

Major Service Change

A report on NHS Highland's consultation on proposals to redesign health and social care service in Caithness

January 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 Highland for the assistance they provided to us in reviewing the engagement 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, CEL 4 (2010)'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 other health service 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

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

1. Executive Summary

This report sets out the Scottish Health Council's assessment of NHS Highland's engagement and consultation process for 'Proposals to Redesign Health and Social Care Services in Caithness', against Scottish Government guidance, 'Informing Engaging and Consulting People in Developing Health and Community Care Services.'²

Based on the evidence outlined in this report, the Scottish Health Council's view is that NHS Highland has met the national guidance outlined by the Scottish Government. The engagement process and the range of consultation activities undertaken by NHS Highland enabled local people to be informed about and give their views on the proposals to develop a care hub in Thurso and Wick and refurbish the Caithness General Hospital. NHS Highland demonstrated that it was listening and responding to views and suggestions expressed during the process and adapted its communication and engagement plans in response.

NHS Highland carried out an option appraisal in May and June 2018 and the following shortlisted options were scored.

- Option 1: No change – current arrangements (services currently delivered at the Town and County and Caithness General Hospitals, Pulteney House Care Home in Wick and Dunbar Hospital, Bayview Care Home and Thor House Day Centre would continue as they are)
- Option 2: Care Hub/Village located at Dunbar Hospital site (Thurso) and Town & County Hospital Site (Wick),
- Option 3: Care Hub/Village located at Dunbar Hospital site (Thurso) and Pulteney House (Wick)
- Option 4: Care Hub/Village located at Dunbar Hospital site (Thurso) and Caithness General (Wick)

All of the options included investment in community services including mental health, further roll out of NHS Near Me³ and the refurbishment of the Caithness General Hospital.

Option 3, (the development of a Care Hub/Village located at Dunbar Hospital site [Thurso] and Pulteney House [Wick]), was the highest scoring option.

(For the purposes of this report the Care Hub/Village concept will be referred to as the 'care hub').

NHS Highland undertook a three month consultation on the proposals to redesign health and social care services in Caithness from 20 August to 23 November 2018.

Through our observations we have found that the majority of people who took part in the process, including those that responded to our survey, indicated that they had understood the case for change and felt that NHS Highland had clearly

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<https://www.nhshighland.scot.nhs.uk/Services/Documents/NHS%20Near%20Me%20Key%20Points%20Jan%202018.pdf>

explained why it was considering the proposals for a care hub in Wick and Thurso, the further roll out of NHS Near Me and the refurbishment of the Caithness General Hospital. Similarly the majority of respondents to our survey felt that they had been given the opportunity to give their views and ask questions.

However, there were some local people who did not support the highest scoring option in terms of the Wick site (Pulteney House) and who expressed concerns about the accuracy and balance of information provided for the Town and County site (option 2).

The main points we noted about the engagement process from the feedback were:

- people in general felt that NHS Highland had made a good effort to go out and speak to people, used lots of different ways to tell people about the proposals and gave people a range of opportunities to ask questions and give their views
- the majority of people we spoke to had received the consultation summary and felt that it had provided them with enough information
- some people felt that the information about the consultation could have been more visible to people in the community and contain less jargon e.g. better explanations for concepts like the care hub, and
- perceived lack of clarity of the process, including how the preferred option was chosen, how issues like parking, travel and staff shortages would be addressed and what will happen next.

The main concerns we noted about the proposals were the following.

- The location of the preferred sites (Pulteney House & Dunbar), travel and access related issues, including parking and whether there would be enough space to develop the care hub on the Pulteney House site.
- Some people questioned the level of detail and what services would be provided at the care hubs (for example bed numbers and whether GP practices, palliative care and mental health services would be included).
- Perceived lack of trust and belief that a decision had already been made by NHS Highland, some people also questioned the accuracy of the information provided about the proposals including the size and land available at the Wick sites.

Issues relating to existing services or services e.g. mental health services and maternity services were not included in the review. In response to the concerns people raised about potential GP relocation, NHS Highland is currently undertaking further engagement with patients at Riverview GP practice in Wick and Riverbank GP practice in Thurso and plans to submit this information to the NHS Highland Board on 29 January 2019 for consideration.

During the consultation NHS Highland stressed that no decisions about the proposals had been made at this stage and that all feedback would be taken into consideration.

Should NHS Highland decide to include the relocation of GP practices as part of the care hub development, further engagement with potentially affected patients, would be required.

NHS Highland has also held two additional meetings with people using mental health services to discuss concerns raised during the consultation and answered questions relating to concerns.

While maternity services were not part of the current consultation, issues about this were raised at some of the meetings. NHS Highland has said that they are planning to engage with current or recent patients, accessing maternity services, which is separate to this redesign process.

Accuracy of information and trust of NHS Highland Board was a concern for some people. It is important that NHS Highland's consultation report clearly records the views of people who took part in the consultation and explain how people's views have been taken into account within any recommendations for the proposed future services. It is also important that the any decisions and next steps agreed by the NHS Highland Board on 29 January 2019 are clearly communicated to the local community.

Recommendations

We recommend that, as part of its decision-making process on the proposed model, NHS Highland should clearly communicate the following.

- How outstanding concerns or questions raised during the consultation have or will be, addressed in the consultation report. This should include concerns relating to access and parking and provide information about timescales and how people can be involved with addressing any related issues in the future.
- The services that will be located in the proposed Wick and Thurso care hubs, including details about the number of beds that will be available at each of the facilities and what the types of services they will be used for.
- How people's views have contributed towards any recommendations for future services and how alternative models and proposals put forward during the consultation have been considered.
- the next steps in the business case process following the NHS Highland Board meeting on 29 January 2019. This should include timescales and details of opportunities for involvement.

