

Major Service Change

A report on NHS Lanarkshire's consultation
on the Replacement or Refurbishment of
University Hospital Monklands

June 2019



Acknowledgements

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

We would also like to thank NHS Lanarkshire for the assistance they provided to us in reviewing the involvement process.

We are committed to equality and strive to comply with the Equality Act 2010. If you would like to see this report in another language or format, please contact our Equality and Diversity Advisor on 0141 225 6871.

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Who we are

The Scottish Health Council was established in April 2005 to promote improvements in the quality and extent of public involvement in the NHS in Scotland. It supports and monitors work carried out by NHS Boards to involve patients and the public in the planning and development of health services and in decisions that affect the operation of those services. The Scottish Health Council has a network of 14 local offices across Scotland (one in each NHS Board area) and a national office in Glasgow. The Scottish Health Council, which is part of Healthcare Improvement Scotland, is a key partner in the delivery of Our Voice¹.

When NHS Boards are considering changes to services they are required to involve people in that process. The national guidance, 'Informing, Engaging and Consulting People in Developing Health and Community Care Services', outlines the process NHS Boards should follow to involve people in decisions about local services.

The Scottish Health Council works with NHS Boards and communities across Scotland to improve public involvement in service change. When the Scottish Government considers a proposal to be a 'major service change', the Scottish Health Council has a quality assurance role and reports on whether the process has been in line with the guidance. For all other change, the Scottish Health Council provides advice to support the NHS Board to develop its communication and engagement process in line with guidance.

¹ Our Voice is a framework that seeks to support people who use health and social care services, carers and members of the public to engage purposefully with health and social care providers to improve services http://www.scottishhealthcouncil.org/our_voice/our_voice.aspx

1. Executive Summary

This report sets out the Scottish Health Council's assessment of NHS Lanarkshire's engagement and consultation process for the replacement or refurbishment of University Hospital Monklands against Scottish Government guidance, 'Informing Engaging and Consulting People in Developing Health and Community Care Services.'² The guidance requires evidence to be provided that the views of potentially affected people and communities have been sought, listened to and acted on by NHS Boards in respect of service changes that they propose.

This report reflects the position up until the end of NHS Lanarkshire's public consultation (15 October 2018)³. The Scottish Health Council has assessed this process through the feedback we have received directly from patients, the public and other stakeholders, our attendance at public meetings, and other information available to us.

Based on the evidence outlined in this report, comprising of feedback directly received by the Scottish Health Council, the Scottish Health Council's view is that NHS Lanarkshire has partially met the national guidance outlined by the Scottish Government and a number of matters remain outstanding. The engagement process and the range of consultation activities undertaken by NHS Lanarkshire enabled local people to be informed about and give their views on the proposals. Through this process, a number of questions and concerns were raised by people about the basis on which options were assessed. Further work is currently being undertaken by NHS Lanarkshire in response to these concerns, and the Scottish Health Council considers it will be important for NHS Lanarkshire to engage further with local people once this work is complete.

The Scottish Health Council's view is that the requirements of the national guidance will not be fully met until this further work and engagement is progressed, in order that the views of local people in respect of this further activity can be understood and can inform any decisions which may subsequently be made regarding the proposals.

NHS Lanarkshire carried out an option appraisal over two days in June 2018. On the first day it engaged with people on four options which were set out in the Initial Agreement and approved by the Scottish Government. These were:

- Option A – do minimum

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

³ In November 2018, following the conclusion of NHS Lanarkshire's public consultation, the Cabinet Secretary for Health and Sport announced that a broader, independent review on the process followed by NHS Lanarkshire in relation to this consultation was to be established.

Following this announcement the Scottish Health Council took the decision to pause the publication of its report on how NHS Lanarkshire engaged with the public over its proposals for Monklands Hospital, and that we would publish this at the conclusion of the work of that independent review panel.

- Option B – full refurbishment of current hospital
- Option C – new-build on current hospital site
- Option D – new-build on another site.

Option D was the highest scoring option. A long list of locations had been considered by NHS Lanarkshire and a shortlist of two options, Glenmavis and Gartcosh, was appraised and scored on the second day. A new build hospital on a new site at Gartcosh emerged as the highest scoring option.

NHS Lanarkshire undertook a three-month public consultation on the replacement or refurbishment of University Hospital Monklands from 16 July to 15 October 2018, including a range of engagement activities and public meetings. NHS Lanarkshire took steps to emphasise at the start of public meetings that a decision had not been made and that all feedback would be taken into consideration. Through our observations we have found that the majority of people who took part in the process, including those that responded to our survey, accepted that there is a case for change in relation to University Hospital Monklands, and felt that NHS Lanarkshire clearly explained why it was considering a replacement or refurbishment of the building. Similarly a majority of respondents to our survey felt that they had been given the opportunity to give their views and ask questions.

However it is clear that some local people did not support the highest scoring option (i.e. Gartcosh).

Many respondents to the Scottish Health Council survey, including some elected representatives, particularly in the Airdrie area, had concerns relating to the engagement and consultation process.

The main concerns raised in response to our survey were:

- lack of awareness and visibility of the consultation by the general public
- that information did not appear to be sufficiently balanced for all options at option appraisal and in consultation materials
- some people questioned the factual accuracy of some of the consultation information e.g. travel times did not match people's experience
- a belief that a decision on a pre-determined location had already been made
- perceived lack of transparency and scrutiny of the information used for the option appraisal process, and
- perceived lack of consideration of the potential impacts of the proposal on affected individuals and communities.

In relation to the highest scoring option to build a new hospital on a new site at Gartcosh, the main points people raised at the public meetings were:

- perception, especially at the Airdrie public meetings, that there had been inaccuracy and bias in favour of the presentation of information that supported this site

compared with how information had been presented about the Glenmavis option, for example, in respect of groundwork and decontamination costs

- perception of potential transport, parking and access difficulties with this site
- its close proximity to Glasgow and the potential impact on patient flows and catchment areas, and
- the need to develop more services in local communities.

Two separate petitions were set up, one by the Airdrie and Shotts SNP MP and MSP, and another by the Scottish Labour Leader as MSP for the Central Scotland Region. These petitions called for NHS Lanarkshire to 'Keep University Hospital Monklands in Central Monklands'⁴ and 'Stop the closure and instead build a new hospital on the same site as the current hospital'⁵. At the time of writing this report, over 6,500 people have signed these petitions. NHS Lanarkshire has informed the Scottish Health Council that two petitions, from Airdrie for Independence and Chapelhall Parish Church were also submitted.

