

Major Service Change

A report on NHS Tayside's Consultation on proposals for
Shaping Orthopaedic Services

December 2019



Acknowledgements

The Scottish Health Council would like to thank members of the public, patients, health and social care staff, 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 Tayside for the assistance they provided to us in reviewing the engagement process.

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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 Voice.¹

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'², 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

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

1. Executive summary

This report describes the Scottish Health Council's assessment of whether NHS Tayside's engagement and consultation process for Shaping Orthopaedic Services followed the Scottish Government guidance, 'Informing, Engaging and Consulting People in Developing Health and Community Care Services'.

Based on the findings of this report, the Scottish Health Council confirms that the process undertaken by NHS Tayside **has met** the national guidance outlined by the Scottish Government. The scope of the review of orthopaedic services across Tayside includes planned surgery and unplanned emergency treatment or surgery that is described as orthopaedic trauma³.

Through our quality assurance process we have found that the majority of people who took part, and responded to our survey, understood NHS Tayside's reasons for change to orthopaedic services. However, they also felt that there needs to be more consideration of the potential impact of the proposals on travel for service users, families and visitors.

We noted in NHS Tayside's survey responses for the general and waiting list survey, that the majority of respondents support the model.

The main concerns expressed by respondents related to the following.

- The potential impact on people (service users and families) on accessing planned surgery services at Perth Royal Infirmary and Stracathro Hospital by public transport. In particular, how people in more rural areas will be able to attend early morning appointments.
- Access for family and carers to visit a patient having surgery in a different locality.
- Uncertainty about the timescales for when the changes to unplanned orthopaedic trauma surgery and planned orthopaedic surgery might be implemented and its dependency on staff recruitment.

NHS Tayside has used the learning and feedback from previous consultations and reviewed its approach to communication and engagement during the consultation. Examples include that NHS Tayside:

- responded to suggestions from the public and hosted three additional pop-up events at shopping centres and supermarkets in Dundee, Perth and Arbroath in October 2019.

³ A serious injury to part of the musculoskeletal system (bones, joints and soft tissues), and is often the result of a sudden accident. For some this means an operation is needed to fix the damage.

- undertook a midway review and, in response to our suggestion, developed feedback posters for each locality (Dundee, Angus and Perth and Kinross) and added them to social media and the webpage to encourage further feedback.
- sought input on its engagement strategy from third sector organisations, public representatives and staff, and
- acted upon our previous feedback about ensuring service user/patient and public views on proposals are obtained during consultation.

During this consultation there was not the same level of political, public or media interest as NHS Tayside's 2017 consultation which proposed changes to general surgery entitled Shaping Surgical Services⁴.

We have made the following recommendations to support the points raised during the consultation and to inform decision-making, communication of any decision and the next steps.

It is important that the views of people who took part in the consultation are accurately recorded in NHS Tayside's consultation report, which should explain how the views of people who took part in the consultation have been taken into account in any final decision or next steps agreed by NHS Tayside.

Recommendations for NHS Tayside

We recommend that, as part of its decision-making process on the proposed model NHS Tayside Board should:

1. Provide indicative timescales for when the proposed model will be implemented and provide reassurances as to how any staff recruitment issues that may affect this will be addressed.
2. Consider how best to involve service users, carers, staff and third sector representatives in reviewing the issues raised during the consultation and co-design solutions with members of the NHS Tayside Transport and Access group.

If the proposals are approved then we recommend that the following areas are considered.

1. Review and revise the information provided to patients ahead of surgery with service users and the public, to ensure it is clear what support is available in relation to transport, parking and expenses.
2. Undertake a review of the patient booking system for surgical procedure appointments to address concerns about early morning appointments for people living in rural areas of Tayside.

⁴ www.nhstayside.scot.nhs.uk/OurServicesA-Z/TransformingSurgery/index.htm

3. Provide regular communication on the outcomes of this further work and keep people informed of progress and timescales for the implementation of the proposals.
4. Seek ongoing feedback from service users and the public about transport and the patient booking system, and involve them in any evaluation of the new model.

We have identified a number of areas of good practice and also some learning points from this engagement and consultation.

Areas of good practice identified by the Scottish Health Council

- NHS Tayside's approach to seeking feedback on its draft communication and engagement plans from the NHS Tayside Stakeholder Engagement group and wider community representatives as part of the earlier engagement on the development of the Transforming Tayside clinical strategy.
- The involvement of NHS Tayside's public partners in developing the consultation materials and approaches.
- The involvement of clinical leads in the public events which received highly positive feedback from people who attended the meetings.
- The use of alternative formats and graphic information in the consultation materials and supporting videos.
- The use of feedback posters to help to encourage further participation in the consultation.
- The development of a 'lessons learned' log and willingness to reflect and learn from feedback from the Scottish Health Council, partners and the public.
- Seeking the feedback of service users via a survey of patients on the waiting list.