If the proposals are approved, NHS Highland should do the following.

- Communicate the process that it will use for making decisions relating to the future location of the care hub in Wick, any potential relocation of GP practices (Wick and Thurso) and changes to bed numbers. This should include an updated equalities impact assessment and details of further engagement plans, detailing opportunities for involvement in this process.

- Engage with people who will be directly affected by the changes (patients, family, carers and staff), to ensure that their views are understood and can be fully taken into account when progressing plans and implementing changes to future services.
- Provide regular communication on the outcomes of this further work and keep people informed of progress and timescales for the implementation of the proposals.

We have identified some areas of good practice and learning points on page 30 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 the development of 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 Highland's process for engaging and consulting local people on plans to develop a care hub in Wick (at the Town and County Hospital or Pulteney House Care Home sites) and Thurso (at the Dunbar Hospital site) and refurbish the Caithness General Hospital. The public consultation took place from 20 August to 23 November 2018.

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

Caithness has a population of 25,807, (as at 2016) with 11,606 living in East Caithness including Wick and 14,201 in West Caithness including Thurso.⁴

The area is serviced by a Rural General Hospital (Caithness General Hospital⁵), that includes Accident & Emergency, a range of ambulatory services (treatments and procedures that can be delivered without an overnight stay) and 42 in-patient beds (excluding maternity beds), two operating theatres, endoscopy, and a three-bedded Community Maternity Unit.

There are two community hospitals. Dunbar Hospital, in Thurso, is a nurse-led unit with six beds, a minor injuries service and out of hours service. The hospital is covered by Thurso and Halkirk Practice and by local and agency GPs during out of hours. Town and County Hospital (Wick) is a six-bedded community unit, which includes two en-suite palliative care beds. Cover for Town and County is provided through a combination of consultants at Caithness General and the out of hours service.

Other services included within the proposals include two NHS Highland operated care homes, Pulteney House (Wick) and Bayview (Thurso) and day centre services provided for adults with learning disabilities at Thor House (Thurso).

⁴ Highland Health & Social Care Partnership, North & West Operational Unit, Caithness Information Pack, Developing Sustainable Health & Social Care Services
Caithness

⁵ <http://www.cgh.scot.nhs.uk/>



Figure 1 Map showing care hub locations⁶

Background and context

There has been a significant amount of public and political concern about the future of local service provision within the Caithness area for a number of years. More recently, this related to changes made to local maternity services in 2016 on the grounds of safety.

On 27 October 2017 a public march was organised where several hundred people took to the streets in Caithness in protest about proposed changes to the Dunbar Hospital (Thurso) and Town and County Hospital (Wick). This resulted in NHS Highland halting the Bed Modelling Strategy Caithness review process that was taking place at that time. The process was restarted in December 2017 with the focus widened to incorporate all adult health and social care services in the area, excluding maternity services.

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<https://www.nhshighland.scot.nhs.uk/News/PublicConsultation/CaithnessRedesign/PublishingImages/Caithness1.png>

The table below reflects the key events and changes that have taken place over the last decade.

2008–2012	Review of Dunbar Hospital, including a range of options that included changes to palliative care and the minor injuries unit
February 2012	The North Highland Community Health Partnership (CHP) ceased the Dunbar Hospital service change process
June 2013	Closure of the Harmsworth ‘Dementia’ unit due to staffing levels
October 2015	Junior doctor training suspended at Caithness Rural General Hospital
October 2016	Closure of the Queen Elizabeth Wing as an in-patient facility, due to not meeting healthcare standards
October 2016	Public protest, hundreds of local people took to the streets in Caithness regarding changes to local services
December 2016	Maternity services changed from consultant-led to community-led maternity unit due to safety concerns
January–October 2017	NHS Highland undertook a number of engagement events as part of Caithness Bed Modelling Strategy service change process
October 2017	Number of public protests took place in relation to changes to maternity services and potential changes to Dunbar and Town and County Hospitals
October 2017	NHS Highland ceased Caithness Bed Modelling Strategy Service Change process
March 2018	NHS Highland launch event of Developing Sustainable Adult Health and Social Care Services in Caithness Redesign. (Current Redesign)
May–June 2018	NHS Highland held four workshops to develop and appraise potential options for future services in Caithness
July 2018	NHS Highland Board meeting that supported a move to three month public consultation
20 August–23 November 2018	NHS Highland held three month public consultation on the proposed options
January 2019	NHS Highland Board will meet to discuss and potentially agree recommendations for future health and social care services for Caithness. The final decision will rest with the Cabinet Secretary for Health and Sport.

4. Our Findings

This section outlines what NHS Highland did to follow the guidance. Our attendance at public events and consultation meetings, survey feedback, discussion groups that we organised and our review of media coverage, have all helped to inform our assessment of 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 Highland first discussed the proposal to redesign adult health and social care services with the Scottish Health Council in January 2017. NHS Highland undertook engagement with local people through a series of events in May, August and November 2017. In October 2017, NHS Highland paused the review process due to the level of public and political concern.

On 19 March 2018 NHS Highland held a meeting with public representatives in Wick, to discuss the current and future challenges that services were experiencing and agree a case for change. The meeting was supported by a panel of experts (health and social care staff, consultants and managers of local services) and the focus for the review (scope) was extended to include all adult health and social care services in the area, excluding maternity services.