NHS Lanarkshire recognised the concerns raised at the public meetings and through the formal consultation responses. The Scottish Health Council is aware that NHS Lanarkshire commissioned a number of independent assessments to validate the process and the key information relating to options, which was presented at the option appraisal events and included in the consultation documentation.

At the time of writing the report, the Scottish Health Council understands that the feedback from the independent assessments will be available in November 2018 to inform NHS Lanarkshire Board members, but not available as part of the public consultation.

We have made the following recommendations based on the feedback that emerged during engagement and consultation, our observations and the information available to us. These should be undertaken to inform the decision making process on the replacement or refurbishment of University Hospital Monklands.

Recommendations

We recommend that in order to meet the requirements of the national guidance, NHS Lanarkshire should:

1. Review the outcome of external assurance activities e.g. assessment of decontamination and groundwork costs, travel times in the travel and transport analysis, and consider whether this may require revisiting the option appraisal process if there are any material differences in relation to information that has been used to assess the options.
2. Complete and publish a full, updated, equality impact assessment that takes into account the evidence received through the public consultation together with

⁴ <https://you.38degrees.org.uk/petitions/keep-university-hospital-monklands-in-central-monklands>

⁵ <https://www.change.org/p/scottish-government-keep-monklands-hospital-in-the-monklands>

appropriate demographic and socio-economic information, and sets out any proposed mitigating actions to take account of potential adverse impacts on any groups.

3. Communicate the additional external assurance work that has taken place to respond to the concerns raised during consultation and the outcome of this activity. This should include consideration of alternative options that have been put forward by respondents during the consultation.
4. Engage with local people and communities in relation to this additional information to ensure their views are understood and can be fully taken into account when any decisions are being made.

We have identified areas of good practice and some learning points from the engagement and consultation process which has been undertaken to date. These are set out on page 29 of this report.

2. Our Quality assurance: what we look for

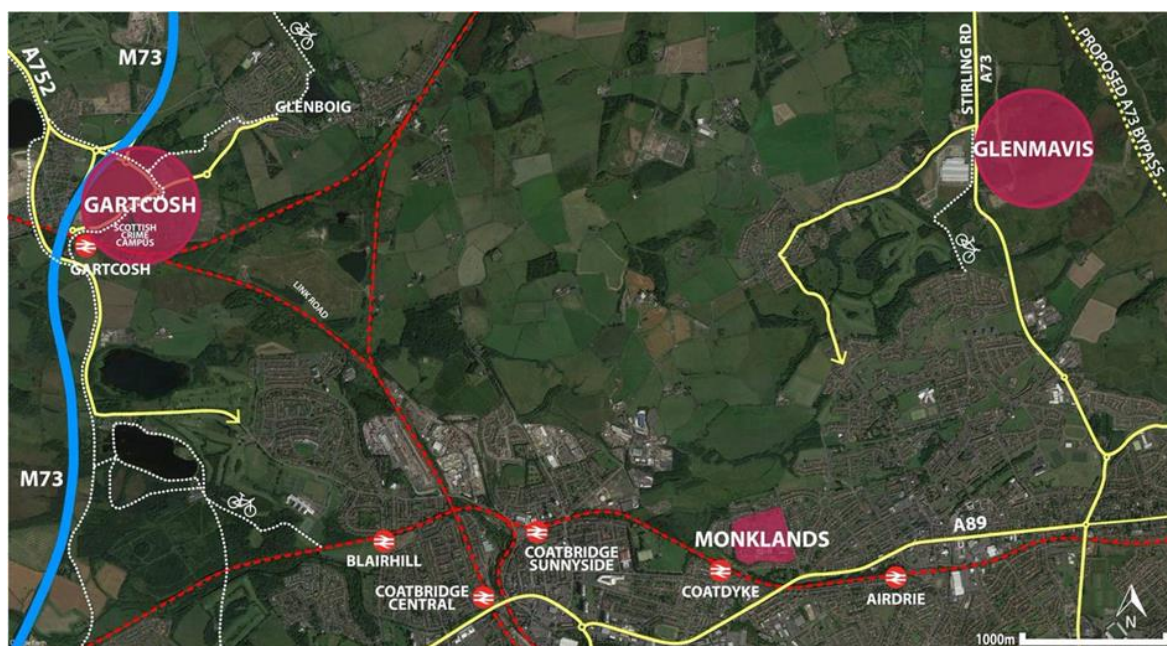
Scottish Government guidance, 'Informing, Engaging and Consulting People in Developing Health and Community Care Services', outlines the process NHS Boards should follow to ensure meaningful involvement of people in any plans and decisions on local health services. When a service change has been identified as a 'major' change, the Scottish Health Council has a role in assessing how NHS Boards have followed this guidance. The main steps we check against are:

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.
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 • benefits that are expected to flow from the proposed change, and • processes, which will be put in place to assess the impact of the proposal.
Engaging 	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.
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.
Feedback and decision making 	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.

3. Introduction

This report relates to NHS Lanarkshire's process for engaging and consulting local people on plans to replace or refurbish University Hospital Monklands, which included public consultation taking place from 16 July to 15 October 2018. It sets out the Scottish Health Council's assessment at that point of the process against Scottish Government guidance.

University Hospital Monklands is an acute district general hospital with a 24-hour accident and emergency department. It currently has 411 inpatient beds⁶ and in 2016/17 there were 290,927⁷ outpatient attendances (with 73% from the University Monklands Hospital catchment area and 27% from the wider NHS Lanarkshire area). The largest populated towns in the University Hospital Monklands catchment area are: Cumbernauld (50,920 people), Coatbridge (43,950), Airdrie (37,410) and Bellshill (20,290). There are also a number of smaller towns and rural, surrounding villages.



Gartcosh is approximately 5.2 miles⁸ by car from the current University Hospital Monklands site and Glenmavis approximately 2.9 miles⁹.

