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# **Report of NHS Borders' In-Patient Redesign Project and "Getting Fit for the Future" Consultation**

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## 1 SUMMARY

The Scottish Health Council has a remit to consider whether NHS Boards have adequately consulted their local populations in relation to significant NHS service change, in accordance with existing guidance<sup>1, 2, 3, 4, 5</sup>.

This report covers two stages of patient and public involvement in proposed major service change within the NHS Borders area. The initial involvement and engagement process - the In-Patient Redesign Project - commenced in January 2004 and ended with recommendations being submitted to the NHS Board in October 2005.

In October 2005, the NHS Board approved the recommendation to go out to a formal consultation on the preferred options to close Coldstream and Jedburgh Community Hospitals and the Hume Learning Disabilities Unit. Recommendations for further work were also approved on the Acute and Mental Health strands of the programme and Outline Business Cases were submitted to the NHS Board in Spring 2006.

The formal consultation on Coldstream and Jedburgh Community Hospitals and the Hume Learning Disabilities Unit, entitled "Getting Fit for the Future", began on 21 November 2005 and concluded on 24 February 2006.

Evidence on how well NHS Borders involved patients and local people in both stages of the process was gathered by the Scottish Health Council from:

- communications (e.g. reports, letters, NHS Borders' website)
- feedback (from both staff and patient representatives)
- interviews (with public representatives on the working groups, representatives from both Jedburgh and Coldstream Action Groups and a representative of Scottish Consortium for Learning Disabilities)
- attendance at public meetings and NHS Borders' "drop-in sessions".

In reviewing both the initial involvement phase and the formal consultation process, the Scottish Health Council concludes that NHS Borders did take sufficient steps to involve patients and the public. The Scottish Health Council therefore notes that this consultation is in accordance with the appropriate guidance relating to Patient Focus and Public Involvement. However, there are aspects of this consultation that could have been carried out better, and should be regarded as learning points and opportunities to improve future practice.

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<sup>1</sup> Patient Focus and Public Involvement, Scottish Executive Health Department (2001)

<sup>2</sup> Consultation and Public Involvement in Service Change - Draft Interim Guidance, Scottish Executive Health Department HDL 42 (2002)

<sup>3</sup> Partnership for Care, Scottish Executive Health Department (2003)

<sup>4</sup> National Standards for Community Engagement, Scottish Community Development Centre and CoSLA (2004)

<sup>5</sup> Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services, Scottish Executive Health Department (2004)

## 2 INTRODUCTION

The Draft Interim Guidance produced by the Scottish Executive Health Department (2002) states that:

*"The key principle should be that involving the public is part of an integrated process of communication and discussion; where communities, public, patients and NHS staff have opportunities to influence decision making. An inclusive process may not always result in universal support for a proposal but it should demonstrate an NHS that listens, is supportive and has genuinely taken account of views and suggestions."*<sup>2</sup>

The Scottish Health Council has a remit to consider whether NHS Boards have adequately consulted their local populations in relation to significant NHS service change. The Scottish Health Council has no role in commenting on the desirability of the options or whether the chosen option is the best overall.

From 21 November 2005 to 24 February 2006 NHS Borders carried out a formal consultation into providing local acute, community and mental health services in a more modern and efficient way.

This report contains an assessment by the Scottish Health Council, carried out by its Borders Office, of NHS Borders consultation and wider engagement on the proposed redesign of services. The assessment was made against existing standards and guidance.

## 3 CONTEXT

In its 2004-2009 Local Health Plan, NHS Borders stated an intention to move over the next five years to operate from a smaller, more focused, modern and flexible service "baseline", defined as shifting away from:

- out-of-date facilities
- traditional, separate, models of care
- those services that are unsustainable or fail to offer value for money.

The first stage of the In-Patient Redesign Project commenced in January 2004. NHS Borders contracted an independent organisation, SDC Consulting, to carry out an exploration of current services and a high level review of strategic options. The report from SDC Consulting concluded that the present model of service provision was unsustainable for a number of reasons mainly around staffing issues, future demography and finance.

<sup>2</sup> Consultation and Public Involvement in Service Change - Draft Interim Guidance, Scottish Executive Health Department HDL 42 (2002)

The report put forward a new model of care around five key themes, namely:

- better management of patient groups
- ring fencing of elective and emergency activity
- improved management of the “at risk” populations
- a different balance between beds and community services
- a greater focus on partnership with social services and the voluntary and private sectors.

From the five key themes, four overall project areas were identified:

- Borders General Hospital
  - Elective care
  - Department of Medicine for the Elderly
  - Borders Emergency Care Centre
  - Slow Stream Rehabilitation
- Community Hospitals
  - Future development of Community/Day Hospitals
  - Jedburgh Community Hospital
  - Coldstream Community Hospital
  - Community Services
- Mental Health
  - Functionally Ill Elderly
  - Rehabilitation
- Learning Disabilities
  - Hume Learning Disabilities Unit

The work of the four streams was divided into three working groups:

- Mental Health/Learning Disabilities
- Acute
- Community Hospitals, Emergency, and Older People’s Services (CHEOPS)

Each working group included representatives from the Involving People Network, as well as Scottish Borders Council Social Work Department, NHS Borders’ Staff Partnership Forum and other key stakeholders.