Learning points identified by the Scottish Health Council for future processes

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

- Ensure that venues for public events are accessible by public transport and review the start time of events to coincide. Some people highlighted that this was an issue for the meeting in Forfar on 28 September 2019.
- Ensure that service users and the public are involved in the option appraisal and development process, as per the national guidance, 'Informing, Engaging and Consulting People in Developing Health and Community Care Services'.
- Include indicative timescales for the implementation of the proposed models in consultation materials.
- The pop-up events reached a wider number of people than the public events therefore NHS Tayside may need to consider a more proactive and targeted

approach to engagement (e.g. offering to attend the meetings of community and patient groups).

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 processes which 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 shown in Table 1 overleaf:

Table 1: Steps in the service change process

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 Tayside's process for engaging and consulting local people on Shaping Orthopaedic Services, its proposals to reconfigure planned and unplanned orthopaedic trauma surgery⁵ carried out in Tayside. The differences between the current and proposed model are set out in Table 2. The scope of the review of orthopaedic services across Tayside includes planned surgery and unplanned emergency treatment or surgery that is described as orthopaedic trauma⁶.

The review of orthopaedic services 'Shaping Orthopaedic Services'⁷ looks to address the challenges of:

- the changing needs of the ageing population, and
- delivering sustainable services to ensure that the right care is delivered at the right time in the right place and, at the best possible cost for the benefit of patients requiring orthopaedic care.

The consultation took place from 29 July to 31 October 2019.

This report sets out the Scottish Health Council's assessment of the consultation process against Scottish Government guidance.

⁵ Orthopaedic services are the part of the NHS that treats the musculoskeletal system. This can include your bones, joints, ligaments, tendons and muscles, NHS Tayside, Shaping Orthopaedic Services, FAQs, page 1-
www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod_324394

⁶ A serious injury to part of the musculoskeletal system (bones, joints and soft tissues), and is often the result of a sudden accident. For some this means an operation is needed to fix the damage.

⁷ NHS Tayside Shaping Orthopaedic Services, Full Consultation document, July 2019-
www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod_324398

Table 2: Current and proposed model

Current model	Proposed model
Perth Royal Infirmary (PRI): - unplanned⁸ orthopaedic trauma operating service is available between 1pm and 4.30pm, Monday to Friday and reduced hours on Saturday and Sunday, and - planned⁹ orthopaedic surgeries between 8.30am to 4.30pm on Monday to Friday	Perth Royal Infirmary (PRI): - no unplanned orthopaedic trauma surgery; non-operative patients will continue to be admitted directly to PRI, and - Centres of Excellence¹⁰ for planned surgery will be established in PRI
Ninewells: - unplanned orthopaedic trauma admissions on a 24 hours-a-day, 365 days-a-year basis (covers Dundee, Angus and some Perth and Kinross patients), and - very complex planned surgery and for people with health issues that means they need more medical care	Ninewells: - all unplanned orthopaedic trauma surgery and major trauma patients¹¹ on a 24 hours-a-day, 365 days-a-year basis for the Tayside population - patients who are well enough will be transferred back to a suitable hospital closer to home within 48-72 hours for rehabilitation and recovery if they need further care, and - very complex planned surgery and for people with health issues that means they need more medical care
Stracathro: Stracathro provides dedicated planned orthopaedic care for a high volume of patients deemed to be 'low risk'	Stracathro: Centres of Excellence for planned surgery will continue in Stracathro Hospital
Golden Jubilee Hospital (GJNH): patients from NHS Tayside are regularly referred to the GJNH near Glasgow for treatment	Golden Jubilee Hospital (GJNH): planned orthopaedic surgery currently carried out at the National Waiting Times Centre at the GJNH will potentially be returned to NHS Tayside