⁶ <https://www.nhslanarkshire.scot.nhs.uk/hospitals/university-hospital-monklands/>

⁷ <https://www.nhslanarkshire.scot.nhs.uk/download/mrrp-option-appraisal-process-report/?wpdmdl=2827&ind=1531735971182> (slide 20)

⁸ <https://www.google.co.uk/maps> Monklands University Hospital, Airdrie to Scottish Crime Campus, Gartcosh, fastest route, usual traffic

⁹ <https://www.google.co.uk/maps> Monklands University Hospital, Airdrie to Albert Bartlett, Riggend, fastest route, usual traffic

NHS Lanarkshire states that the proposed new build hospital would introduce a comprehensive clinical model, developed by clinicians, with an ‘emergency and assessment village’ on the ground floor and approximately 450 inpatient beds.

Background and context

‘Achieving Excellence’ consultation August to November 2016	A healthcare strategy that sets out to improve health and social care services in Lanarkshire. Two consultation questions in Achieving Excellence asked people to identify their preferred option for the future of Monklands Hospital and their reasons for this.
Scottish Government approval for ‘Achieving Excellence’ June 2017	The Cabinet Secretary for Health and Sport approved NHS Lanarkshire’s Achieving Excellence healthcare strategy. NHS Lanarkshire developed an Initial Agreement, which is the first stage in the Scottish Capital Investment Process.¹⁰ This set out the four options that were included in Achieving Excellence.
Scottish Government approval of Initial Agreement for University Hospital Monklands October 2017	The Scottish Government approved the Initial Agreement. This meant that NHS Lanarkshire could proceed to develop an Outline Business Case to replace or refurbish University Hospital Monklands. The Cabinet Secretary for Health and Sport said: <i>“Considerable investment has gone into Monklands Hospital in recent years and we have now asked NHS Lanarkshire to produce an outline business case that considers the needs of the population right across the West of Scotland and delivers excellent care and value for money.”</i> <i>“The level of potential investment involved in this programme is significant, so any final decision will be subject to future Scottish Government budgets and will be taken in the context of improving the quality of clinical service provision right across Scotland.”¹¹</i>
Development of a clinical model October to May 2018	Clinical staff from across NHS Lanarkshire came together to develop a clinical model, that is a plan for the way patients would be treated in the future. This also involved making

¹⁰ <https://www.pcpd.scot.nhs.uk/Capital/scimpilot.htm>

¹¹ <https://www.heraldscotland.com/news/homenews/15586159.first-step-towards-new-hospital-in-monklands/>

	sure that departments and services were in the right place to reduce the number of transfers.
<i>‘Replacement or Refurbishment of University Hospital Monklands’ engagement and consultation</i> June to October 2018	Option appraisal took place across two days in June 2018. The first session considered refurbishment or rebuild on the existing site or a rebuild on an alternative site. As the highest scoring option was a rebuild on an alternative site, shortlisted locations were then appraised and scored at the second session. A highest scoring option was identified following financial assessment and sensitivity analysis. In July, the Scottish Health Council supported NHS Lanarkshire’s plans to move to public consultation which took place from 16 July to 15 October 2018.

4. Our findings

This section outlines what NHS Lanarkshire did to follow the guidance. From our attendance at public meetings, survey feedback, discussion groups and media review, we have assessed the consultation process. We have gathered evidence of what we have heard and seen, and what people have told us.

Planning, Informing and Engaging

NHS Lanarkshire first discussed the proposal to refurbish or rebuild Monklands Hospital with the Scottish Health Council in early 2016. In August 2016, NHS Lanarkshire undertook public consultation on its healthcare strategy, Achieving Excellence. This included two consultation questions:

“Which of the following options do you prefer?”

a Continue to maintain the existing hospital buildings

b Partial redevelopment on the existing site – this would include redeveloping some of the existing hospital in addition to adding new buildings to replace some wards and other departments

c Complete redevelopment on the existing site – build a new hospital on the Monklands site to replace most of the existing buildings

d Complete new build elsewhere in North Lanarkshire – build a new hospital within the Monklands catchment area. (If this is selected as the preferred option, the final location would then be determined as part of the planning process.)

“Why do you think this option is the best?”

NHS Lanarkshire’s Achieving Excellence consultation report¹² outlines how 411 people responded to these consultation questions. The majority of respondents (58.5%) were supportive of a complete redevelopment/new build either on the existing site or a new location. 11% of people expressed a preference to continue to maintain the existing hospital buildings and 30.5% identified a partial redevelopment on the existing site as their preferred way forward. The main factors that people gave for their preference were: transport, travel and parking; finance (funding source and historical investment); potential disruption; good location and familiarity of the existing hospital; and, staffing levels and patient care.

Following the Achieving Excellence consultation, we set out our recommendations in relation to Monklands Hospital.¹³ These highlighted that:

¹² <http://www.nhslanarkshire.org.uk/boards/2016-board-papers/Documents/November/Achieving-Excellence-Consultation-Report--November-2016-Board.pdf>

¹³ A report on NHS Lanarkshire’s consultation on proposals for the development of a new healthcare strategy, Achieving Excellence, Scottish Health Council, November 2016, www.scottishhealthcouncil.org/publications/major_service_change_reports.aspx

- “Patient and public representatives should continue to be actively engaged in the various elements of the capital investment programme for the redevelopment of Monklands Hospital.”
- “Further engagement with patient and public representatives should be undertaken, as appropriate, to take forward the plans for orthopaedics and redevelopment of Monklands.”

Engagement – Option appraisal

NHS Lanarkshire, through North and South Lanarkshire Health and Social Care Partnerships, recruited patient and public representatives to take part in the option appraisal process. This was done through the North Lanarkshire Patient Partnership Forum and the South Lanarkshire Health and Social Care Public Forum.

NHS Lanarkshire arranged six pre-briefing sessions for people, including staff, to explain the option appraisal process. The option appraisal¹⁴ was carried out across two days on 4 and 8 June 2018.

Of the 21 patient and public representatives invited, 16 people (10 from North Lanarkshire and six from South Lanarkshire) took part in the option appraisal (out of a total of 53 participants)¹⁵.

NHS Lanarkshire commissioned independent facilitators to oversee the option appraisal process.

Day 1: people considered and scored the four options that had been put forward in the Achieving Excellence consultation. This was done using the following criteria or factors which were originally set out in the Initial Agreement and approved by the Scottish Government:

- person centredness
- improved safety of patient care
- improved clinical effectiveness
- enhance the function and quality of the physical environment, and
- deliver flexible and adaptable facilities across the health system.

Option D (a new build on a new site) emerged as the highest scoring option at the end of the first day.

Day 2: participants were asked to appraise and score the shortlist of two alternative sites and the current site.