The Involving People Network was set up in early 2004. At that time this was a group of people, mainly members of the public but also including a few members of NHS Borders staff and Borders Local Health Council, who had undertaken the

Patient Focus and Public Involvement training delivered by (the former) Dumfries and Galloway Local Health Council in 2003. Supported by NHS Borders, the group came together after the training to form a pool of public representatives for NHS Borders to use.

The In-Patient Redesign Project was one of the first pieces of work for the Network. NHS Borders approached the Network to request two public representatives for each of the three working groups.

The second stage commenced in September 2004 with the three working groups coming together for a joint meeting before beginning their work. Two Lead Directors gave an overview of stage one and SDC Consulting facilitated a presentation of the experience of implementing managed care approaches elsewhere in the UK and a discussion on the relevance locally.

The groups met independently over the next two months and came together again in November 2004 to report progress and identify key points for staff and public consultations. During the following months the working groups continued to develop and refine options and identify a number of areas where additional information and engagement with key stakeholders would be beneficial.

NHS Borders began to work with the wider community to gather views and ideas to develop recommendations. This included working closely with both Jedburgh and Coldstream Hospital Action Groups, and representatives from the Scottish Consortium for Learning Disabilities through Project Groups set up by NHS Borders.

Jedburgh and Coldstream Action Groups are informal networks of individuals from each of the local communities who have come together as a result of a specific interest in the two hospitals.

Membership of the Project Group looking at services in Jedburgh included representatives from Jedburgh Health Centre, local Community Councils, Borders Voluntary Community Care Forum, Roxburgh Association of Voluntary Service and the local parish church along with representatives from the Hospital Action Group.

Membership of the Project Group looking at services in Coldstream included representatives from the local Community Council, (the former) Local Health Council, Patient Participation Group, Community Hospital League of Friends, Community Hospital staff, Scottish Borders Council Social Work Department, the local councillor and an NHS Borders Non Executive member (in attendance).

Each Project Group was led by two representatives from NHS Borders.

Public “drop-in sessions” were organised by the Project Groups in a bid to draw up a list of ideas to inform the development of options. Three sessions were held in both Jedburgh and Coldstream.

From the list of ideas the Project Groups went on to develop options. These options were then shortlisted and NHS Borders invited members of the Coldstream Hospital Action Group to participate. Initially three individuals came forward, however, only one was ultimately able to attend the options development meeting.

Those involved, therefore, in developing the options for Coldstream comprised one representative from Coldstream Hospital Action Group, one representative of Scottish Borders Council and 10 representatives from NHS Borders. The shortlisted options were then subject to a non-financial appraisal which included five representatives from Coldstream Hospital Action Group, two representatives from Scottish Borders Council and eight representatives from NHS Borders.

For Jedburgh, the shortlisting and non-financial appraisal took place at the same meeting. Present at the meeting were three representatives from Jedburgh Hospital Action Group, one representative from Jedburgh Project Group who is also a Non Executive Director of NHS Borders, one representative from Roxburgh Association of Voluntary Services, one representative from Scottish Borders Council, one representative from the staff Partnership Forum and 12 representatives from NHS Borders.

Recommendations were submitted to Borders NHS Board in October 2005. The Board approved the recommendation to go out to public consultation on the preferred options to close Coldstream and Jedburgh Community Hospitals and Hume Learning Disabilities Unit. Recommendations for further work were also approved on the Acute and Mental Health strands of the Project and Outline Business Cases were submitted to the Board in Spring 2006.

A formal 14-week consultation on the proposals to close Jedburgh and Coldstream Community Hospitals and Hume Learning Disabilities Unit began on 21 November 2005 and concluded on 24 February 2006. NHS Borders ran the consultation for an additional two weeks in recognition of the Christmas and New Year holiday period. The consultation document also included information on the progress of other strands of work to provide an overall picture of the proposed changes.

The Scottish Health Council Borders has made an assessment of how patients, carers and the public have been involved in the In-Patient Redesign Project and “Getting Fit for the Future” Consultation.

This report will concentrate on the process leading up to the options appraisal and subsequent formal consultation on the Coldstream Community Hospital, Jedburgh Community Hospital and Hume Learning Disabilities Unit.

Information on this assessment is given below, together with the Scottish Health Council's conclusions and recommendations for future consultations.

## **4 EVIDENCE SOUGHT**

Evidence on how well NHS Borders involved patients and local people in the In-Patient Redesign Project and "Getting Fit for the Future" consultation was gathered from documentary materials, feedback, questionnaires and interviews.

### **4.1 Documentary materials reviewed:**

- reports on the engagement and consultation processes
- reports of engagement and consultation events
- In-Patient Redesign Programme web page on NHS Borders' website [www.nhsborders.org.uk](http://www.nhsborders.org.uk).

### **4.2 Feedback sought from:**

- Scottish Health Council Local Advisory Council members
- NHS Borders staff who led on the three working groups of the In-Patient Redesign Programme
- Jedburgh Hospital Action Group
- Coldstream Hospital Action Group.

### **4.3 Questionnaires distributed and Interviews held with:**

- a representative from Scottish Consortium for Learning Disabilities who represented the current residents of the Hume Learning Disabilities Unit
- public representatives who sat on the three working groups of the In-Patient Redesign Project
- public representatives who sat on the In-Patient Redesign Project Steering Group.

### **4.4 Attendance at:**

- two public meetings
- eight "drop-in sessions"
- two Area Committee meetings.