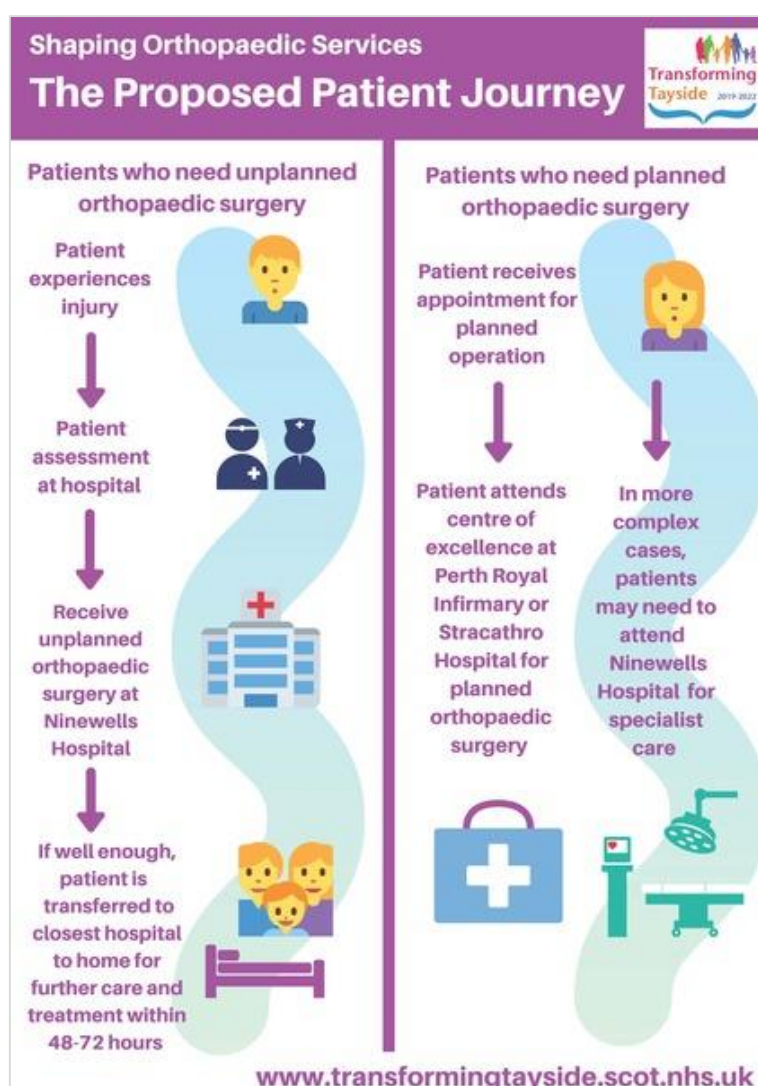
⁸ Unscheduled surgery is surgery which cannot reasonably be foreseen or planned in advance. Unscheduled surgery is sometimes referred to as emergency surgery

⁹ This is surgery that is planned in advance, usually following discussion with the patient. This is also sometimes referred to as planned surgery.

¹⁰ A centre of excellence is where expert health professionals work together to provide the very best specialist care and treatment for patients in a dedicated area or site. They deliver better quality through bringing together resources, new technologies and techniques, which improve patient outcomes, NHS Tayside Shaping Orthopaedic Services, Glossary, Page 2-
www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/ldcplg?IdcService=GET_SECURE_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod_324392

¹¹ All complex unplanned trauma care (referred to as Major Trauma) already happens at Ninewells Hospital and this has been the case for several years.

Figure 1: NHS Tayside, Proposed Patient Journey Poster



NHS Tayside believes that an average of one patient per day will require to be transferred from the Perth and Kinross area to Ninewells Hospital for unplanned orthopaedic trauma surgery and the number of people requiring to be transferred back post-operatively from Ninewells will be less than one person per day, as highlighted in Figure 1.

Under the proposed model, approximately 350 to 400 more planned surgeries a year could take place at Perth Royal Infirmary or Stracathro, leading to a reduction in waiting times.

Background and context

The proposals for change were consulted on as part of wider engagement on NHS Tayside's three-year change programme called Transforming Tayside¹². The programme builds on NHS Tayside's previous Integrated Clinical Strategy which was

¹² www.nhstayside.scot.nhs.uk/OurServicesA-Z/TransformingTayside/PROD_319911/index.htm

renamed to Transforming Tayside and gives an overview of proposed redesign for the next three years.

The review of orthopaedic services started in 2017 as a partner programme to the review of general surgery. The review became part of NHS Tayside's Integrated Clinical Strategy in April 2018. The programme has been developed by NHS Tayside and the three Health and Social Care Partnerships: Angus, Dundee and Perth and Kinross. NHS Tayside has emphasised that Transforming Tayside has been a clinically-led strategy.