We carried out an evaluation of NHS Highland's engagement plans and activity during the option development and appraisal process and invited people who had taken part in the option appraisal events to complete a questionnaire.

We also reviewed NHS Highland's plans and provided feedback to inform their next steps in the process, including the three month public consultation and future practice. This has included:

- sharing a summary report containing feedback taken from our evaluation survey of the option appraisal and engagement process, dated 28 June 2018, and
- giving our view on the impact of change and recommendations for further engagement in our letter dated 5 July 2018 (available on the Scottish Health Council Website⁷).

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

Engagement – Option appraisal

NHS Highland carried out option development and appraisal over four workshop style events. Participants from the March 2018 event had the opportunity to indicate if they would like to continue to take part in the process.

The following events took place as part of the option appraisal process:

- Session 1 (18 May in Wick) to introduce option appraisal and explore current service provision and challenges
- Session 2 (22 May in Wick) to develop a long list of potential options
- Session 3 (31 May in Wick) to create a short list of options and appraise the shortlist of options, and
- Session 4 (13 June in Thurso) to appraise the shortlist of options and identify a preferred option.

Approximately 60 people took part in these events, including 26 participants who were either patients, members of the public, third sector or elected representatives. The group developed a long list of approximately 40 ideas and suggestions about what future services could include. These were converted into themes and shaped into nine potential options (known as the long list of options).

The nine options were then shortlisted to four options by the group, using a set of agreed criteria, (a list of elements that were seen to be of importance by the group). Each of the criteria (elements) were given a score out of 100 to reflect its importance, (known as weighting the criteria). The four options were then reviewed following a structured process to identify the best or preferred option, based on what people felt were important considerations for future services.

More detailed information can be found on the engagement and option appraisal process in NHS Highland's option appraisal report consultation document.⁸

Each of the options available proposed a care hub in both Thurso and Wick. There was agreement on the location of the Thurso site (Dunbar Hospital site), but the options developed considered two potential site for Wick (Town and County Hospital site and Pulteney House Care Home site).

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<https://www.nhshighland.scot.nhs.uk/News/PublicConsultation/CaithnessRedesign/Documents/Caithness%20OA%20Report.pdf>

The table below shows the options that were considered through this process and the relative scores they received.

Option	Description	Score (out of 1,000)
1	No change – current arrangements continue	277 (baseline)
2	Care hub located at Dunbar Hospital site (Thurso) and Town & County Hospital site (Wick)	683 (alternative)
3	Care hub located at Dunbar Hospital site (Thurso) and Pulteney House (Wick)	783 (preferred)
4	Care hub located at Dunbar Hospital site (Thurso) and Caithness General (Wick)	510 (lowest scored and rejected due to feasibility)
Option	Description	Score (out of 1,000)

On 24 July 2018 the NHS Highland Board approved the option appraisal and the preferred option, and agreed to undertake a public consultation starting on 20 August until 23 November 2018. NHS Highland plan to undertake a financial and technical appraisal of the options as part of the business case process, following the outcome of the public consultation.

On 5 July 2018, as part of our quality assurance, we made the following recommendations for NHS Highland to undertake, ahead of, and during, the consultation.

Our recommendations to NHS Highland	What NHS Highland did:
Share the findings of the equality impact assessment, outlining steps that will be taken to address any negative impacts of the proposal – including transport and transfer arrangements for patients and service users who will be accessing services from the new health and care hubs.	NHS Highland undertook a Planning for Fairness Assessment⁹ in June 2018 and has held initial meetings with Highland Council and Stagecoach (bus company), Caithness Rural Transport and others, to discuss concerns raised during the consultation. NHS Highland say that it plans to form a travel and access group that will include representatives from groups and members of the public, to support the process going forward.
Consultation materials should be available in a range of formats to: • explain how the preferred option was reached and why other options were discounted • inform people of current services and what the proposals would mean in practice for patients, service users, families and carers, and • make clear that all responses and alternative suggestions to the consultation will be considered by NHS Highland. We also recommended developing a Frequently Asked Questions document to support people's understanding of the proposals	NHS Highland developed a series of consultation information in a range of formats¹⁰, including: • a summary document was posted to every home and business in the area, as well as being available at meetings and online – hard copies of a large print version of the summary and survey were also available at meetings, and • a full consultation document was available on the NHS Highland website from late September 2018 and was available in some public places including local libraries. NHS Highland's website also contained • an easy read version of the proposals • technical reports, including a full report from the option appraisal

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https://www.nhshighland.scot.nhs.uk/News/PublicConsultation/CaithnessRedesign/Documents/2018/EqualityImpactAssessment_Caithness_2018_V7.pdf

¹⁰<https://www.nhshighland.scot.nhs.uk/News/PublicConsultation/CaithnessRedesign/Pages/Consultation2018.aspx>

	process as well as maps and diagrams of the sites and proposals, and • animations and video clips explaining the service change process and concepts like the care hub¹¹ and NHS Near Me¹²
Undertake targeted engagement with patients and service users and their families and carers, who would be directly affected by the proposed changes.	NHS Highland staff shared information about the proposals and discussed these at local meetings in care homes and day centres with service users and their families. NHS Highland also responded to a number of requests from local groups and visited group meetings to discuss the proposals with their members.
Clinicians and other staff should be available to facilitate discussions and to support everyone's understanding of the proposals.	NHS Highland clinicians, managers and members of local staff took part in all of the public meetings via a panel – as well as attending a range of local groups, meetings and public events. Activities included the 'pop up shop', drop-in sessions and walkabouts, (where NHS Highland staff visited different public places and locations across Caithness) to discuss the proposals with members of the public.