## 5 FINDINGS

### 5.1 Involvement

#### **Coldstream and Jedburgh Community Hospitals In-Patient Redesign Project**

- Initially, the Community Hospitals, Emergency and Older People Project Group looked at services in the community across Borders including Coldstream and Jedburgh Community Hospitals. The Group included two public representatives from the Involving People Network. In addition representatives from both Coldstream and Jedburgh Hospital Action Groups agreed to work with NHS Borders to explore ideas, options and concerns about the future of the hospital and health services in the Coldstream and Jedburgh areas.
- Membership of the Project Group looking at services in Coldstream included two representatives from NHS Borders, representatives from local Community Councils, (the former) Local Health Council, Patient Participation Group, League of Friends, Community Hospital Staff, Community Nursing Staff, Scottish Borders Council Social Work Department, a local councillor, a local general practitioner and an NHS Borders Non Executive Director (in attendance).
- Membership of the Project Group looking at services in Jedburgh included two representatives from NHS Borders, and representatives from Jedburgh Health Centre, local Community Councils, Borders Voluntary Community Care Forum, Roxburgh Association of Voluntary Service and a local parish church.
- Three public “drop-in sessions” were held in each area to share ongoing work and to seek the views of the public on the future of local health services.
- Sessions in Coldstream were held in the Community Centre in the centre of the town and were attended by:
  - 21 June 2005 – 12 people
  - 23 June 2005 – 63 people
  - 25 June 2005 – 71 people
- Sessions in Jedburgh were held in the Band Hall in the centre of the town. The sessions were held from 10am – 12 noon and 2pm – 4pm and were attended by:
  - 24 June 2005 – 7 people
  - 25 June 2005 – 60 people
  - 27 June 2005 – 36 people

- Four staff meetings were held in Coldstream, two for staff from Coldstream Community Hospital and one each at The Knoll, Duns and Kelso Hospital. Staff from Duns and Kelso were included, as they will potentially be affected by the proposed changes to the service in Coldstream.
- Two meetings were held for staff from Jedburgh Community Hospital.
- Meetings held in both areas to shortlist options were attended by NHS Borders, representatives from the Hospital Action Group and a representative from Scottish Borders Council.
- Meetings held in both areas for non-financial appraisal of the shortlisted options were attended by NHS Borders, representatives from the Hospital Action Group and one representative from Scottish Borders Council.
- A financial appraisal of the shortlisted options in each area was carried out by NHS Borders. There was no lay representation in this process.

#### **“Getting Fit for the Future” Consultation**

- A public meeting was held in both areas and these were very well attended.
- In Coldstream eight NHS Borders Directors were in attendance along with the Chief Executive of NHS Borders and the Director of Social Work, Scottish Borders Council.
- Seven NHS Borders Directors attended the Jedburgh Public Meeting along with the Chief Executive of NHS Borders and the Director of Social Work, Scottish Borders Council.
- A Non Executive Director of NHS Borders chaired both meetings. Directors stayed after the meeting to speak to anyone who wanted a one-to-one conversation about the proposals.
- At each meeting the Chairman of the Hospital Action Group was included on the agenda to address the meeting and put the Hospital Action Group’s views forward.
- Two information “drop-in sessions” were held in both areas to give people from the wider community a chance to talk individually to NHS Borders staff about the proposed changes. These were attended by:
  - 7 December 2005 – 16 people in Jedburgh
  - 31 January 2006 – 25 people in Jedburgh
  - 8 December 2005 – 15 people in Coldstream

- 30 January 2006 – 30 people in Coldstream
- These sessions were attended by two NHS Borders Directors along with other members of staff who had worked on the consultation and could answer questions on the day.

### **Hume Learning Disabilities Unit In-Patient Redesign Project**

- A member of the Involving People Network attended meetings of the Mental Health and Learning Disabilities Project Group in the early stages of the In-Patient Redesign Programme before they began to concentrate on specific areas of the service.
- Meetings of NHS Borders Project Group looking at Learning Disabilities services and the shortlisting of options for this strand of work included representatives from the Scottish Consortium for Learning Disabilities to represent the views of the current residents of the Hume Unit. They met with the three residents to gather their views and represented them at the non-financial options appraisal.
- The financial appraisal of the options did not include any lay representation.

### **“Getting Fit for the Future” Consultation**

- The preferred option was discussed in workshops at a meeting of the Learning Disabilities Citizens’ Panel. This meeting was attended by users of the Learning Disabilities Services and carers.
- Letters were sent out to carers and relatives of all previous residents of the Hume Unit. The letter offered three options for participating in the consultation including attending one of three group sessions held in different parts of Borders area, telephone contact or individual face-to-face discussion with a representative from independent organisations ‘People First’ or ‘Princess Royal Carers Trust’.
- Further telephone contact was made with carers and relatives at a later date.
- A letter was sent out to invite service providers in the area to a meeting to give them the opportunity to contribute to the consultation.

## **5.2 Support**

- Public representatives who attended meetings in the early stages of the In-Patient Redesign Project were offered out-of-pocket expenses, could speak to the group lead between meetings and obtain information on request.
- Public representatives drawn from the Involving People Network were encouraged to provide feedback and share their experience of

representation on the In-Patient Redesign Project at Involving People Network meetings for discussion.

