged when clinically ready.

The dedicated webpage set up by NHS Greater Glasgow and Clyde acted as a source for all consultation material. Social media and email was then used to alert people about consultation activities and timelines. There are merits in this approach in that people can access the information they want, in a format that best suits them. It also allows a degree of transparency and flexibility to ensure information is kept up-to-date. However public feedback indicated that more could have been done to improve visibility of the consultation in local communities in what may be seen as more traditional methods such as posters in health facilities and public roadshows. It is our understanding that NHS Greater Glasgow and Clyde placed posters in

Royal Alexandra Hospital, Inverclyde Royal Hospital and the paediatric clinic at Vale of Leven Hospital. Inverclyde Health and Social Care Partnership also displayed information about the consultation on Solus screens.

We especially note the contribution Kids Need Our Ward, locally elected representatives and the local media made in further raising awareness of the consultation.

Concerns were raised around aspects of the consultation in particular potential increase in travel times, impact on patients and families and these are referenced earlier in this report. We recognise that in responding to questions or outlining the potential benefits of change, this can be perceived as seeking to influence or lacking objectivity. We consider the consultation to be an opportunity to gather people's informed views on a proposal to inform and provide evidence to the Board to enable them to reach the best decision on next steps.

People are very aware of the financial pressures the NHS is currently facing and view the current drive towards specialisation and centralisation, as likely to have an adverse impact on their local district general hospitals (Inverclyde Royal Hospital, Royal Alexandra Hospital and Vale of Leven Hospital). There is an anxiety and resistance to this direction of travel which is something experienced in other proposals and referred to in feedback received in this process as "a general sense of creeping centralisation of acute services".

We have identified areas for improvement in NHS Greater Glasgow and Clyde's process. However the process has enabled people to give their views and provide feedback on the board's proposal. At the time of writing this report we are aware it is planned that the outcome of the consultation will be discussed at NHS Greater Glasgow and Clyde's board meeting on 21 February 2017. We would expect that board members are given the opportunity to fully consider the feedback received during the consultation to inform any decisions or next steps.

Recommendations for NHS Greater Glasgow and Clyde

- Review the questions asked at the public meetings and update the Frequently Asked Questions to ensure these are answered. Where it is not possible to provide a definitive answer, explain why this is the case. Share the updated Frequently Asked Questions with those people who took part in the consultation process.
- Give genuine consideration to alternative suggestions put forward during the consultation.
- Review the transport impact assessment developed for the consultation process in light of feedback from members of the public and communities. This is often a key issue of concern for relocation or transfer of services. It is important for NHS boards to demonstrate that they fully considered potential impacts for patients and families accessing the service. The Scottish Ambulance Service needs to be involved in this review.
- Ensure people are kept informed on the outcome of decision-making and are given the opportunity to be involved in this or related paediatric changes or service developments. Should the proposals be approved, we would suggest that a Stakeholder Reference Group continues with public/patient representation to involve people in the implementation and to address the main issues raised in the feedback for example transport, support for families.
- Engage meaningfully with the public from the outset in any future plans to change the acute hospital infrastructure.

We are aware that NHS Greater Glasgow and Clyde is currently taking forward several other change proposals and the learning from this process should inform this activity.

6. Next steps in meeting the guidance

The feedback stage is of vital importance in maintaining public confidence and trust in the integrity of the involvement process and Boards should provide feedback to the stakeholders who took part in a consultation to:

- inform them of the outcome of the consultation process and the final agreed development or change
- provide a full and open explanation of how views were taken into account in arriving at the final decision
- provide reasons for not accepting any widely expressed views, and
- outline how people can be involved in the implementation of the agreed change, and explain how communities can contribute to the implementation plan.