NHS Tayside asked specific questions at its 2018 engagement events about potential new ways of delivering services (e.g. how willing would people be to go outside Tayside for care, or go to another hospital for treatment). NHS Tayside published a report following these events, which indicated that people were supportive of this model and were willing to travel for better quality care, but they would expect follow-up care to be provided as close to home as possible. The evaluation undertaken at the event was extremely positive about the event format and content.

Feedback received by NHS Tayside from its 2017 consultation on general surgery suggested that people wanted to understand proposals for change as part of the 'bigger picture' of change to health and social care services in Tayside. Therefore, the public consultation events had a specific discussion on the proposals for orthopaedic services and other redesign projects that form part of the three year plan; proposed changes to Stroke services, people's experiences of using emergency and urgent care, and views on transport and access.

As noted above, the review of orthopaedic services started in 2017 as a partner programme to the review of general surgery. The review became part of NHS Tayside's Integrated Clinical Strategy in April 2018; when we were asked by NHS Tayside to give advice on the communication and engagement process for the strategy.

NHS Tayside did not directly involve patients, or representatives, in the formal option appraisal process in 2017/18, as advised in the current national Scottish Government guidance, 'Informing, Engaging and Consulting People in Developing Health and Community Care Services'. The guidance asks that the development of options is an open, transparent and accessible process and that potentially affected people and communities are proactively engaged in the process.

NHS Tayside did not seek our advice on the process for the development of the options for orthopaedic services but we did attend a series of meetings in 2018 on the development of the Transforming Tayside clinical strategy where NHS Tayside engaged on the concept of a Centre of Excellence which included orthopaedics.

4. Our findings

This section outlines what NHS Tayside 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.

NHS Tayside first discussed the Transforming Tayside clinical strategy with the Scottish Health Council in April 2018 when we were asked to provide advice on the process of engagement.

Engagement on the development of the clinical strategy took place over 2018. The acceptability of new models, such as the concept of Centres of Excellence for specialist diagnosis and treatment were discussed with service users and patient representatives. NHS Tayside also asked people attending the meeting how willing they would be to travel to another hospital in Tayside for treatment, or outwith the NHS Board area.

June 2018: NHS Tayside invited people from patient and community groups to events in Dundee, Angus and Perth and Kinross. Sixty-seven people attended the three events. The events included presentations from clinical leads on the reasons why services need to change, the challenges facing services and sought some initial feedback on proposals for Community Care, Emergency Care, Digital Technology in Healthcare Provision and Centres of Excellence.

NHS Tayside also sought feedback via a survey distributed at the events. It also shared for comment and discussion at the meeting, its plans to communicate and engage with people on the Transforming Tayside programme.

September 2018: three further events were held in Dundee, Angus and Perth with a total of 58 stakeholders attending including NHS Tayside Non Executive Board Members, to discuss ideas for redesigning services and seek feedback on concepts such as a Centre for Excellence (i.e. one site delivering specialist treatment for the whole of Tayside).

NHS Tayside reports that the feedback from the engagement events in 2018 has been incorporated into its proposals on orthopaedic services which it has developed for consultation. For example, the proposals make provision for the transfer of a patient back to their home or local hospital as soon as possible after their unplanned orthopaedic trauma surgery.

The proposed Centre for Excellence model for Orthopaedics was also shared and discussed at a series of workshops on the development of the clinical strategy, between April and September 2018, which NHS Tayside's public partners attended.

From our observations at the meetings we found that people had an opportunity to comment on the concept of the proposed model. We did not note any concerns expressed about the development of the specific proposals for orthopaedic services.

In our letter to NHS Tayside on 28 August 2019 (providing our view on the impact of the proposals)¹³, we noted that the proposed model development had been clinically led, and informed by engagement over the last few years on the development of the Transforming Tayside programme.

Consultation

NHS Tayside planned a three month consultation from 29 July to 31 October 2019.

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

What NHS Tayside did

- NHS Tayside public partners were asked to review the draft consultation materials and approaches to engagement. NHS Tayside had also sought feedback and input on its approach to engagement at earlier conversation events.
- NHS Tayside shared its engagement plan with the Stakeholder Engagement group which has representatives from the Tayside public partners, patient groups and carers, the third sector, Scottish Health Council and NHS Tayside staff. This group was set up to provide an overview for the wider Transforming Tayside programme.

NHS Tayside used a variety of methods to inform people of the consultation process including the following.

- A Community briefing was sent to General Practices, pharmacies and dental practices.
- Pop-up banners were displayed at events.
- Press releases were issued at key stages of the consultation to local media (including *The Courier*, *the Evening Telegraph*, *Forfar Dispatch*, *Kirriemuir Herald*, *Montrose Review*, *the Arbroath Herald Guide and Gazette*, and the *Brechin Advertiser*).
- Updates were posted on social media (Facebook and Twitter) at regular intervals (at least 2-3 times a week) to promote the launch, events, survey and feedback.