### **Coldstream and Jedburgh Community Hospitals In-Patient Redesign Project**

- Two members of NHS Borders staff took the lead in the regular meetings with the Project Groups and provided some administrative support as well as responding to requests for additional information.
- The “drop-in sessions” were held in accessible venues where a hearing loop system was available. A communications support worker was also available. Information was not available in alternative formats at the sessions but was available on request. This was not, however, advertised at the sessions.
- People who attended the sessions had the opportunity to take information and feedback forms home to discuss with their families and send their views back by post at a later date. A freepost address was provided.

### **“Getting Fit for the Future” Consultation**

- A freephone helpline was set up for members of the public who had difficulty completing the feedback form or who would like additional information.
- Additional information was also available on the NHS Borders website.
- NHS Borders Directors and staff responded positively to requests for additional meetings and face-to-face discussions with members of the public and groups.
- A hearing loop system and signer was available at the public meetings. A hearing loop system was available at the “drop-in sessions”.

### **Hume Learning Disabilities Unit In-Patient Redesign Project**

- Support to enable current residents in the Hume Unit to feed into the process was provided by the ‘Scottish Consortium for Learning Disabilities’ at the request of NHS Borders.

### **“Getting Fit for the Future” Consultation**

- A representative from ‘People First’ facilitated a workshop for users of Learning Disabilities services in Borders at a meeting of the Learning Disabilities Citizens’ Panel. The facilitator presented information in an understandable way so that they could feed back their views.
- A workshop was also held for carers at the same meeting.
- Relatives and carers of previous residents of the Hume Unit were contacted in a bid to gain their views of the proposals. They were offered support from representatives of independent organisations ‘People First’ and ‘Princess Royal Trust for Carers’ if needed.

- An “easy read” and illustrated version of the consultation document was produced for use in interviews for people with learning disabilities to enable them to feed back their views.

### **5.3 Planning**

#### **In Patient Redesign Project**

- A record of ideas put forward by members of the Hospital Action Groups and Project Groups and members of the public who attended the “drop-in sessions” in Jedburgh and Coldstream were recorded and fed into the development of options in the In-Patient Redesign Project.
- The Scottish Consortium for Learning Disabilities fed the views they gained from residents at the Hume Unit into the process.

#### **“Getting Fit for the Future” Consultation**

- A record of issues raised and comments made was taken at the public meetings in Jedburgh and Coldstream and “drop-in sessions”.
- Concerns and comments expressed by voluntary organisations at a meeting organised by Borders Voluntary Community Care Forum were recorded and fed into the process.
- Concerns and comments from the workshops held for service users and carers at the Learning Disabilities Citizens’ Panel were recorded and fed into the process.
- As transport is a key issue in this consultation, NHS Borders carried out a Transport Impact Assessment.

### **5.4 Methods**

#### **In-Patient Redesign Project**

- NHS Borders used a range of methods to inform, consult and engage with patients, staff and the public in and around Jedburgh and Coldstream. These included a dedicated web page on NHS Borders website, press releases, meetings with public representation, the local Hospital Action Groups and staff, informal “drop-in sessions” for the public, posters, advertisements in the local press and flyers through all households in the area.
- NHS Borders contracted the Scottish Consortium for Learning Disabilities to engage with and gain views from current residents in the Hume Unit.

#### **“Getting Fit for the Future” Consultation**

- NHS Borders used a range of methods to inform, consult and engage with patients, staff and the public in and around Jedburgh and Coldstream. These included methods used in the In-Patient Redesign Project.
- In total, 84 meetings were held with staff and public as follows:

- staff – 30 meetings
  - public – consultation road shows in 11 communities
  - Learning Disability Users and Carers – 6 meetings
  - Mental Health Rehabilitation Services Users and Carers – 9 meetings
  - public consultation meetings in Jedburgh and Coldstream
  - open meetings arranged by Cornhill Parish Council (Northumberland) and the Borders Voluntary Community Care Forum
  - regular meetings with MPs and MSPs.
- A telephone survey was conducted (details in section 5.7)
  - Scottish Borders Joint Learning Disabilities Service identified and sent out letters on behalf of NHS Borders to relatives and carers of previous residents of the Hume Unit. The letter offered three opportunities to engage in the consultation process – attendance at one of three group meetings to be held in different parts of Borders, telephone contact or a one-to-one meeting with a representative from independent organisations ‘People First’ or ‘Princess Royal Trust for Carers’.
  - An A4 sheet providing information on the background to the consultation proposals for Learning Disabilities services was enclosed with the letter.

## **5.5 Sharing Information**

### **In-Patient Redesign Project**

- Information on the work so far and the SDC Consulting Report was made available to all participants at the meeting held in September 2004.
- Public representatives on the three working groups were included in information presented prior to and at meetings.
- Additional information was made available to public representatives between meetings in written form or meeting with the group lead.
- Information was made available to both Coldstream and Jedburgh Hospital Action Groups during their regular meetings with NHS Borders. Additional information was made available on request. Jedburgh Hospital Action Group, however, reported that minutes of these meetings were not always available by the next meeting for ratification and some additional financial information requested was not received.

### **“Getting Fit for the Future” Consultation**

- The “Getting Fit for the Future” consultation document was publicised and distributed widely and made available on request in a range of formats including large print, compact disc and audio versions, as well as in a number of languages.
- The consultation document was available on NHS Borders website.
- Members of the public could respond to the consultation by post, fax, or by logging onto NHS Borders’ website.
- A number of documents were made available at public meetings and “drop-in sessions”. These included a presentation on all the proposed changes to local health services across Borders. This was presented at the public meetings from the platform with hard copies available in large print on request. The presentation was also available at the “drop-in sessions” in electronic form or hard copy. Other documents available included the Transport Impact Assessment, the consultation document, Outline Business Cases and a feedback form.