¹⁴ <https://www.nhslanarkshire.scot.nhs.uk/download/mrrp-option-appraisal-process-report/>

¹⁵ <https://www.nhslanarkshire.scot.nhs.uk/download/mrrp-option-appraisal-process-report/?wpdmdl=2827&ind=1531735892555>

NHS Lanarkshire advised participants that a long list of 37 sites had been compiled by its property advisers and North Lanarkshire Council. This long list of sites was assessed against an initial set of criteria, which included: location within the catchment area, size of land available, impact on other hospital catchment areas, planning and road infrastructure issues. NHS Lanarkshire outlined how and why many sites did not meet each criteria but the detail of locations on the long list was not shared with participants at the session and they were advised that two sites remained for consideration.

The long list of options was shared as part of the consultation using a range of methods including posters at public meetings and short film animation.

The two shortlisted sites, Gartcosh and Glenmavis, together with the existing University Hospital Monklands location, were then considered. The criteria for scoring was discussed and agreed by all participants on the day, and scored on the basis of:

- getting in and out of the site by road
- journey times
- public transport infrastructure, and
- ability to support centres of excellence and regional services.

The Gartcosh location received the highest score (856) against these criteria, with Glenmavis receiving a score of 531 and the Monklands site 471. These figures were then aggregated with the scores from day 1. The two sets of scores were weighted 70% for day 1 and 30% for day 2 to give a total score for each of the five options considered.

The aggregated scores for each of the options were:

Option	Description of option	Aggregated score
A	Continue to maintain the existing hospital buildings ('Do minimum')	234
B	Full refurbishment of current hospital	304
C	New build on current hospital site	465
D1	New build on another site – (Gartcosh)	922
D2	New build on another site– (Glenmavis)	824

Sensitivity analysis shows this outcome was reflected in the scoring by patient and public representatives, and consistent across all stakeholder groups. A financial assessment was then carried out in relation to the five options. This showed that

option D1 – a new build at Gartcosh – had the lowest cost per benefit point¹⁶ by a significant margin.

As part of our quality assurance, in our letter of 3 July 2018, we made the following recommendations for NHS Lanarkshire to undertake in preparing for public consultation¹⁷.

Our recommendation to NHS Lanarkshire	What NHS Lanarkshire did:
Patient and public representatives are involved in developing the consultation materials and plan (to ensure the consultation is promoted widely across NHS Lanarkshire) and in reviewing the process.	• The 21 people who were invited to the option appraisal were asked to a meeting to receive feedback on the sensitivity and financial analysis and six people attended this meeting. They also reviewed the consultation paper and plan. • A stakeholder engagement group which included seven patient and public representatives was set up to inform the consultation process The Scottish Health Council attended in an observer role.
You respond appropriately to the points people raised on the clinical model and aspects of the option appraisal process, both during meetings and in feedback.	• NHS Lanarkshire provided responses to questions, however feedback to the Scottish Health Council's survey suggests that some people felt they did not have their questions fully answered. Queries relating to capacity of the hospital and infrastructure within primary and community care and the Third Sector are to be addressed in the outline business case/final business case.

¹⁶ <https://www.nhs.uk/lanarkshire-scotland/download/mrrp-option-appraisal-process-report/?wpdmdl=2827&ind=1531736034099> (sections 7 and 8 Financial Sensitivity Analysis)

¹⁷ http://www.scottishhealthcouncil.org/about_us/what_we_do/service_change/service_change_updates.aspx

The equality impact assessment should be updated to take into account potential impacts of the proposal as well as the consultation process. This will help to support understanding and inform potential actions to mitigate adverse impacts.	Equality impact assessments were published on NHS Lanarkshire's website in August. They were further revised and shared online in September 2018.
You undertake a transport impact assessment to support the consultation process, taking account of patient and carer/visitor experience, and involving the Scottish Ambulance Service and other patient transport providers.	A travel and transport analysis¹⁸ was published on NHS Lanarkshire's website in August 2018.
Consultation materials clearly explain how the highest scoring option was reached and the reasons why other options (clinical model and sites) were discounted.	NHS Lanarkshire used the following methods to explain how it had moved from a long list of 37 options to a shortlist of two: - short film animation - consultation document - frequently asked questions - posters at public meetings
It would be appropriate to provide information on significant changes in the current hospital configuration and the proposed facility e.g. bed numbers, single rooms.	- Consultation information confirmed that "the services currently provided on Monklands will move to the new site". - At public meetings, officers advised that there are no plans to reduce bed numbers and these may increase. - Work is being taken forward to consider accommodation standards and person-centred design.

Consultation

NHS Lanarkshire carried out a three-month public consultation from 16 July to 15 October 2018.

As part of our quality assurance we wanted to know if NHS Lanarkshire was giving people enough information, in plain language, about the proposed changes. We also wanted to know if people had the chance to discuss this and give their views.



¹⁸ <https://www.nhslanarkshire.scot.nhs.uk/?wpdmdl=3217&ind=1536322726244>

What NHS Lanarkshire did:

- Patient and public representatives who participated in the option appraisal were given an opportunity to review and comment upon the formal option appraisal report prior to its completion. These representatives were also invited to review the draft consultation materials and consider possible approaches to engagement.
- NHS Lanarkshire used a range of methods to get feedback from people on its proposals. This included:
 - 13 public meetings
 - meeting with community council representatives in North Lanarkshire
 - two consultation roadshows at University Hospital Monklands
 - four discussion sessions with University Hospital Monklands patients and staff (renal, cancer and outpatients)
 - responding to requests for additional meetings: five community/voluntary groups, public partnership forum meetings in North and South Lanarkshire and three Local Area Partnership meetings in Cumbernauld and Kilsyth, Motherwell and Northern Corridor.
 - following the Gartcosh public meeting, NHS Lanarkshire also arranged a follow-up meeting with Gartcosh Tenants and Residents Association, including the local councillor, and
 - formal presentations to elected members of both North and South Lanarkshire Councils.
- All information relating to the consultation was contained on a webpage directly accessible from the homepage of NHS Lanarkshire's website. It included:
 - an online survey
 - the consultation document and consultation questions (with link to online survey)
 - dedicated email address for enquiries/submissions
 - social media monitoring and responses where appropriate
 - an Easy-Read consultation document¹⁹ (a format with plain language that is easier for people to understand. Easy Read documents have short sentences often with pictures).
 - frequently asked questions and responses to these, which were updated throughout the process
 - option appraisal report with supporting information
 - links to a total of 10 short films and animations, which explained key aspects of the consultation and also provided information on the proposal in British Sign Language