This report has been shared with NHS Greater Glasgow and Clyde and is due to be considered at its Board meeting on 21 February 2017. The board will take into account the outcome of the consultation process and it will be important for the board to demonstrate how this process, and the views of local communities, have informed any decision or next steps. If the board agrees to proceed with its proposal, it should submit a copy of this report with its proposal to the Scottish Government. Proposals that meet the threshold for major service change are required to be approved by the Cabinet Secretary for Health and Wellbeing before they can proceed to implementation. In its submission, NHS Greater Glasgow and Clyde is expected to demonstrate how it has taken the issues raised during the consultation and any alternative suggestions into account in its decision.

After a decision has been taken

It will be important for NHS Greater Glasgow and Clyde to feed back to people what the outcome of this process is and to outline the opportunities for further involvement.

As NHS Greater Glasgow and Clyde moves to the next stage in the process, it should consider the feedback it has received in terms of improvements in its engagement and consultation.

In line with guidance, NHS Greater Glasgow and Clyde should evaluate its informing, engaging and consulting activities and consider the impact they had on the service change and lessons learned to inform future involvement work.

7. Areas of good practice and learning points

Areas of good practice identified by the Scottish Health Council

- The option appraisal undertaken in 2011 was enhanced through the use of experienced and objective facilitators, who were not actively involved in the planning or delivery of the service.
- The appointment of a named person for people to contact for additional information or to provide feedback throughout the engagement and consultation.
- The establishment of a Stakeholder Reference Group, which included patient and public representatives from across the Ward 15 Royal Alexandra Hospital catchment area. The group was given the opportunity to comment on the engagement and consultation plans. Prior to the start of consultation, a draft equality impact assessment was discussed with members on the Stakeholder Reference Group.
- A dedicated webpage to house all consultation material. Social media was also used to maintain momentum and alert people to consultation activities and timelines. There are merits in this approach in that people can access the information they want, in a format that best suits them. It also allows a degree of transparency and flexibility to ensure information is kept up-to-date.
- People were given a range of methods to ask for more information or give their views, for example in writing, by phone or in person.
- Public meetings were arranged in the afternoon and evening to enable people with families and those who work during office hours to participate. People welcomed the attendance of NHS clinical and nursing staff who had experience of delivering the service. NHS Greater Glasgow and Clyde provided a range of supporting information to enable people to consider during or after the public meeting – this included handouts of the presentation.

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 Greater Glasgow and Clyde for future change proposals. These include the following:

- Feedback to the Scottish Health Council questionnaire indicated that 60% of people did not feel their views were listened to. NHS Greater Glasgow and Clyde should consider having Non-Executive Board members present at public meetings to hear people's views first hand.
- The chair of public meetings should be seen as objective and impartial. It can be helpful if this role is independent of the planning or delivery of the service being discussed. They should ensure that all attendees are given the opportunity to give their views or ask questions and these are responded to appropriately.
- Work in partnership with relevant organisations, for example health and social care partnerships, the Scottish Ambulance Service and other NHS boards to develop greater awareness and understanding for people engaging in service change and providing assurance around the impact of proposed change. In particular it is important that the Scottish Ambulance Service is visible during the consultation and has a representative at meetings to answer questions about transport.
- Some people who participated in NHS Greater Glasgow and Clyde's engagement in 2011 have since indicated they did not receive feedback. We stress the importance of providing timely feedback to people and communities following their involvement in engagement and consultation processes.

- When engaging with the Stakeholder Reference Group, NHS Greater Glasgow and Clyde should consider using an actions note, alongside minutes, to further demonstrate that feedback from participants has been taken forward as appropriate. We would recommend that papers should be sent at least one week in advance of meetings where possible.
- A number of people have said that there was not sufficient visibility of the consultation in local communities. We recommend NHS Greater Glasgow and Clyde retain more traditional communication methods such as posters in public areas with high footfall. Where materials have been circulated, NHS Greater Glasgow and Clyde can assure itself that these are displayed.
- Public feedback identified various concerns around aspects of the consultation process and these are referenced earlier in this report. It is important that this feedback is taken into account when planning future consultation, for example transport impact assessment, objectivity and balance of information.

