Proposed Approach to Engagement on Service Changes

Recommendation: the Board agreed in June 2016 to proceed with public engagement on a series of service changes, this paper invites the Board to approve the proposed approach to public engagement.

1. Background and Purpose

1.1. The June Board approved the Local Delivery Plan which proposed four service changes requiring processes of public engagement. The purpose of this paper is for the Board to consider and approve the proposed approach to public engagement for each of the service changes.

1.2. The attachments to this paper provide a more detailed description of each service change covering the:-

- Current pattern of service;
- Proposed service change and the clinical case for the proposed change;
- Proposed approach to engagement;

1.3. These proposals for service change reflect the Board’s Clinical Services Strategy (CSS) approved in January 2015. The approval of the Strategy concluded an extensive 3 year Clinical Services Review process. The Strategy provides the framework for future service planning and the development of detailed service change proposals. It also provides the strategic clinical context for working with the Integration Joint Boards.

1.4. The CSS sets out the high level service models to shape service provision and identifies the key approaches to underpin the future service planning for the populations served by NHS Greater Glasgow and Clyde. The principles it sets out are:-

- Improving health and prevention of ill health; empowering patients and carers through the development of supported self care
- Developing primary care and community service models; simplification of community models; focus on anticipatory care and risk stratification to prevent crisis
- Improving the interface between the community and hospital to ensure care is provided at the right time in the right place; community and primary care services inward facing and hospital services outward facing; focused on patient and carers needs
- Developing the ambulatory approach to hospital care, with inpatient hospital care focused on those with greatest need ensuring equitable access to specialist care
- Redesign of specialist pathways to establish a consistent service model delivering the agreed clinical standards and good practice guidelines
• Developing the rehabilitation model based on need not age; working across the service within primary and secondary care and with partner organisations to provide rehabilitation in the home setting where clinically appropriate
• Changing how care is delivered - patient centred care; shifting the paradigm to deliver care differently for patients particularly for patients who have multiple conditions; helping patients and the public to develop and understand the new approaches to care

The CSS established a clear framework to redesign, improve and modernise the Board’s clinical services. It set key objectives for future service change:

• Care which is patient focused with clinical expertise focused on providing care in the most effective way at the earliest opportunity within the care pathway;
• Services and facilities have the capacity and capability to deliver modern healthcare with the flexibility to adapt to future requirements;
• Sustainable and affordable clinical services can be delivered across NHS Greater Glasgow and Clyde.

1.5. The clinical services review was underpinned by extensive engagement and involvement activity. A large number of events were held over a two year period 2012-4 and included a Primary Care Event, Third Sector development events, regular Patient Reference Groups, public and patient representation on the Clinical Steering Groups, meetings with Public Partnership Forums and various community groups, forums and carers groups.

1.6. The National Clinical Strategy (NCS) was published in February 2016 following an extensive programme of development and engagement. The Strategy sets out a framework for the development of health services across Scotland for the next 10-15 years. It gives an evidence-based high level perspective of why change is needed and what direction that change should take. The Strategy sets out the case for:-

• Planning and delivery of primary care services around individuals and their communities;
• Planning hospital networks at a national, regional or local level based on a population paradigm;
• Providing high value, proportionate, effective and sustainable healthcare;
• Transformational change supported by investment in e-health and technological advances.

1.7. The proposed service changes outlined in this paper are in line with the direction set by the national clinical strategy and with service specific national strategies, for example, Reshaping Care for Older People.

2. Proposed Service Changes

The attachments to this paper set out the details of four proposed service changes to:-

• Paediatric services at the Royal Alexandra Hospital;
• Rehabilitation services in NE Glasgow: Lightburn Hospital
• Delivery services in the Community Maternity Units
• In patient care at the Centre for Integrative Care:

3. Public and Patient Engagement
3.1. The proposed approaches for each change reflect the national guidance “INFORMING, ENGAGING AND CONSULTING PEOPLE IN DEVELOPING HEALTH AND COMMUNITY CARE SERVICES”. The guidance requires appropriate and proportionate processes which reflect the scale and impact of the change proposed.

3.2. Broadly two phases are expected for changes which impact on patients, a development and engagement phase which is then followed by formal public consultation if a change is substantial.

3.3. The key requirements of the guidance are that for any service change:

- The Board can demonstrate the case for change is explained and options/proposals are developed with engagement with all stakeholders.
- Users and public representatives will have been involved in the development of any options/proposals prior to these being more widely engaged or consulted on.
- Patient and public representatives are fully involved in the engagement and consultation process undertaken by the board.