¹⁹ <https://www.nhslanarkshire.scot.nhs.uk/download/mrrp-consultation-easy-read-document/?wpdmdl=3085&ind=1534415378701>

- design statement and initial agreement (used for the capital planning), and
- the transport and travel analysis and current equality impact assessments.
- Information about the consultation (outcome of the option appraisal and how people could give their views) was shared using the following mechanisms:
 - 17 media releases sent to local and national media outlets at the start of the consultation and at key points during the three month consultation period
 - 22 newspaper adverts for public meetings
 - emails sent to community councils; carer, voluntary and community groups; patients' organisations; North Lanarkshire Patient Partnership Forum and South Lanarkshire Health and Social Care Forum; care homes; elected representatives (councillors, MSPs and MPs); churches (via the spiritual care group) and equalities groups; and, North and South Integration Joint Boards²⁰.
 - social media activity throughout the process e.g. Twitter and Facebook, to encourage people to provide their views and raise awareness of updates
 - consultation documents (10,000 printed copies) and posters (promoting the consultation and local public meetings) sent to health and care facilities and public libraries
 - staff briefings and information issued on the consultation via The Pulse (NHS Lanarkshire staff magazine that is printed and published online) and the InTouch GP newsletter, and
 - briefing sessions with elected representatives.



What we found

- NHS Lanarkshire has been responsive to requests for additional meetings and hosted five public meetings in addition to those originally planned (a total of 13 public meetings). NHS Lanarkshire also responded to requests from local organisations and community groups, attending an additional 12 meetings.
- Individuals, local voluntary and community groups for example Voluntary Action North Lanarkshire and South Lanarkshire Carers Network, some community councils and elected representatives used social media to raise

²⁰ The Integration Joint Board (IJB) is a joint board of NHS Lanarkshire and the two local authorities in Lanarkshire, which manage health and social care services. There are two IJBs in Lanarkshire (North and South Lanarkshire) that oversee the two Health and Social Care Partnerships (HSCPs).

awareness of the consultation and some people used it to gather or share views.

- Over 600 members of the public, community and elected representatives attended the public meetings. The meetings with the highest attendance were two meetings in Airdrie on 13 September 2018, which accounted for around 320 attendees.
- NHS Lanarkshire received over 1000 responses to its consultation in addition to feedback from three petitions.
- People who attended the public meetings appeared to support the need for change and the consideration of alternative sites, though there were mixed views, including concerns, on the proposed site options and on the information which underpinned these.
- Some elected representatives challenged the highest scoring option (Gartcosh) and set up petitions in support of alternative options. Other elected representatives, for example the MSP and MP for Cumbernauld and Kilsyth were supportive of the highest scoring option and published their response to NHS Lanarkshire's consultation online.²¹
- A number of concerns have been raised during the consultation regarding the accuracy of information that was used to inform the option appraisal and financial assessment e.g. travel times, site costs and socio-economic impacts. Some people have expressed concern that this has led to bias in favour of Gartcosh.
- Some people felt it was unclear whether they were being consulted on three options (replacement at Gartcosh or Glenmavis or refurbishment of University Hospital Monklands) or on the highest scoring option (a new build at a new site at Gartcosh). However NHS Lanarkshire stated in its materials and at the public meetings that the consultation was on the highest scoring option.

What we did

- Reviewed NHS Lanarkshire's communications and engagement plan
- Reviewed the consultation material, including the transport assessment and equality impact assessment, made suggestions and gave advice based on good practice
- Attended all 13 public meetings
- Reviewed social media and local media coverage for discussions, articles or issues raised
- Met with NHS Lanarkshire prior to and during the engagement and consultation process, and provided feedback throughout the process, including highlighting concerns that emerged through the public meetings, and the importance of NHS Lanarkshire responding to these

²¹ <http://www.stuartmcdonaldmp.co.uk/news/joint-response-to-the-monklands-hospital-consultation>

- Distributed our feedback questionnaire to:
 - participants at the public meetings (approximately 600 people)
 - community councils in North and South Lanarkshire
 - elected representatives – 75 councillors in North Lanarkshire and 64 in South Lanarkshire; 31 MSPs and eight MPs
 - community and voluntary groups to be shared with their networks.
- Held five focus groups with people who, in the survey, had expressed an interest to further discuss their views (all 167 who expressed an interest were invited, with 28 people attending)
- Met with Alex Neil MSP and Neil Gray MP, at their request, to hear their views on the process

A summary of the points noted from the feedback we received to our survey is given below. We received responses from 275 patient and public representatives with the survey containing a mixture of closed text and open text responses. Comments have been themed and ordered by the number of people who have raised them (highest to lowest):

Awareness of the consultation	Some respondents felt that there was sufficient information online and via social media. However, others felt that the consultation should have been more visible in local communities and areas of high footfall to encourage greater participation.
Public views and the consultation process	Some respondents felt that a “decision had already been made” with the presentation of Gartcosh as the highest scoring option. At the start of the public meetings, NHS Lanarkshire had stressed that a decision had not been made and all feedback would be taken into account.
Responding to questions	There was an acknowledgement from some respondents that there was the opportunity to ask questions and have these answered, however some respondents felt that there was insufficient time to ask questions, some questions were left unanswered or not responded to in enough detail.
Balance of information	The presentation of balanced information on each site with the suggestion in some people’s comments that this was skewed towards the Gartcosh site.
Facts and figures	Comments challenging the information used as the basis for the site options.
Option appraisal process	Some people queried: the process used to sift from the long list to the shortlist of options; the information that was used to score options and the process for arriving at the highest scoring option.

Option appraisal purpose	A misunderstanding/misconception by some that the option appraisal produced a 'decision' that the wider community was not involved in.
Impact on individuals and communities	Respondents were keen to find out more detail on how potential proposals may affect them and their communities (positively or negatively), how that may influence the decision and what support may be available to them.

As the consultation progressed, we became aware of a number of issues that people raised on the highest scoring option. These related mainly to:

- transport, travel and access
- close proximity to Glasgow and impact on patient flows within NHS Lanarkshire and neighbouring NHS Boards, and
- local community infrastructure to support people's health and care needs.