## **5.6 Feedback**

### **In-Patient Redesign Project**

- Most public representatives from the working groups received feedback towards the end of the Project. However, two public representatives commented that after a while they did not get notification of meetings and it just seemed to “peter out”.
- A report on the feedback of ideas received at the “drop-in sessions” in Jedburgh and Coldstream was made available in local public places and on NHS Borders website. It was also available on request to any member of the public.

### **“Getting Fit for the Future” Consultation**

- In May 2006, a report, entitled “The Outcome of the Public Consultation”, summarising the process and feedback, including the Borders NHS Board decision, was sent directly to individuals who responded to the consultation and shared their contact details and to the representative groups and organisations for dissemination to their members.
- Members of staff and the public can access the report through:
  - health centres and hospitals
  - public libraries
  - freephone helpline
  - the NHS Borders’ website and intranet site.

- From May 2006, a compendium of information and correspondence received during the public consultation process will be available to view for a period of three months. Arrangements to view the compendium was administered through the Public Involvement Office at NHS Borders Headquarters at Newstead.

## **5.7 Monitoring and Evaluation**

### **In-Patient Redesign Project**

The Scottish Health Council was set up in April 2005 and was, therefore, not in place or able to fully monitor the early stages of the In-Patient Redesign Project. The Scottish Health Council's Borders Office has, however, contacted and spoken to 14 public representatives who were involved in the early stages, representatives from Jedburgh and Coldstream Hospital Action Groups and the Scottish Consortium for Learning Disabilities.

Local staff and Local Advisory Council members have met with the Project Leads for each of the three Project Groups to obtain background information and the current status of the strands that needed further work.

- Of the public representatives the Scottish Health Council were able to speak with, most were clear about what was expected of them, although one said it was not made clear.
- Background information was made available in written form and at the meeting held in September 2004. Information provided during and between meetings was, on the whole, clear and easy to understand. Some of the information, however, was provided by email and some representatives had difficulty downloading and printing such large documents.
- Some representatives were given the opportunity to meet with an NHS Borders member of their Group before the first meeting and all had the opportunity to contact the Group lead to ask questions and request additional information between meetings.
- Papers were received prior to meetings and although some representatives said they received these in good time, others did not.
- All representatives said they were made to feel welcome at the meetings and that issues were explained to them clearly.
- Most representatives felt the process of involvement worked well but one felt that, as involvement on this scale was new to NHS Borders, it was inevitable that some things were not done well.
- All felt fully involved but were not sure if their contribution was valued.

- Not all were given the opportunity to comment on their Group's final reports and two reported that they were not told what would happen next and that it just seemed to "peter out".

### **Coldstream and Jedburgh Community Hospital**

The Scottish Health Council met separately with representatives from both Hospital Action Groups to hear their views on their experience of the pre-consultation engagement process.

#### **Coldstream Hospital Action Group**

- The Hospital Action Group had agreed to work with the Coldstream Project Group led by NHS Borders to gather information and review current services in Coldstream Hospital and to explore ideas for options.
- The Group states that the agenda for this work was driven by NHS Borders.
- Frustration has been expressed on how the options appraisal was conducted. There was lay involvement in the shortlisting process and the non-financial appraisal of these options. There was, however, no lay involvement in the financial appraisal.
- The Group maintains that it was not told by NHS Borders that only one preferred option would go out for consultation. They were under the impression that all five shortlisted options would be consulted on. This has led to anger and frustration within the Group and amongst the public in the Coldstream area.
- There is now speculation within the Hospital Action Group and the public in the Coldstream area that it has always been the intention of NHS Borders to close the hospital and that this was a "done deal".
- The Hospital Action Group maintains that prior to the Coldstream "drop-in sessions" in June 2005 there was no discussion around the hospital closing completely.
- NHS Borders state that the intention to go out to consultation on one preferred option was discussed with the Hospital Action Group and was minuted. The Scottish Health Council has seen documentation that supports this.

#### **Jedburgh Action Group**

- Representatives from Jedburgh Hospital Action Group were involved in the same way and worked with NHS Borders in the Project Group. They have raised the same concerns about the options appraisal process as the Coldstream Action Group.
- Jedburgh Hospital Action Group had sent letters to all Non Executive Directors of NHS Borders.

Both Groups have stated that they feel that NHS Borders intended to “close the hospitals anyway”. They have also stated that they feel angry that people in both communities were encouraged to participate in “blue sky thinking” and had put in much time and effort into pulling together various options only to have these dismissed.

### **Hume Learning Disabilities Unit**

- Two representatives from the Scottish Consortium for Learning Disabilities were involved in the pre-consultation engagement process. The Scottish Health Council interviewed one of the representatives.
- The representatives had a diverse role which involved working with individuals in the Hume Unit to gain their views on what would be best for their future and to help them come up with recommendations for what services they wanted.
- The representative said that staff at the Hume Unit had been very helpful; some coming in on their days off if necessary to enable the representative to carry out her work.
- During the interview the representative said she felt the process had worked well although she felt it would have been more useful to have been involved at an earlier stage in the process.
- The representative felt it had been the right decision by NHS Borders to bring in an external organisation as this was a very emotive subject, but it may have been better to also involve potential service users and carers, with the right support, at this stage. This would have made the feedback much stronger.
- The representative felt that NHS Borders took on board what was said by the residents of the Hume Unit.