¹¹ <https://www.youtube.com/watch?v=FYUMDnTOEzE&feature=youtu.be>

¹² <https://www.youtube.com/watch?v=0ydZTqsrmao>

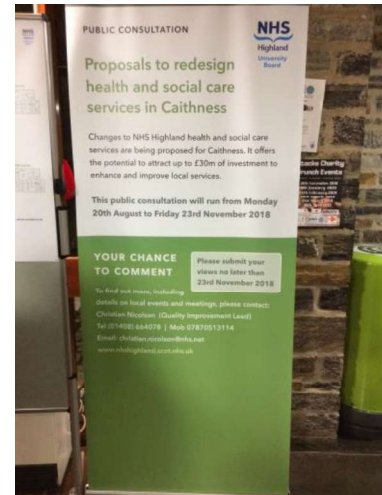
Consultation

NHS Highland held a three month public consultation from 20 August to 23 November 2018.

As part of our quality assurance we wanted to know if NHS Highland had provided people with enough information about the proposed changes and if people felt they had the chance to discuss them, and to give their views.

What NHS Highland did

- Patient and public representatives who participated in the option appraisal were invited to review the draft consultation materials and suggest approaches to engagement.
- NHS Highland held two launch events, one in Wick on 20 August and one in Thurso on 21 August 2018 and asked people to suggest approaches and groups to engage with.
- NHS Highland used a range of methods to get feedback from people on its proposals including the following.
 - The consultation summary document, and survey, was sent to every home and business in the Caithness area.
 - Four public meetings; two in Wick and two in Thurso (excluding two launch events) were held.
 - A range of meetings took place with community groups and patient representatives, including community councils, the Caithness General Hospital Patient Council and Riverbank Patient Participation Group.
 - Meetings were held with community groups and at local community events, including mother and toddler groups, men's sheds, local representatives from the Scottish Youth Parliament, and attendance at the Royal National Lifeboat Institution (RNLI) fun day.
 - 'Pop up' shops were located in shop premises in the center of both Thurso and Wick over the two different weeks. This enabled NHS Highland staff to answer questions and discuss the proposals with members of the public, between the hours of 10am and 4pm Monday to Saturday.
 - Walkabouts, where NHS Highland staff visited 18 locations across the Caithness area and chatted informally with local people in a range of public places about the proposals.
- NHS Highland also produced a number of documents and supporting information in a range of formats on its website. These included variations of the consultation document, e.g. an easy read version, a diary of events, videos, maps and reports containing technical information.



- Information about the consultation, including the outcome of the option appraisal and how people could give their views, was also shared in the following ways.
 - Adverts in local newspapers, promoting public meetings and other local meetings taking place. Media releases were also used at the start and at key points during the three month consultation period.
 - Information boards were displayed and printed copies of the consultation document were available in a number of public places including public libraries, GP practices, Thor House and Pulteney House and Bayview Care Homes.
 - NHS Highland published posters for public meetings and displayed them in public places including local supermarkets and high street shops. A poster template was also available on the NHS Highland website for groups and members of the public to use.
 - Social media was used throughout the process including posts on Facebook and Twitter to share feedback collected from meetings, raise the profile of the consultation and encourage people to give their views.
 - Individuals and groups also used social media to share information about the consultation and accounts of people's experience of taking part in a meeting or event or to share thoughts and feelings about the proposals

What we found

- NHS Highland was responsive to public and community requests during the consultation including inviting people to provide suggestions on how it should engage with local people and responding to requests received.
- NHS Highland used a range of approaches to engage with people from different backgrounds and ages. This included holding public meetings, visiting community groups, hosting pop up shops in Wick and Thurso and walkabouts in different locations across the area.
- Individuals, local voluntary and community groups used social media and the NHS Highland poster template to raise awareness of the consultation. Some people also used social media to gather or share views.
- NHS Highland received over 2000 responses to its consultation survey, in addition to the other forms of feedback they received.
- The majority of people at public meetings appeared to understand the need for change and the consideration of the proposals for a care hub in Wick and Thurso and the refurbishment of the Caithness General Hospital.
- A number of concerns were raised during the consultation relating to access and travel to the proposed sites in both Wick and Thurso, particularly relating to parking and public transport links.

- Some people were unclear whether the proposals would include GP practices and whether their practice would move from its current location.
- Some people questioned how the care hub option was chosen and when more detailed information about the proposals would be available (e.g. how many and what type of beds will be included).
- A small number of people had concerns about the accuracy of the information that was available about the Wick sites, including the size of land for the Town and County site and the availability and suitability of Caberfeih Court at the Pulteney House site. NHS Highland answered questions relating to concerns at meetings and within its Frequently Asked Questions document, published on the NHS Highland website in December 2018.
- Some people felt that decisions had already been made and that they would not be listened to. Concerns that were expressed appeared to relate more specifically to recent changes to local services, like maternity and mental health services, rather than the current consultation on proposals to redesign health and social care services.

What we did

- Reviewed NHS Highland's communications and engagement plan.
- Reviewed the consultation materials to see if they met the guidance requirements and made suggestions based on good practice.
- Attended a cross section of NHS Highland's engagement activities (including all four public meetings and 11 community group meetings).
- Reviewed social media and local media coverage for discussions, articles or issues raised.
- Met with NHS Highland 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 Highland responding to these.
- Distributed our feedback questionnaire to:
 - participants at public and community meetings
 - 13 Community Councils for the Caithness area as well as at the Association of Caithness Community Councils meeting
 - 8 elected representatives
 - Community and voluntary groups to be shared with their networks
 - The Caithness General Patients Council and Riverbank Patient Participation Group, and

- Pulteney House, Bayview Care homes and Thor House Day Centre, to be shared with residents, family members and carers.