What people told us

Our survey questionnaire was given out to all attendees at the start of the public meetings and could be returned to us at the end of the meeting, by post via a Freepost address (envelopes were provided) or completed online. The questionnaire included closed and open questions, where respondents could answer freely in their own words.

The survey received 295 full ('completed') and 17 partial ('non-submitted') responses i.e. 312 in total. Thirteen of the partial responses contained no substantive data and were removed from analysis. The remaining four partially completed responses were combined with the completed responses, providing 299 completed responses to our survey.

Our introductory question, which asked respondents to consider whether the Scottish Health Council may use their response to inform our feedback to the consultation, was compulsory and required agreement. Two of our 299 respondents were automatically disqualified as they did not agree with our introductory question.

Responses from those who provided views in their capacity as an NHS or Social Care Staff or Service Provider (19 individuals) have been removed from findings in order to give emphasis to the public, community and voluntary groups' views. Responses were received from across Lanarkshire. Open questions were coded thematically to allow for analysis and respondents' answers may have been coded under more than one theme²².

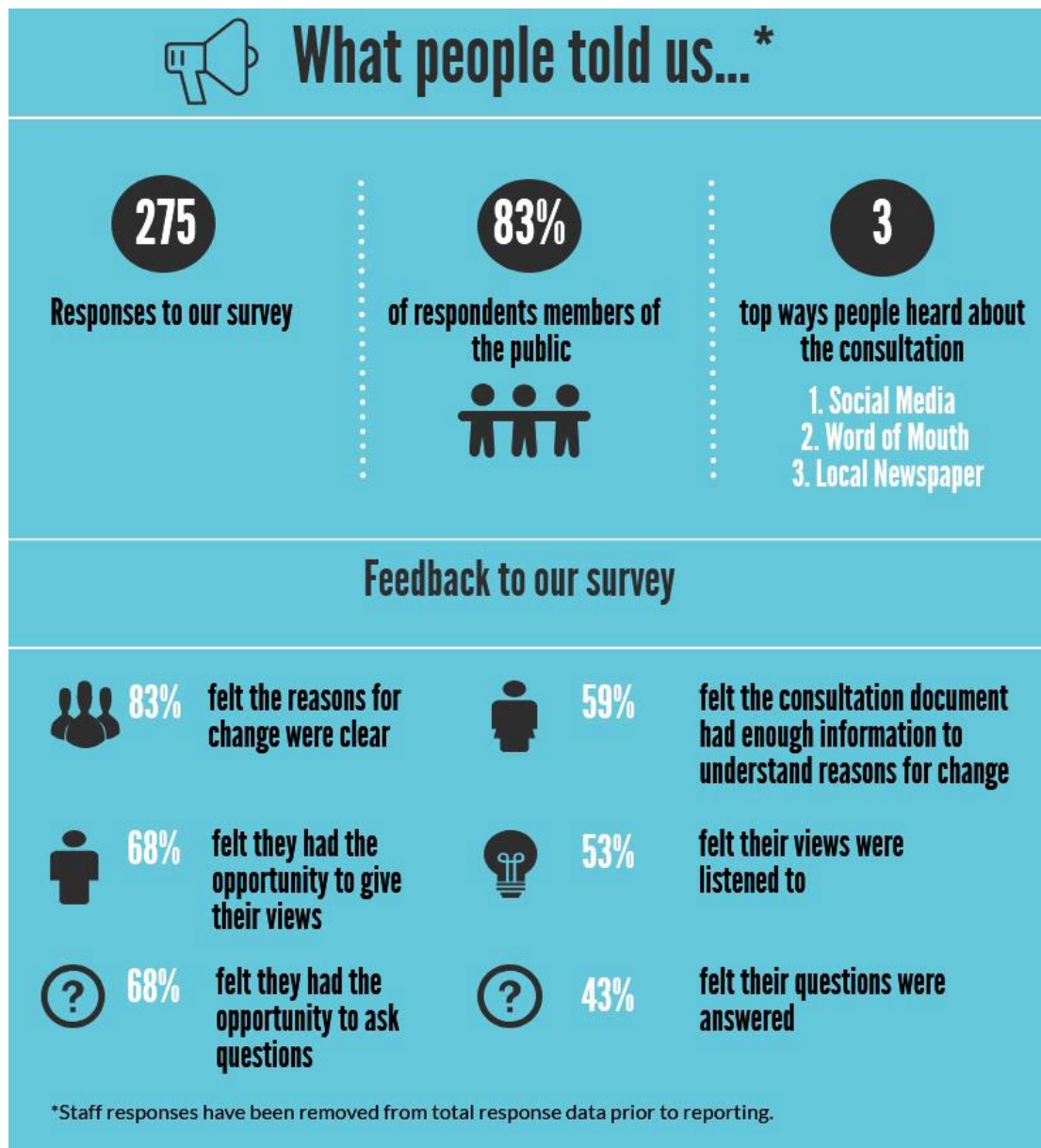
The analysis shows that 83% of respondents to our survey felt that NHS Lanarkshire clearly explained the reasons for change and 68% felt they had the opportunity to

²² This included a duplicate response from five people and three responses from one person.

give their views and ask questions. However, 53% of respondents felt their views were listened to and 43% felt their questions were answered.

Within this survey, we received over 500 open-ended responses, with some examples on page 25 of this report.

Evaluation summary



A sample of comments from the evaluation questionnaire



What people told us...

We received over 500 comments as part of our survey. Some of these are noted below.

“Don’t feel I have enough unbiased info to say I would be in favour of either site.”

“In the discussion table, views were listened to and respected by the facilitators (who) had to pull it all together and condense it.”

“Has the decision already been made?”

“The (consultation) document was well prepared and easy to understand.”

“I asked why move (the) hospital away from the second and third largest areas in North Lanarkshire? Many high deprivation areas within the current area.”

“I came here to the consultation meeting for opinions on where the new hospital will be built, but concerned about how the decision has already been made.”

Discussion groups and feedback

Twenty-eight people took part in five discussion groups, conducted by the Scottish Health Council, to share their experiences and observations of NHS Lanarkshire’s consultation on University Hospital Monklands. Attendees were mainly members of the public from Gartcosh, Cumbernauld, Bellshill, Airdrie and Blantyre. Some people were frequent users of University Hospital Monklands.