### **“Getting Fit for the Future” Consultation**

The Scottish Health Council Local Office staff and Local Advisory Council members monitored the formal consultation. This included attendance at and assessment of public meetings in Jedburgh and Coldstream along with public information “drop-in sessions” in Galashiels, Kelso, Greenlaw, Peebles, Eyemouth and Duns. A session was also held in Hawick which Scottish Health Council representatives were unable to attend. Two sessions were held in both Jedburgh and Coldstream.

Local and Regional staff of the Scottish Health Council attended regular meetings with NHS Borders’ Lead Director for Patient Focus and Public Involvement and the Public Involvement Co-ordinator, NHS Borders to keep abreast of progress and to feed back the Scottish Health Council’s views on the consultation process to NHS Borders.

Local staff met with the Joint Manager of Scottish Borders Joint Learning Disabilities Service to discuss progress on the Hume strand of the consultation.

### **Coldstream and Jedburgh Community Hospital Public Consultation Meetings**

- The meetings were well publicised and their purpose was made clear.
- In Jedburgh, the meeting was held in an accessible venue in the town centre that was easily reached by public transport and with plenty of parking facilities. A hearing loop system was in place, however, the hard of hearing could not hear questions or comments as the loop system was not working properly.
- In Coldstream, the meeting was held in the local primary school some way out of the centre of the town. The venue was not easily accessible for those who did not have a car. There were plenty of parking facilities. A hearing loop system was in place and working.
- A signer was available for the deaf at both meetings and the front row had been reserved for those who needed be able to view the signer.
- At both meetings copies of the consultation document were on every seat and copies of the Transport Impact Assessment and large print version of the presentation were available at the front door on request. NHS Borders ran out of hard copies of the presentation at Coldstream.
- Both meetings were well attended with the halls at full capacity.
- Microphones were used from the platform and roving microphones were available to members of the public so that people could clearly hear the questions and answers.
- The panel comprised seven Directors at Jedburgh, eight at Coldstream, and the Chief Executive of NHS Borders and the Director of Social Work of Scottish Borders Council. The panel was in a position to answer all questions posed but not always to the audience's satisfaction.
- The meetings were chaired by a Non Executive Director from NHS Borders.
- NHS Borders' Medical Director gave a presentation that covered all aspects of the consultation and work done so far including the acute and mental health strands, followed by the Chairman of each Hospital Action Group addressing the audience to give the Group's views on the proposals. At both meetings a call to the audience for a vote of no confidence in NHS Borders was supported.
- This was followed by a question and answer session chaired by the Non Executive Director of Borders NHS Board. He asked for a number of comments on the same issue at the one time and gave people plenty of time to ask questions. In Jedburgh, however, he failed to notice some questions from people at the front of the hall. Although feelings were

- running high and there were a number of angry people in the audience, the Chair managed to keep the meetings well organised and calm.
- Members of the public at the Jedburgh meeting voiced the opinion that they had not been involved properly in the run-up to the formal consultation and that NHS Borders had already made the decision to close the hospital. NHS Borders denied that this was the case.
  - At both meetings, members of the public and Community Hospital employees expressed frustration and anger at the lack of information from NHS Borders on what services would be in place in the community should the hospital close.
  - In Jedburgh, a range of statistics were used (some people from the audience requested specific figures relating to bed occupancy etc). When specific figures were requested, every effort was made to retrieve these figures from the Outline Business Case and all were answered before the end of the meeting.
  - All comments and questions were recorded to feed into the consultation process. In both cases a minute of the meeting has been produced and shared with the Hospital Action Groups.
  - Members of the panel were available after both meetings for half an hour to speak to anyone who had not been able to express their views during the meeting or who wanted further information.

#### **Information “Drop-In Sessions”**

- The sessions were well publicised and the purpose highlighted.
- Venues were central and accessible.
- A portable loop system was made available.
- Information was presented on large presentation boards and there were hard copies of the Consultation Document, Transport Impact Assessment, Outline Business Case and feedback form. A short presentation on PowerPoint was also available in hard copy, including a large print version.
- Two NHS Borders’ Directors and staff involved in the consultation and Transport Impact Assessment attended the sessions.
- The sessions were not well attended but were useful for those who wanted a one-to-one conversation with NHS Borders’ Directors on the proposed changes.

#### **Telephone Survey**

- NHS Borders commissioned an independent organisation, Market Research UK, to poll a random sample of 1,000 individuals in an effort to reach more people. The survey was focused on assessing support for a set of goals described in the “Getting Fit for the Future” consultation

- document as well as looking at some more general questions seeking views on health services currently being delivered by NHS Borders.
- In the context of the closure of Jedburgh and Coldstream Community Hospitals, respondents were asked whether they agreed that investment in more modern services for the whole of the Borders population sometimes required that difficult and often unpopular decisions, such as this, must be made. Responses to this question show that:
    - 12% very strongly agreed
    - 14% quite strongly agreed
    - 19% not very strongly agreed
    - 47% would not support the view at all
    - 8% did not know.
  - On the other hand, however, in relation to the investment in new services, the statement was made to respondents that “the package of changes in services outlined in the proposals will allow NHS Borders to invest in a number of new services”, and these proposals e.g. an Emergency Care Centre at Borders General Hospital, were detailed. In response to this, the majority of respondents (79%) were strongly in favour of the proposal to allow investment in new services.