NHS Highland also displayed our survey link on its website and distributed our survey to people with whom they engaged

- Reviewed survey responses and other forms of feedback we received about the consultation.
- Held one focus group with people who, in the survey, had expressed an interest in further discussing their views (74 people who expressed an interest were invited, with five people attending)
- Held a discussion with four carers and family members of service users who attend Thor House Day Centre
- Held five telephone interviews with people who were unable to attend the focus group

A summary of the points we noted from our quality assurance of the process were:

Consultation Information	The majority of people from the survey indicated that they had read the consultation summary document. Some respondents felt that NHS Highland did not provide enough detail about specific elements of the proposals, like what services would be included in the care hubs and the number and types of beds to be included.
Access, travel and transport, including parking	Concerns were raised about parking and access to public transport both locally and when travelling to services in Inverness, with some public transport links not being accessible to everyone, particularly to people with sight or mobility related conditions.
Responding to questions	The majority of respondents felt that NHS Highland had provided the opportunity to ask questions, however some respondents felt that not all questions were answered with enough detail e.g. how issues with staffing, travel and parking would be addressed.
Decision already made	Some respondents felt that decisions had already been made and there appeared to be a general lack of trust from some people towards the Board of NHS Highland.
Staffing	Questions related to how staffing issues would be addressed with the proposed changes and if NHS Highland would be able to recruit and attract the

	required staff needed to support local services in the future.
Impacts on individuals and communities	Respondents were keen to find out more detail on how potential proposals might affect them and their communities. Areas of particular interest were palliative care services, assisted living and the location of GP practices.
Option appraisal process	A small number of people queried the process for arriving at the highest scoring option and if enough members of the community had been involved.
Public views and the consultation process	The majority of people felt that NHS Highland had made a reasonable effort to consult with people about the proposals. However a small number of people felt that the consultation did not include things that were important to them e.g. maternity services and changes to the inpatient services for mental health patients.

What people told us

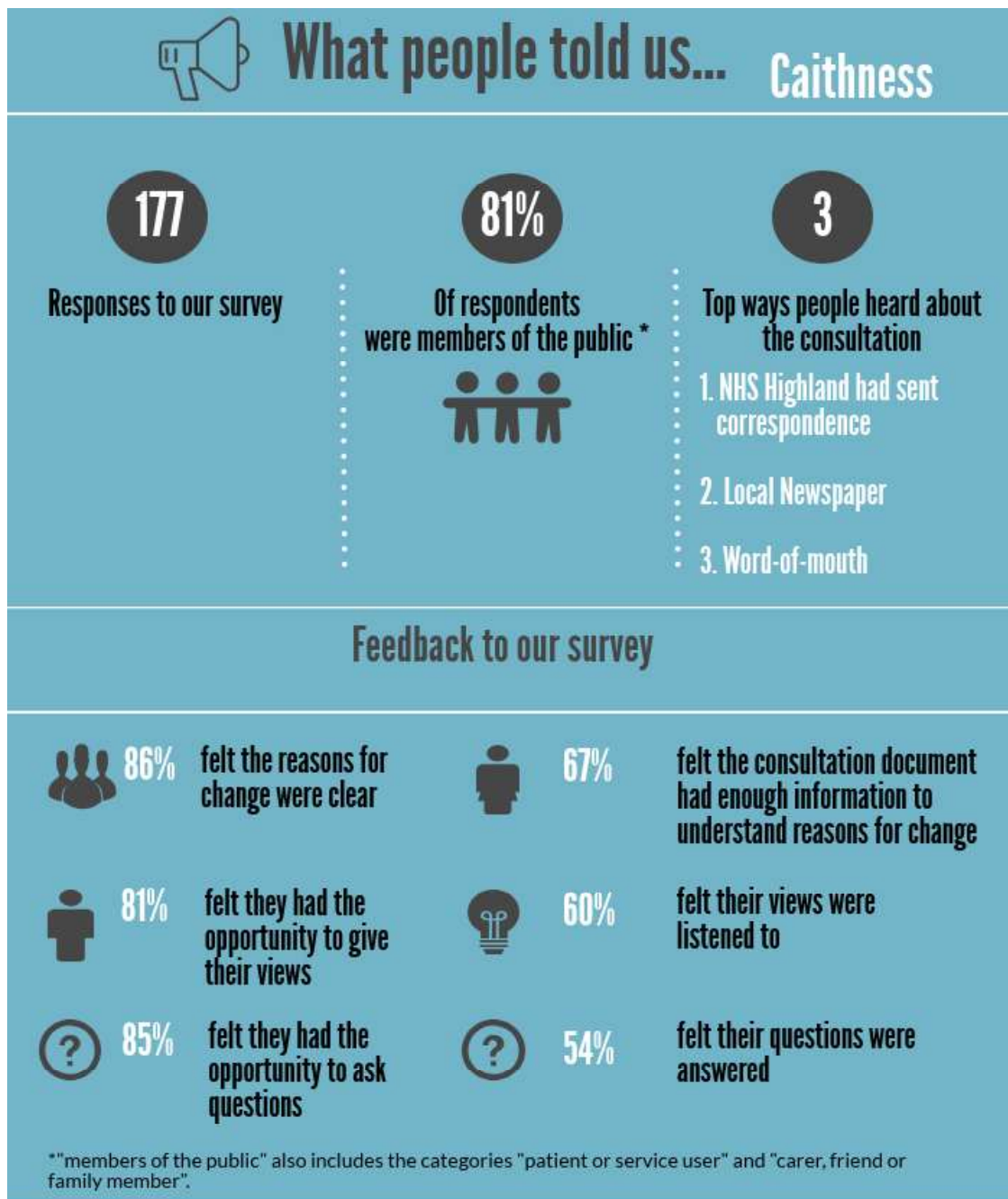
Our survey questionnaire was given out to all attendees at the public meetings in Thurso on the 1 October and 8 November and Wick on 11 October and 6 November. This could be returned to us at the end of the meeting, by post via a Freepost address (envelopes were provided) or completed online. The survey was also given to attendees of the 11 community groups we attended, as well as by NHS Highland staff at meetings or events where the Scottish Health Council was not present.