¹³ http://scottishhealthcouncil.org/publications/major_service_change_reports.aspx

- Briefing and consultation materials were sent to NHS Tayside Non-Executive Members, the three Health and Social Care Partnership Chief Officers, Council communications teams, and Elected Members.
- Staff briefings were issued with updates on the programme and information about face-to-face events. Staff meetings were held on each of the main hospital sites.
- Direct mailing to key community contacts and people who had signed up to databases at key stages of the consultation:
 - Community councils and Neighbourhood Representative Structures (283).
 - NHS Tayside public partners (33).
 - Community groups (222).
- Dedicated webpage, with a link from the home screen, with all materials, events, feedback and how to give feedback¹⁴.
- Transforming Tayside newsletter shared via email, social media and website in August 2019.
- Feedback posters for each locality sent to public partners, Voluntary Action Angus, Perth and Kinross Voluntary Action, Dundee Voluntary Action and were added to social media and the webpage.
- Briefings with MSPs and MPs.
- Interview on Heartland FM Health and Wellbeing hour.

NHS Tayside used a mixture of methods to gather feedback on the proposals including the following:

- Hosted three public meetings in Dundee, Perth and Forfar.
- Held 13 pop-up events at the three acute hospital sites, community hospitals and shopping centres.
- Conducted online and paper surveys (one general and one for patients on the waiting list for planned orthopaedic surgery).
- A survey was issued to patients from the Perth and Kinross area who had undergone surgery for trauma, including people who had fractured hips.
- Provided a Freepost address for comments, email address and telephone number.
- Four staff events were held at Perth Royal Infirmary, Stracathro Hospital and Ninewells Hospital.

¹⁴ NHS Tayside, Transforming Orthopaedic Services webpage-
www.nhstayside.scot.nhs.uk/OurServicesA-Z/TransformingTayside/PROD_322572/index.htm

What the Scottish Health Council did

- Reviewed NHS Tayside's consultation plan.
- Reviewed the consultation material to check it met guidance requirements and made suggestions based on good practice.
- Attended the Stakeholder Engagement group meetings and had monthly meetings with the NHS Tayside communications team to provide advice and share good practice.
- Attended the three public consultation events.
- Reviewed social media and local press coverage for discussions, articles or issues raised.
- Distributed our questionnaire to people who attended the public events and pop-up events.
- Shared our local office newsletter with 154 contacts.
- Emailed MSPs, MPs, councillors, community councils and community groups information about the consultation and our questionnaire.
- Conducted six telephone interviews with people who had participated in the consultation.
- Questionnaires could be completed online, emailed, sent to a Freepost address or handed to us at meetings. Our questionnaire was also added to NHS Tayside's consultation page and via our local office Twitter page.

A summary of the points we noted from our quality assurance of the process are displayed in Table 3:

Table 3: Summary points from our quality assurance

Concern	Detail
Transport and access: • access for patients for surgery in a different locality. • access for family and carers to visit a patient having surgery in a different locality.	Concerns raised about the impact on people (patient and families) on accessing planned surgery services at Perth Royal Infirmary and Stracathro via public transport. In particular, early morning appointments for people in more rural areas.
Wider public awareness and attendance at consultation events	Some concern expressed at meetings, and in our questionnaire, that the wider public may not have been aware of the consultation and a perception that attendance at public events was low. A small number of people raised concerns, in our questionnaire and survey, about the suitability of the venue for the meeting in Angus in terms of its accessibility by public transport.
Clarity in relation to timescales for change	People said they were unsure about the timescales for when the changes to emergency and planned surgery might be implemented.

Figure 2: Scottish Health Council survey returns



Further feedback

To supplement the responses we received through our survey we asked people to let us know if they would be interested in providing further feedback about the communication and engagement process. Twelve people indicated that they were interested and five people responded to say they would be happy to participate in a phone interview.

The five people we spoke with felt that the consultation information was easy to read and had been clear about the reasons for change and how this would benefit patients (e.g. reduced waiting times and better use of the three sites in Tayside). Two of the interviewees were aware of the mix of methods used to publicise and engage with people but wondered if this had been effective in reaching the wider community.

People suggested that transport and access to services requires further discussion and engagement. Consideration should be given to involving people in developing the solutions to travel and access (e.g. consideration of the role of volunteer drivers). Appointment letters also need to ensure that people are made aware of any support available to them.