### **Extra Meetings**

- NHS Borders has attended meetings outwith their consultation programme. These have included:
  - All Scottish Borders Council Area Committees. These meetings were open to the public but not every Area Committee allowed members of the public to ask questions.
  - Community groups, voluntary organisations and individuals on request to discuss any aspect of the consultation.
  - A public meeting in Cornhill, England, whose residents make up 30% of the patients of Coldstream Health Centre.

## **5.8 Additional Information**

Following the initial findings on the consultation process, the Scottish Health Council requested further clarification from NHS Borders on the specific areas of the process which members of the community had indicated they felt were unclear.

The first area related to the option appraisal exercises undertaken by the Project Groups for Coldstream and Jedburgh Community Hospitals and the shift in the rating of options that resulted from the financial appraisal being undertaken after the main option appraisal.

Connected to this was NHS Borders' decision to consult on one preferred option for Coldstream and Jedburgh Community Hospitals. Feedback the Scottish Health Council received from the Hospital Action Groups' representatives and members of the public indicated that the public had some concerns as the Project Groups' favoured options for both Coldstream and Jedburgh Community Hospitals had been dropped.

The Scottish Health Council emphasised the need for NHS Borders to demonstrate the views of patients, carers and local communities had been treated with the same priority as clinical standards and financial performance.

NHS Borders responded by detailing the steps taken in the non-financial and financial parts of the appraisal process as follows.

- The option appraisal process followed the general guidance and principles contained in the Scottish Executive Health Department's Capital Investment Manual.
- Following the development of a long list of potential ideas, an agreed list of shortlisted options was identified.
- Once the shortlist was agreed, a non-financial benefits appraisal was undertaken during the summer 2005. For each option the weighted scores were compared to provide a preferred option on a qualitative basis including accessibility, quality of care, quality of physical environment, flexibility of future services and staff utilisation.
- The scoring exercise was carried out by the relevant project team, including members of the respective hospital action groups for Coldstream and Jedburgh. The project teams included members of staff, clinicians, users and carers.
- The shortlisted options were then formally costed and this took place over a period of time (Summer 2005).
- As some of the options included an element of capital investment, an economic appraisal was undertaken, considering costs over a longer period of time, followed by a sensitivity analysis which looked at the variances between the options in terms of the weighted benefits scores and the financial and economic appraisals.
- A cost benefit analysis was undertaken by the project team to bring together the separate parts of the process. This analysis looked at the variances between the options in terms of the weighted benefits scores and the financial and economic appraisals. NHS Borders stated that this aspect of the option appraisal informed, but did not determine, the final preferred option that was recommended to the Board.
- Following consideration of all of the evidence by the Board's Executive Team, the preferred options were presented to the Board at the end of October 2005, seeking agreement to proceed to public consultation.

- An offer was made to Coldstream and Jedburgh Hospital Action Groups to meet to discuss any of the financial aspects. Coldstream Hospital Action Group submitted a number of questions by email in late November 2005 and these were answered in early December 2005. A further offer was made by NHS Borders to meet with the Hospital Action Group, which was not taken up. The Jedburgh Hospital Action Group, in a letter received in late February 2006, raised general questions and NHS Borders sent a response in early March 2006.
- From the public consultation feedback, NHS Borders has acknowledged that by describing two parts of the option appraisal process as “non-financial benefits appraisal” and a “financial appraisal” it may have caused some confusion and that they should have been more explicit in describing the steps and stages within the option appraisal process. NHS Borders state that members of the public may have, understandably, viewed these as two similar processes that followed the same format, i.e. two organised events, whereas the “financial appraisal” is a costing exercise carried out over a period of time.

Coldstream and Jedburgh Hospital Action Groups expressed the view that they were unclear as to why only one favoured option went out for formal consultation for each of the community hospitals. They stated that their understanding was that formal consultation would be undertaken on several options.

NHS Borders has stated that they felt there was only one ‘deliverable’ option in each stream which had choices around, for example, influencing the design of the delivery of services. NHS Borders has also advised that, throughout the option appraisal process, it was stated and minuted that, given the complexity of the various elements of the In-Patient redesign programme, one option would be identified for consultation in respect of each stream of the redesign programme. The Scottish Health Council has verified this aspect through a review of documentation and formal minutes.

The second aspect related to the need for NHS Borders to demonstrate clearly to the Scottish Health Council that, having actively sought the views of patients, carers and the public, these views were listened to and acted upon. It is essential for NHS Borders to show how decisions have been reached and to detail what, if anything, has changed as a result of the consultation process, including how they have responded to views. It is equally important that NHS Borders demonstrates why it has not been able to act upon views expressed.

The Scottish Health Council asked NHS Borders to respond to these questions and, in response, NHS Borders has said that the consultation has produced much detailed and informative feedback. NHS Borders states that, throughout the consultation process, it has identified key points raised by the public and responded by listening to the views expressed, providing additional information where requested and ensuring that the concerns raised were taken forward as part of the ongoing discussions and work on the proposals. In each case, NHS

Borders has provided information on the proposed action or action already taken to address the issues identified.