The survey received 188 full ('completed') and 12 partial ('non-submitted') responses i.e. 200 in total.

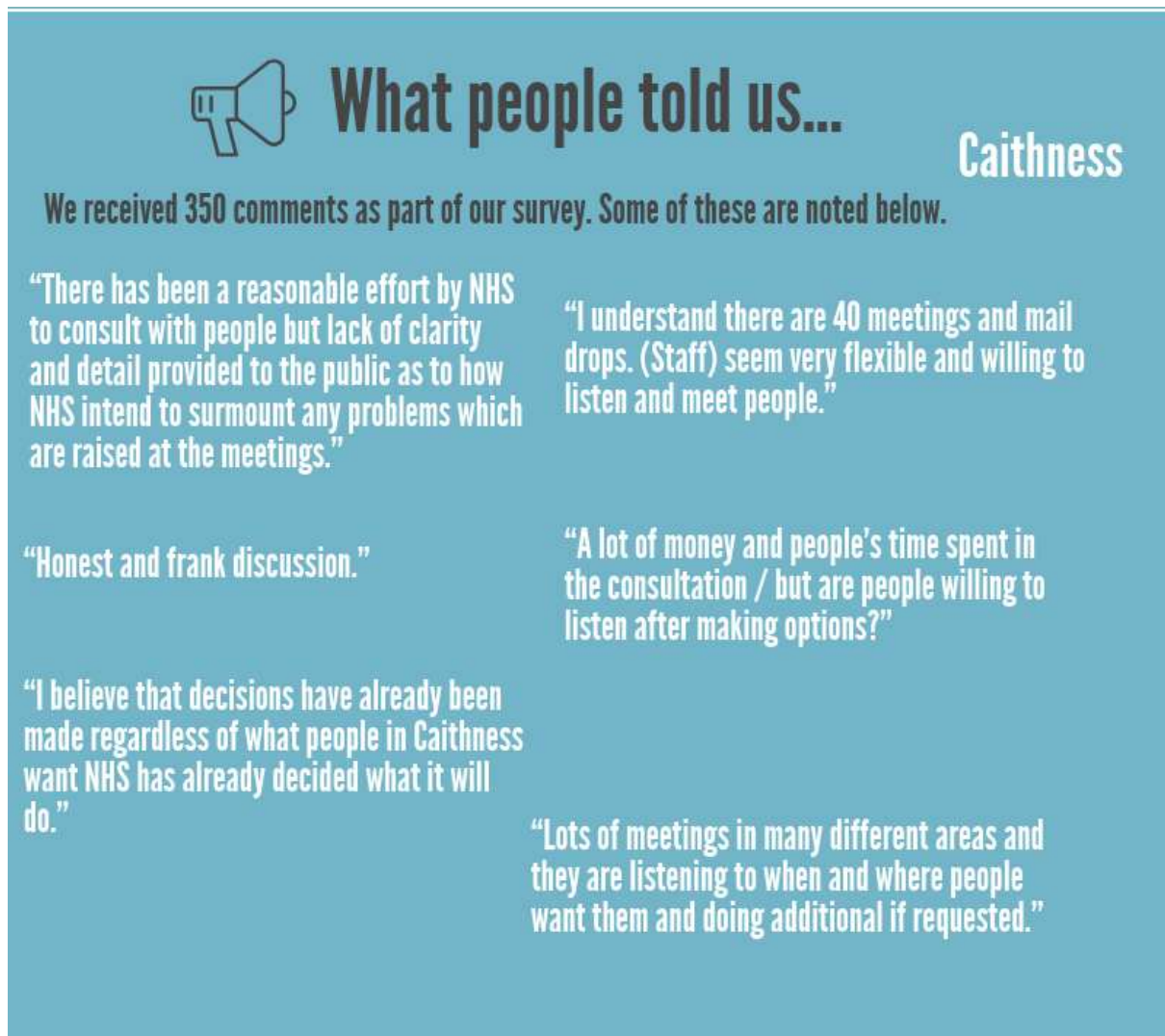
Responses from those who provided views in their capacity as an NHS or social care staff or service provider (11 individuals) have been removed from findings in order to assess the public, community and voluntary groups' views. A total of 177 surveys were included within our analysis. Responses were received from across Caithness and parts of Sutherland.

The analysis shows that 86% of respondents to our survey felt that NHS Highland clearly explained the reasons for change and 81% felt they had the opportunity to give their views and ask questions. 60% of respondents felt their views were listened to and 54% felt their questions were answered.

Evaluation summary



A sample of comments from the evaluation questionnaire



What people told us... Caithness

We received 350 comments as part of our survey. Some of these are noted below.

“There has been a reasonable effort by NHS to consult with people but lack of clarity and detail provided to the public as to how NHS intend to surmount any problems which are raised at the meetings.”