Most of the interviewees were part of a wider group. We asked about the comments about perceived low turnout and awareness. The feedback we received was that, if people are to attend meetings, they need to be motivated or feel that the change will have a direct impact on proposals.

It was also felt that the appointment process for planned surgery had been a focus of discussion at the meetings. Consideration should be given to where a person lives when booking an appointment i.e. patients living in more rural areas should be given later appointments.

Figure 3: A sample of comments from our evaluation questionnaire



We asked the interviewees if they could identify areas for improvement in the communication and process that we could share with NHS Tayside. Feedback included the following.

- NHS Tayside needs to consider the effectiveness of the methods it used for reaching the wider public (e.g. posters in pharmacies, local newspaper, GP practices). It was noted that people attending the meetings were mainly from community and patient groups.
- Feedback about the clinical input to the meetings was extremely positive and people liked the format of the meetings (e.g. clinicians delivering the service presenting to smaller groups and time to ask questions directly to clinical staff). The format was found to be useful and it was suggested that NHS Tayside continues this approach.
- Help the wider public to understand the key messages about how services will change in Tayside: 'one hospital over three sites'; staff working together to deliver

the acute service in Tayside across the three acute hospital sites of Ninewells Hospital, Perth Royal Infirmary and Stracathro Hospital.

- It was also suggested that the timescales as to when the changes might be implemented should be more explicit.

We found that:

- Approximately 50 members of the public and community representatives attended the public meetings and NHS Tayside staff spoke with 246 people at the pop-up events. NHS Tayside has received 203 responses to its consultation survey, which is comparable to other major service changes in Scotland.
- NHS Tayside has acted upon our previous feedback about ensuring that both service user and public views on proposals are obtained during consultation. NHS Tayside received 377 responses to the patient survey that was sent to people on the waiting list for planned orthopaedic surgery.
- As shown in Figure 2, we received a small number of returns to our questionnaire (31). We noted an improvement in the responses as to how well people felt that they been listened to and engaged with when compared to NHS Tayside's 2017 consultation on Shaping Surgical Services¹⁵. This was also reflected in the feedback we received in the phone interviews we conducted.
- Responses indicated people had found out about the consultation via different routes including email, local groups, NHS Tayside's website, newspapers and social media.
- There was some discussion at the public events, and comments in our questionnaire returns, about wider public awareness and low attendance at meetings. We noted that some of the people attending were part of community and patient groups, therefore information may have been shared beyond those attending the events.
- Respondents to our questionnaire used a variety of methods to participate in the consultation (e.g. completed a survey, attended one of the three public events or attended one of the pop-up events).
- There was not the same high level of political, public or media interest as the previous consultation on general surgery.
- NHS Tayside was responsive to requests for further information and meetings and undertook a midway review in September to identify the need for any further communication and engagement.
- NHS Tayside has used the learning and feedback from previous consultations in Tayside and is testing new approaches. It has sought input on its engagement

¹⁵ http://scottishhealthcouncil.org/publications/major_service_change_reports.aspx

strategy from third sector organisations, public representatives and staff as noted in Table 4.

Table 4: Learning from previous consultations

Learning from previous consultations	What NHS Tayside did in response
It was suggested by people who had participated in previous consultations that “people need to be able to see the bigger picture and how changes fit together”.	The concept for the new orthopaedic model was discussed as part of the wider engagement on the development of the Transforming Tayside strategy. The public events had a specific discussion on the proposals but also discussed wider redesigns and strategy.
The need to test draft consultation materials and approaches to engagement with member of the public.	Public partners have been involved in key stages of the process and have informed the development of the communication materials. NHS Tayside held the public events on a Saturday morning to try to make the consultation more accessible to those who work.
Consider including information in the summary consultation document about the option appraisal process (e.g. who was involved, criteria used and discounted options).	Information that signposts to further details on the proposal has been included in the summary consultation document.
Provide more information in a graphic format to explain the patient journey in the current and proposed model for change.	Feedback received on the materials was positive and indicated that it aided understanding. NHS Tayside developed flowcharts to illustrate the patient journey.

5. Conclusions

Based on the findings of this report, the Scottish Health Council confirms that the process undertaken by NHS Tayside **has met** the national guidance outlined by the Scottish Government.

We noted in NHS Tayside's survey responses, for the general and waiting list survey, that the majority of respondents support the proposed model.