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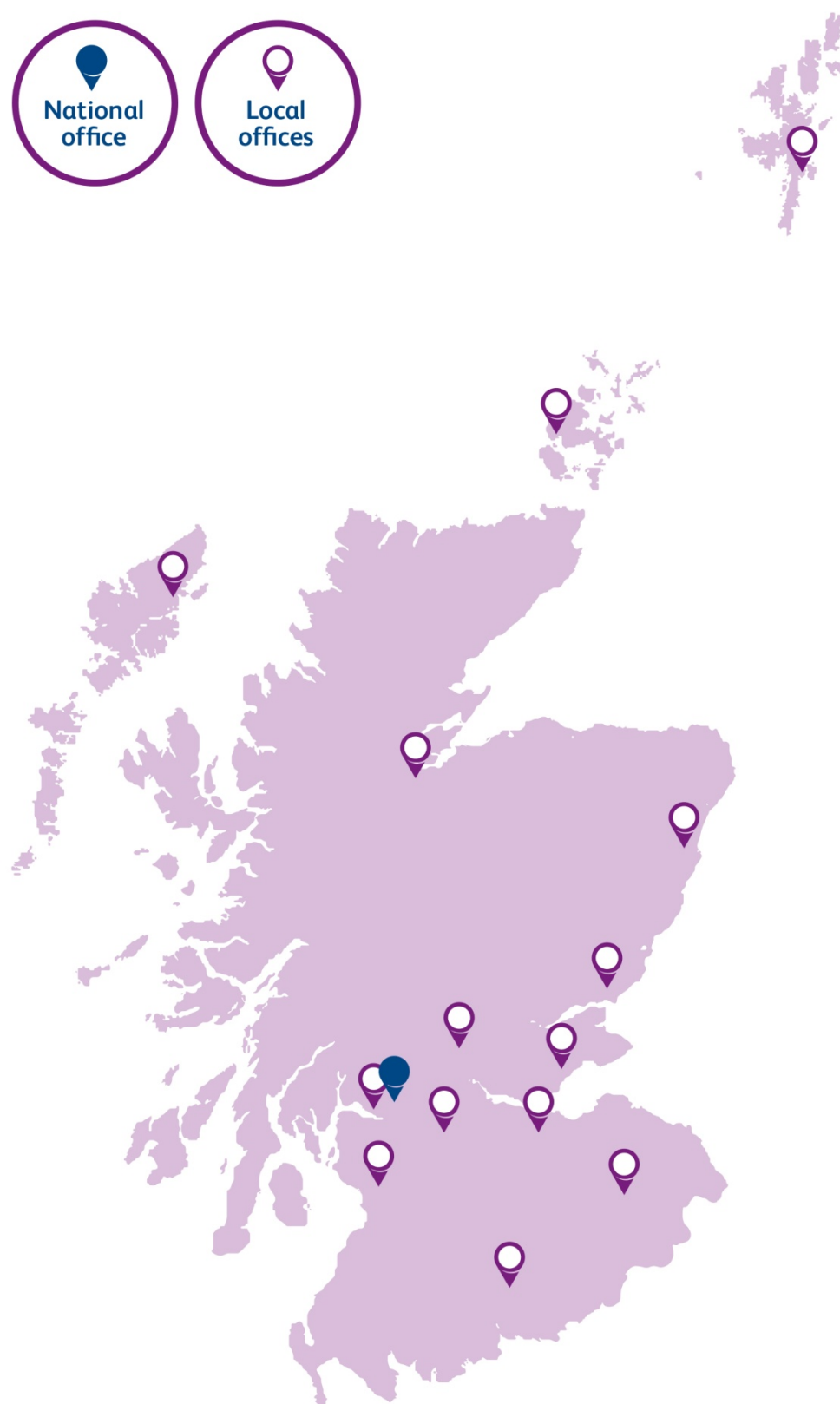
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