“I understand there are 40 meetings and mail drops. (Staff) seem very flexible and willing to listen and meet people.”

“Honest and frank discussion.”

“A lot of money and people’s time spent in the consultation / but are people willing to listen after making options?”

“I believe that decisions have already been made regardless of what people in Caithness want NHS has already decided what it will do.”

“Lots of meetings in many different areas and they are listening to when and where people want them and doing additional if requested.”

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Discussion Group and Feedback

To supplement the feedback received through our survey we held a focus group with five people, a discussion with four carers and five one-to-one interviews with people who had been actively engaged in the process, either individually or through local groups where they were members.

The majority of people said during the focus group and interviews that they felt that NHS Highland had made a good effort in going out and speaking to people. People also felt that most people knew about the consultation.

Some people felt the information provided about the proposals, in the summary as well as other consultation documents, was not targeted at the general public and had

terms that some people would not understand. For example 'preferred option', 'palliative care', 'community beds' and 'care hub'.

Some people were also not aware of the easy read and other supporting documents and material that were available on the NHS Highland website and felt that it would have been helpful if NHS Highland had provided this information in different ways.

Some of the carers said that they found it difficult to speak at the public meetings and had used the NHS Highland survey to provide their feedback instead.

The majority of people we spoke to raised access, travel and transport as a source of concern, particularly with accessing services centrally (in Inverness). People at the focus group felt that using the term 'remote' can be seen as being negative. They felt that consideration should be given to the conditions that people travel in, rather than the distance e.g. road and adverse weather conditions, time of year, as well as the standard of public transport including timetables and suitability of trains and buses/coaches.

There was an acknowledgement of the need to travel to some specialist services, however people described feeling quite vulnerable at times, particularly when unplanned care or treatment is required.

One person questioned whether the impact on some members of the community (if GP practices were to move) had been explored.

5. Conclusions and Recommendations

Based on the evidence outlined in this report, the Scottish Health Council's view is that NHS Highland has met the national guidance outlined by the Scottish Government. The engagement process and the range of consultation activities undertaken by NHS Highland enabled local people to be informed about and give their views on the proposals. NHS Highland demonstrated that it was listening and responding to views and suggestions expressed during the process and adapted its communication and engagement plans in response.

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 adult health and social care services in Caithness, and felt that NHS Highland clearly explained why it was considering the proposals to provide a care hub in Wick and Thurso and refurbish the Caithness General Hospital. 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 do not support the highest scoring (preferred) option (in relation to locating the care hub at the Pulteney House Site) and many respondents expressed concerns about the level of details available about specific aspects of the proposals, and when this information would be available to the public. This is reflected in people's responses to our survey and is consistent with themes raised in the discussion groups. NHS Highland should undertake further engagement on the future location of the Wick care hub, given the identification of a third potential site and the discussions that arose around access and parking. Proportionate engagement should also be considered following discussions on whether the care hubs will incorporate any potential relocation of GP services and if there are any changes to bed numbers.

There were some concerns about the option appraisal process in terms of its purpose, the process undertaken and how the preferred option was chosen. During the consultation NHS Highland stressed that a decision had not yet been made and that all feedback would be taken into consideration.

At the public meetings we observed NHS Highland staff attempt to answer questions when possible and explained that further detailed information will be made available as the business case is developed.

NHS Highland received over 2000 responses to its consultation, together with feedback from public, local community meetings and partner agencies. In the experience of the Scottish Health Council, this would appear to be a very high response rate compared to some other major service changes in NHS Scotland, particularly taking into account the relative population size.

People wanted to know how the proposals 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 should be considered further. The Scottish

Health Council recommends that NHS Highland engage with affected groups and their carers and families to fully explore the issues and address any impacts during the next phase of the process.

NHS Highland sought to address concerns relating to trust and the accuracy of information during the consultation process. However it is important that NHS Highland's consultation report clearly records the views of people who took part in the consultation and explains how these views have been taken into account to inform any recommendations and decisions for future services. It is also important that the any decisions and next steps agreed by the NHS Highland Board on the 29 January 2019 are clearly communicated to the local community.

Recommendations

We have made the following recommendations based on the evidence and feedback that has emerged during the engagement and consultation. These should be undertaken to inform the decision-making process on the proposed model and communication of any decision and next steps.

We recommend that NHS Highland Board should do the following.

- Demonstrate how outstanding concerns or questions raised during the consultation have or will be, addressed in the consultation report. This should include concerns relating to access and parking and provide information about timescales and how people can be involved with addressing any related issues in the future.
- Provide information about the services that will be located in the proposed Wick and Thurso care hubs, including details about the number of beds that will be available at each of the facilities and what the types of services they will be used for.
- Demonstrate how people's views have contributed towards any recommendations for future services and how alternative models and proposals put forward during the consultation have been considered.
- Clearly explain the next steps in the business case process following the NHS Highland Board meeting on 29 January 2019. This should include timescales and details of opportunities for involvement.

If the proposals are approved, NHS Highland should do the following.

- Communicate the process that it will use for making decisions relating to the future location of the care hub in Wick, any potential relocation of GP practices (Wick and Thurso) and changes to bed numbers. This should include an updated equalities impact assessment and details of further engagement plans, detailing opportunities for involvement in this process.

- Engage with people who will be directly affected by the changes (patients, family, carers and staff), to ensure that their views are understood and can be fully taken into account when progressing plans and implementing changes to future services.
- Provide regular communication on the outcomes of this further work and keep people informed of progress and timescales for the implementation of the proposals.