As shown in Figure 2, our questionnaire response was low (31 people) and represented a small sample of the people who participated in the consultation. However, we noted some uncertainty in the responses on the question about whether the next steps in the process were clearly explained: 59% (13 people) felt it was clear, 23% (5 people) said it was not clear, and 18% (4 people) were unsure. Nine people did not answer this question. When we asked people to explain why they felt the way they did they mentioned uncertainty about transport and access and timescales for implementing the changes.

At the consultation meetings we observed that NHS Tayside attempted to respond to all points raised and there was a specific discussion about transport and access which was noted as an area that needed further discussion and consideration.

NHS Tayside has set up a Transport and Access group, which is working with local councils, local transport services and voluntary organisations to develop a sustainable transport and access plan to support this redesign and the wider review work in Tayside. This work needs to be shared as part of the ongoing engagement to provide information and reassurance to the public that transport and access issues are being addressed.

While we found that NHS Tayside used a variety of methods and media to promote the consultation, we are aware from our attendance at the public events, the questionnaire and phone interviews feedback that people expressed a concern that the low turnout at the public events may indicate that the wider public may not have been aware of the consultation.

While we note the efforts made to communicate with the wider population, and direct engagement with service users, NHS Tayside may wish to review the effectiveness of how it disseminates communications through its channels (e.g. to General Practices, and to assess how information is being shared at these locations).

NHS Tayside reviewed its approach to communication and engagement during the consultation. It responded to suggestions to hold further pop-up events in shopping centres and trialled this method of engagement by hosting three additional pop-up events at shopping centres and supermarkets in Dundee, Perth and Arbroath in October.

NHS Tayside undertook a midway review and in response to our suggestion they developed feedback posters (see Figure 4) for each locality (Dundee, Angus and Perth and Kinross) and sent them to its public partners, Voluntary Action Angus, Perth Kinross Voluntary Action, Dundee Voluntary Action, and added them to social media and the webpage to encourage further feedback.

Figure 4: NHS Tayside, Feedback Posters



6. Recommendations

We have made the following recommendations to support the points raised during the consultation and to inform decision making, communication of any decision and next steps.

It is important that the views of people who took part in the consultation are accurately recorded in NHS Tayside's consultation report. The report should explain how the views of people who took part in the consultation have been taken into account in any final decision or next steps agreed by NHS Tayside.

Recommendations for NHS Tayside

We recommend that, as part of its decision-making process on the proposed model NHS Tayside Board should:

- 1.** Provide indicative timescales for when the proposed model will be implemented and provide reassurances as to how any staff recruitment issues that may affect this will be addressed.
- 2.** Consider how best to involve service users, carers, staff and third sector representatives in reviewing the issues raised during the consultation and co-design solutions with members of the NHS Tayside Transport and Access group.

If the proposals are approved then we recommend that the following areas are considered:

- 1.** Review and revise the information provided to patients ahead of surgery, with service users and the public, to ensure it is clear what support is available in relation to transport, parking and expenses.
- 2.** Undertake a review of the patient booking system for surgical procedure appointments to address concerns about early morning appointments for people living in rural areas of Tayside.
- 3.** Provide regular communication on the outcomes of this further work and keep people informed of progress and timescales for the implementation of the proposals.
- 4.** Seek ongoing feedback from service users and the public about transport and the patient booking system, and involve them in any evaluation of the new model.

7. Areas of good practice and learning points

As the NHS looks to deliver continual improvements in the quality of its public involvement activities, it is appropriate to identify areas of good practice and learning points. These are drawn from comments received from the public during the process and our own observations.

We have offered to undertake an 'after action review' with NHS Tayside to identify what has worked well, what could be improved and to explore any improvements in how we work together in future.

We also understand that the NHS Tayside's Stakeholder Engagement group is considering and reviewing how NHS Tayside can reach out to specific communities and groups and using more innovative approaches.

We have identified a number of areas of good practice and also some learning points from this engagement and consultation.

Areas of good practice identified by the Scottish Health Council

- NHS Tayside's approach to seeking feedback on its draft communication and engagement plans from the NHS Tayside Stakeholder Engagement group and wider community representatives as part of the earlier engagement on the development of the Transforming Tayside clinical strategy.
- The involvement of NHS Tayside's public partners in developing the consultation materials and approaches.
- The involvement of clinical leads in the public events which received highly positive feedback from people who attended the meetings.
- The use of alternative formats and graphic information in the consultation materials and supporting videos.
- The use of feedback posters to help to encourage further participation in the consultation.
- The development of a 'lessons learned' log and willingness to reflect and learn from feedback from the Scottish Health Council, partners and the public.
- Seeking the feedback of service users via a survey of patients on the waiting list.