The main themes people raised through the discussion were as follows:

- Transport – travel times in NHS Lanarkshire’s transport and travel analysis seemed not to reflect people’s ‘real’ experience. Other concerns related to parking access and management, patient transport and community transport schemes.
- Information – concerns regarding accuracy of information and this being heavily weighted towards Gartcosh. Some people felt that the case for a new hospital was clearly made, but there were concerns around transparency of site selection.
- Impact on communities – a potential negative impact on Gartcosh (village identity and disruption during construction) and on areas of Airdrie, which already have high levels of deprivation. There was concern that moving a major hospital may widen health inequalities.

People at the discussion groups felt that the presentations and information was clear and the clinical reasons for a new hospital were easy to understand.

However, some of the areas where people felt NHS Lanarkshire could have done better included the following.

- Too much reliance on the internet/social media to tell people about the consultation and the information that was available.
- More information about the option appraisal process and selection of Glenmavis and Gartcosh as potential sites would have been helpful.
- People were aware of the offer of the Glenmavis site for a nominal amount and felt that the implications of this were not explored sufficiently at the public meetings.
- People had the impression that a decision was already taken and there was no openness to really listen to people or recognition that local knowledge could help.
- On a practical basis, people felt that a mechanism was needed at the public meetings for recording and getting answers to questions when time had run out.

Wider public interest in the process

During the three-month consultation period, we are aware of 58 articles that appeared in the local media. These related to local activity and ways to get involved in the consultation, coverage on the two petitions set up by elected representatives and the offer from an Airdrie businessman to donate land at Glenmavis to build a new hospital (this was one of the two shortlisted sites). The articles also highlighted elements such as the option appraisal, concerns regarding factual accuracy of some information and NHS Lanarkshire's response to these points.

Social media activity was evident from NHS Lanarkshire, some elected representatives, community councils, voluntary and community groups and individuals. Comments related to the process for identifying the highest scoring option, impact on patients and communities, transport and travel and finance. People also used social media to encourage others to participate in the consultation.

5. Conclusions and recommendations

Based on all of the information available to the Scottish Health Council, outlined in this report, it is the view of the Scottish Health Council that NHS Lanarkshire has partially met the national guidance outlined by the Scottish Government. We have made recommendations for NHS Lanarkshire to take forward prior to a decision being made about the future of University Hospital Monklands.

The Scottish Health Council's role is to assess whether the NHS Board has involved people in accordance with the expectations set out within guidance. Our assessment and report is based on the activity undertaken until the end of the public consultation period, which in this case concluded on 15 October 2018.

The guidance requires evidence to be provided that the views of potentially affected people and communities have been sought, listened to and acted on by NHS Boards in respect of service changes that they propose.

NHS Lanarkshire received over 1,000 responses to its consultation, together with feedback from public and local community meetings and three petitions. In the experience of the Scottish Health Council, this would appear to be relatively high response rate compared to other major service changes in NHS Scotland.

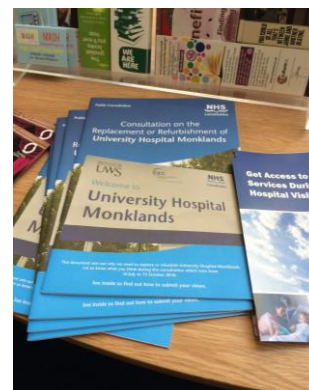
Through our observations we have found that the majority of people who took part in the process, including those that responded to our survey, accepted that there is a case for change in relation to University Hospital Monklands, and felt that NHS Lanarkshire clearly explained why it was considering a replacement or refurbishment of the building. Similarly a majority of respondents to our survey felt that they had been given the opportunity to give their views and ask questions.

Through the feedback received to our survey, and through our observations it is clear that some local people do not support the highest scoring option (i.e. Gartcosh) and many respondents, including some elected representatives, particularly in the Airdrie area, expressed significant concerns relating to the way NHS Lanarkshire engaged and communicated with people. This is reflected in people's responses to our survey and is consistent with themes raised in the discussion groups. In addition to there being some misconceptions on the purpose and process of option appraisal, some people were unclear on the scope of the consultation i.e. to provide views on the replacement or refurbishment of University Hospital Monklands or on the highest scoring option. At the public meetings, NHS Lanarkshire stressed that a decision had not been made and that all feedback would be taken into consideration.

Some of the concerns raised during the consultation process about the accuracy of information used to appraise the options have not yet been addressed. We are aware that NHS Lanarkshire has sought independent assessment on key elements of this, and this remains outstanding following public consultation. Local people

should have opportunities to be engaged in relation to the further consideration of relevant information once this becomes available.

At the public meetings, NHS Lanarkshire provided responses to questions. Feedback to the Scottish Health Council's survey suggests that some people felt they did not have their questions fully answered. However, NHS Lanarkshire noted that further work needs to be taken forward in relation to some questions as part of the capital investment process to enable fuller responses to be given. In terms of questions relating to factual accuracy, NHS Lanarkshire is exploring these further with external agencies. Similarly there were occasions when the response by NHS Lanarkshire did not provide the level of detail, information or assurance the questioner was seeking.



People wanted to know how the shortlisted options, and particularly the highest-scoring option, had taken into account the potential impact on affected individuals and communities. They also felt that deprivation and socio-economic impacts were important factors that had not been fully taken into account. The Scottish Health Council considers this to be an area that would benefit from further engagement to enable views of local people to inform any conclusions or further actions required. This should be completed prior to a decision being made on the proposal to support a robust and transparent process. National guidance advises that “Ministers will not consider a Board’s submission unless it gives evidence of how potentially adverse impacts for the affected people and communities will be taken into account.”²³

Based on the evidence outlined in this report, the Scottish Health Council’s view is that NHS Lanarkshire has partially met the national guidance outlined by the Scottish Government and a number of matters remain outstanding. The engagement process and the range of consultation activities undertaken by NHS Lanarkshire enabled local people to be informed about and give their views on the proposals. Through this process, a number of questions and concerns were raised by people about the basis on which options were assessed. Further work is currently being undertaken by NHS Lanarkshire in response to these concerns, and the Scottish Health Council considers it will be important for NHS Lanarkshire to engage further with local people once this work is complete.

The Scottish Health Council’s view is that the requirements of the national guidance will not be fully met until this further work and engagement is progressed, in order that the views of local people in respect of this further activity can be understood and can inform any decisions which may subsequently be made regarding the proposals.

²³ 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

We have made the following recommendations to support the engagement as this process moves forward.