6. Areas of good practice and learning points

We identified the following areas of good practice and learning points from the engagement and consultation process carried out by NHS Highland.

- Proactive engagement with key demographic groups e.g. young people and people with long term conditions.
- A variety of methods used including public meetings, smaller meetings with community groups and community-based approaches including 'pop up' shops and 'walkabouts'.
- The use of different media including animations and videos to explain the case for change, the care hub and NHS Near Me concepts.
- Distributed the consultation summary and survey via post to every home in the area.
- Meetings with the public to discuss ideas and suggestions on how NHS Highland should approach communication and engagement.
- Independent facilitator used to support the discussions during both the option appraisal process, when developing the options for the proposals and to chair the public meetings during the consultation.
- Responsiveness to requests and feedback e.g. additional meetings with local/community groups, producing more visual information to support meetings, adding 'drop in' sessions before the public meetings and adding a more prominent link to the consultation page on the front page of the NHS Highland website.

Learning points

- Ensure the full consultation document is made available as close as possible to the start of the consultation period.
- Consider using clearer consultation titles that reflect the services being reviewed.
- 'Road test' easy read consultation materials with staff, service users, carers and families and seek to understand the best way to provide this information.
- Consider how to signpost people to the more detailed information on the website about the background to the redesign.

- Consider the use of a 'Frequently Asked Questions' (FAQs) document earlier in the process, which could be regularly updated to record and share common questions and concerns raised during the consultation process.
- Whilst some questions about bed numbers and detailed plans cannot be answered at the consultation stage, NHS Highland should provide a better explanation of how this will be developed at the different stages of the business case process. It should also provide indicative timescales and clarify how and where people can be involved in the process
- Share information about processes that are used to assess potential impacts such as public transport and car parking.

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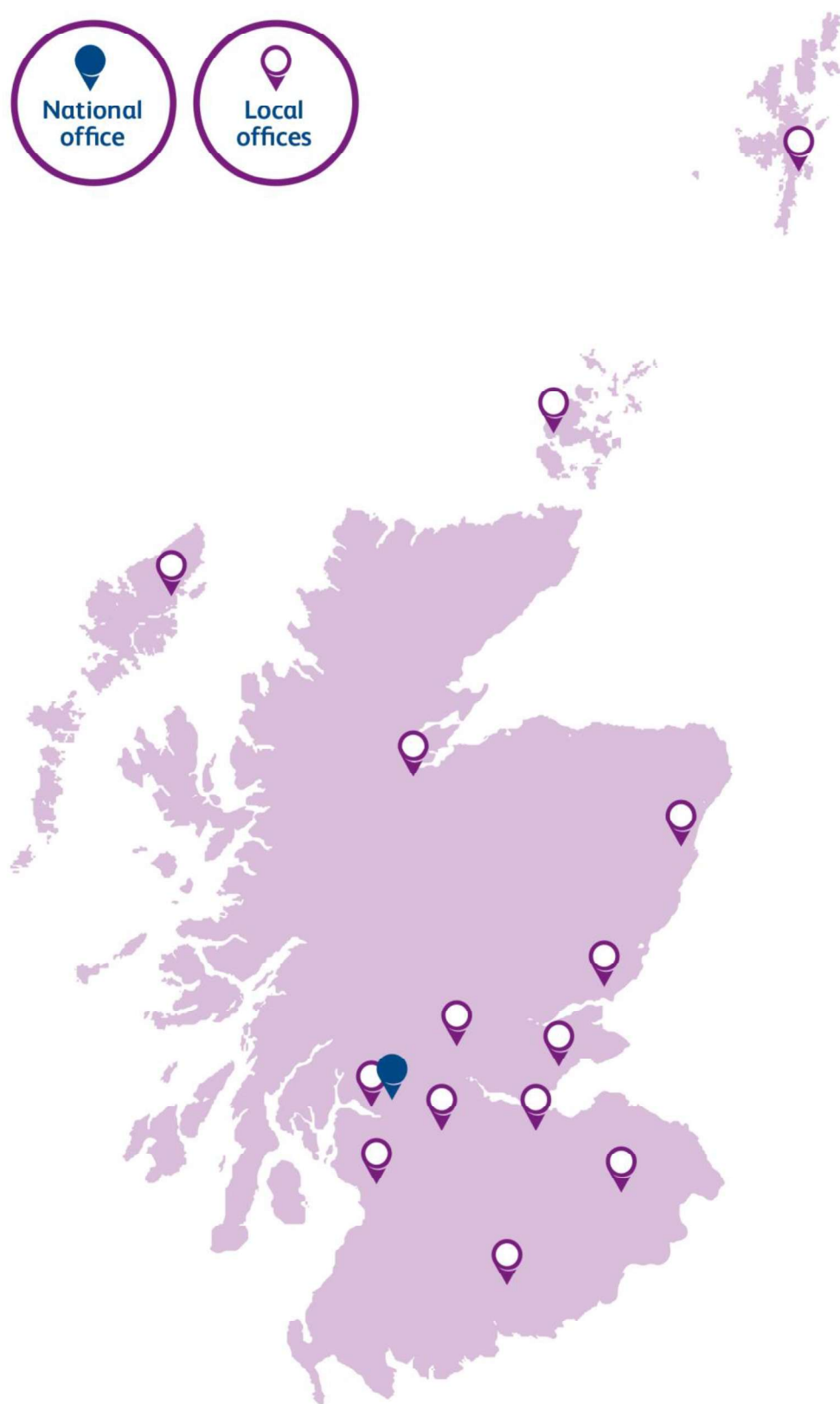
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