Learning points identified by the Scottish Health Council for future processes

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

- Ensure that venues for public events are accessible by public transport and review the start time of events to coincide. Some people highlighted that this was an issue for the meeting in Forfar on 28 September 2019.

- Ensure that service users and the public are involved in the option appraisal and development process, as per the national guidance, 'Informing, Engaging and Consulting People in Developing Health and Community Care Services'.
- Include indicative timescales for the implementation of the proposed models in consultation materials.
- The pop-up events reached a wider number of people than the public events, therefore NHS Tayside may need to consider a more proactive and targeted approach to engagement (e.g. offering to attend the meetings of community and patient groups).

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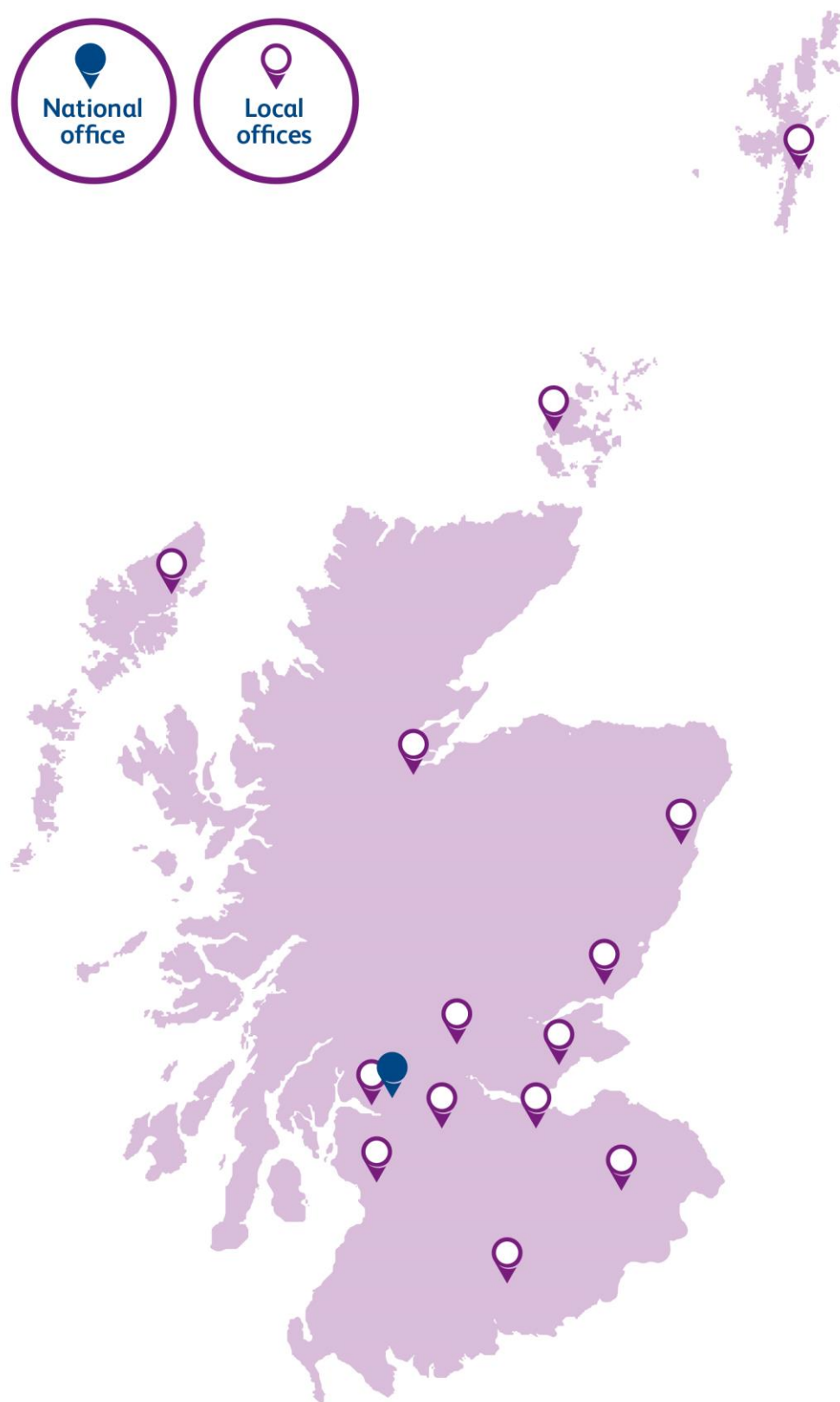
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