3.4. Major Service change: There are additional steps in process for proposals which are major service change. The SG guidance says Where a proposed service change will have a major impact on a patient or carer group, members of equalities communities or on a geographical community, the Scottish Health Council can advise on the nature and extent of the process considered appropriate in similar cases. Boards should, however, seek advice from the Scottish Government Health Directorate (SGHD) on whether a service change is considered to be major and, for those that are, Ministerial approval on the Board’s decision will be required. Prior to seeking the Scottish Government Health Directorate’s advice on whether the proposed service change is major, Boards should use the Scottish Health Council’s guidance “Guidance on Identifying Major Health Service Changes” to help inform their own considerations. The Health Council’s criteria for major service change are set out below:-

The following issues should be considered when identifying whether a proposed service change ought to be regarded as major. They are intended simply to provide a framework for discussion. Please note that these issues are not ranked in order of importance. Some of the issues may appear to overlap, but each should be considered. Any evaluation as to what extent these issues apply will involve a level of subjectivity. It is intended that NHS Boards and other stakeholders should consider each of the issues in the context of the particular local circumstances. As a general rule, the more issues that apply, the more likely it is that a service change should be considered as major. There are prompts under each of the issues. These are not intended to be exhaustive.

- **Impact on patients and carers**
  Consider the number of patients that will be affected as a proportion of the local population, and assess the likely level of impact on those patients, together with any consequential impact on their carers.

  Where it appears that a relatively small number of patients is affected, it may still be necessary to consider the level of impact on those individuals, particularly where their health needs are such that they are likely to require to continue to access the service over a longer period of time.

  The particular impact of the proposed change on patients that may experience discrimination or social exclusion should also be taken into account.

- **Change in the accessibility of services**
Consider whether the proposed change involves relocation, reduction or withdrawal of a service.

Assess the likely impact of the proposed change in terms of transport (in relation to patients, carers, staff, goods / supplies).

- **Emergency or unscheduled care services**
  Consider whether the proposals involve, or are likely to have a significant impact on, emergency or unscheduled care services, such as Accident and Emergency, Out-of-Hours or maternity services.

  Assess the potential impact on the delivery of services provided by the Scottish Ambulance Service.

- **Public or political concern**
  Assess the likelihood that the proposals will attract a substantial level of public concern, whether across the local population, or amongst particular patient groups.

  Take account of any views expressed by Public Partnership Forums, local community groups or elected representatives.

  Consider any views reflected in the local media.

  Are there likely to be complex evidence issues that could be open to challenge or dispute?

- **Conflict with national policy**
  Do the proposals run counter to national policy, for example, the presumption against the centralisation of health services?

- **Change in the method of service delivery**
  Do the proposals involve the use of new or contentious technology?

  Are changes proposed in relation to practitioner roles?

  Might there be changes in settings, such as moving a service from a hospital to a community setting, or vice versa; or other changes in the care process e.g. moving to 'one stop clinics' for services which have traditionally been provided separately?

  Has the proposed change been demonstrated to work in other areas?

  Identify whether there are examples of working models elsewhere, which would help to inform discussions.

- **Financial implications**
  Consider in broad terms the level of investment, or savings, associated with the proposed changes.

  Take account of the implications for the NHS Board(s) involved and for other agencies e.g. local authorities.

- **Related changes in recent years**
  Take account of the cumulative effect of the proposed changes, when considered alongside other changes that have taken place over recent years.

- **Consequences for other services**
Decisions on whether a service change is major are made by Scottish Government. In our view the position for each of our proposed changes is as follows:-

- The changes to ward 15 were previously deemed by the Board to be major and the process to date has reflected that as does the final step outlined in this paper of formal public consultation.

- We will continue to discuss with Scottish Government their view of the Lightburn proposals. The similar proposals for Drumchapel, closing that site and transferring beds and services to GGH were not deemed major service change. In any event, the extensive processes we are proposing would meet the requirements for a major service change.

- In our view the changes to the CMUs do not meet the criteria for major service change. The impact is on very small numbers of patients and the proposed process reflects that position and the fact there has been extensive prior process.

- The CIC changes do not affect the range or location of services for patients and are in line with national policy to shift care to ambulatory delivery, we do not believe the change meets the criteria for major service change.

3.5. Engagement: The attachments to this paper set out the approach for each proposed change. The material which we will use for the engagement and consultation will be developed from the content of this paper. For each proposal we are putting in place a stakeholder reference group to work with us on the engagement material and processes.

3.6. Scottish Health Council. The Scottish Health Council (SHC) is responsible for providing advice to Boards on engagement. Discussions with the SHC have shaped the approach to each proposal outlined in the paper. Our final approach to engagement for each proposals will be agreed with the SHC before engagement gets underway at the beginning of September.

4. Conclusion

This paper enables the Board to establish the processes to explore with our patients and the public a range of service changes which are driven by clinical considerations. The Board will carefully consider the outcome of that engagement for each of the proposed changes.