Recommendations

We recommend that in order to meet the requirements of the national guidance, NHS Lanarkshire should:

1. Review the outcome of external assurance activities e.g. assessment of decontamination and groundwork costs, travel times in the travel and transport analysis, and consider whether this may require revisiting the option appraisal process if there are any material differences in relation to information that has been used to assess the options.
2. Complete and publish a full, updated, equality impact assessment that takes into account the evidence received through the public consultation together with appropriate demographic and socio-economic information, and sets out any proposed mitigating actions to take account of potential adverse impacts on any groups.
3. Communicate the additional external assurance work that has taken place to respond to the concerns raised during consultation and the outcome of this activity. This should include consideration of alternative options that have been put forward by respondents during consultation.
4. Engage with local people and communities in relation to this additional information to ensure their views are understood and can be fully taken into account when any decisions are being made.

When the Scottish Health Council publishes a major service change report on how an NHS Board has engaged and consulted on proposed changes to services, it is then shared with the relevant NHS Board to consider and to note recommendations for action.

6. Areas of good practice and learning points

We identified the following areas of good practice and learning points from this engagement and consultation process.

Areas of good practice identified by the Scottish Health Council

- NHS Lanarkshire's non-executive Board members were in attendance at all public meetings to hear people's views first-hand.
- NHS Lanarkshire proactively used social media throughout the consultation process.
- A series of 10 short films were developed during the consultation to provide information in 'bite size' on key areas of the proposal.
- A dedicated webpage to house all consultation material and social media was used to maintain momentum and alert people to consultation activities and timelines.
- NHS Lanarkshire made some adaptations to the format of its public meetings in response to feedback it received during the process. It also arranged two additional afternoon public meetings in response to anticipated public interest.

Learning points identified by the Scottish Health Council for future processes

We recommend that NHS Lanarkshire takes into account the following learning points when undertaking future change proposals.

- Public feedback identified various concerns on aspects of the option appraisal and consultation process and these are referenced in this report. This feedback should be taken into account when planning future consultation, for example ensuring objectivity and balance of information.
- Ensure that an equality impact assessment on the proposal is undertaken prior to proceeding to public consultation. Where possible, this exercise should involve a diverse group of community representatives with awareness or lived experience of protected characteristics.
- Consideration should be given to how NHS Lanarkshire can further develop a collaborative relationship with patients and local communities to plan and discuss local health and care services.
- Consider additional locations where consultation material may be more visible and widely available e.g. public areas of high footfall.
- Ensure there is sufficient time at public meetings, especially where there is a high attendance, for people to ask questions and have these answered. Otherwise, have a mechanism in place to record and subsequently communicate answers.

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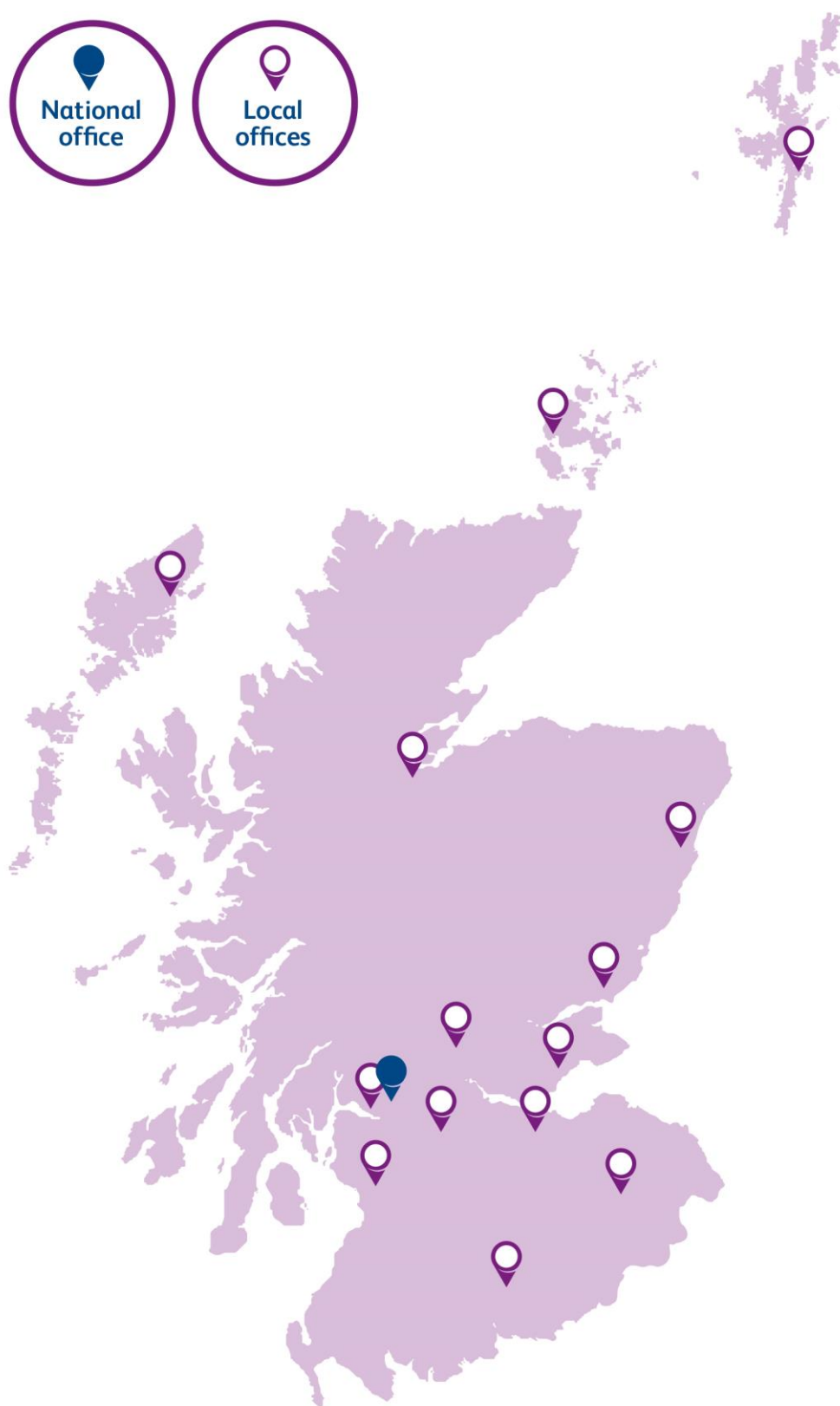
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