A summary of the key issues raised in the consultation process has been provided by NHS Borders and is listed below.

- General issues identified from feedback on the proposals (relating to workforce and health improvement).
- Issues identified from feedback on transport identified the need to review current public and voluntary transport services available within Borders. Agreed recommendations and actions arising from the Transport Impact Assessment have been detailed and, in the view of Scottish Health Council, these are particularly innovative and wide-ranging. NHS Borders is working with Borders Community Transport Together, Women's Royal Voluntary Service and British Red Cross to extend existing services and provide additional transport. To ensure the public are informed about the range of transport services available in Borders, a new leaflet entitled 'Getting out and about in the Borders' is being developed.
- Issues identified from feedback on the Jedburgh and Coldstream Community Hospital proposals (includes the need to clarify the enhanced community services in Jedburgh and Coldstream, the expressed wish for Palliative Care in Jedburgh and the need for health and social work colleagues to demonstrate collective planning for the communities of Coldstream and Jedburgh).
- The need to describe the option appraisal process undertaken by NHS Borders and the weighting given to public opinion in the non-financial and financial parts of the appraisal exercise.
- Issues identified from feedback on the Hume Unit proposal.
- Issues identified from feedback on the Mental Health Rehabilitation Strategy.

NHS Borders advise that, at all times, it has continued communications with members of the Jedburgh and Coldstream Hospital Action Groups, with users/carers and voluntary organisations through the Borders Voluntary Community Care Forum and with other key stakeholders.

The Scottish Health Council received a copy of an independent report by Tribal Consulting. This report, commissioned by NHS Borders, outlines a review of the options appraisal process for Jedburgh and Coldstream Community Hospitals.

The study concludes that NHS Borders followed relevant guidance but had not considered the minimal change option in the Jedburgh non-financial appraisal. The report states, however, that this did not make any difference to the outcome.

## **Correspondence received after the closure of the public consultation**

In a letter submitted to the Scottish Health Council, clinical staff and doctors at Jedburgh Health Centre expressed their concern that NHS Borders had determined its own agenda regarding community hospitals and concluded a public process that was founded in a preconception that both Jedburgh and Coldstream Community Hospitals should be closed.

They feel that the Board has failed in its duty to achieve a measure of consensus from the Jedburgh community and local clinicians and has not given proper weighting to the opinions of local doctors and nursing practitioners.

In a letter received by the Scottish Health Council, the Chairman of Jedburgh Cottage Hospital Action Group acknowledged that the mechanisms of consultation were very well organised. However, the Group feel that the consultation process itself has failed completely and that they believe the decision to close the Cottage Hospital was taken by NHS Borders a year ago.

The Chairman's view is that the public could have done without the "expensive glossy information packs and hi-tech presentations" and states what they would have appreciated was openness and engagement as they feel they had neither.

## **6 CONCLUSIONS**

Members of the Local Advisory Council in Borders and Scottish Health Council staff have reviewed the evidence and conclude that NHS Borders took sufficient steps to involve patients and public in the redesign process, both in the initial involvement phase and in the formal consultation.

The Scottish Health Council also concludes that the consultation process used is in accordance with the appropriate guidance relating to Patient Focus and Public Involvement. The methods used by NHS Borders were wide-ranging and appropriate for the engagement process.

NHS Borders made considerable efforts to involve patients, public and staff in the initial involvement stage through the setting up of working groups, engagement with the Coldstream and Jedburgh Hospital Action Groups, "drop-in sessions" and staff meetings.

Public involvement in the formal consultation process was encouraged by widely publicising the consultation and by holding public meetings, "drop-in sessions" and offering one-to-one meetings; all of which were well supported by Directors of NHS Borders.

NHS Borders ensured appropriate involvement in the proposals concerning the Hume Learning Disabilities Unit with the direct connection and dialogue with patients and carers. In addition, the support for patients and carers provided by

the involvement of the Scottish Consortium for Learning Disabilities to represent patients' views, and 'People First' to facilitate workshops was commendable.

By paying expenses and encouraging direct contact with the Project Group leads, NHS Borders assisted support for patient and public involvement in each stage of the process. Information was made available in alternative formats and hearing loop systems and signers were available for public meetings.

In terms of planning, all comments and concerns received by NHS Borders were fed in to the process. In recognition of the transport issues in the Borders area, a Transport Impact Assessment was conducted to feed in to future plans.

Public representatives on the Working Groups reported that NHS Borders shared relevant information, which was easy to understand and that they were clear about what was expected of them. They received feedback throughout the process and were encouraged to feed back and share their experience of acting as public representatives. Unfortunately, some public representatives said that they were not given the opportunity to comment on their Group's final report.

NHS Borders involved public representatives in all the Project Groups which carried out the option appraisals. However, there was no public involvement in the financial process which was then applied to the shortlisted options and this led to a feeling of frustration for the public representatives over the final outcome. The two appraisals were factored together to identify the cost-benefit of each option resulting in the option that attracted the lowest score in the non-financial appraisal becoming the preferred option. Whilst the Scottish Health Council understands the frustration felt by the public representatives in this respect, NHS Borders has assured the Scottish Health Council that it did follow the appropriate financial guidance.

NHS Borders was clear that the formal consultation process identified a preferred option for each of the three areas, i.e. Coldstream and Jedburgh Community Hospitals and the Hume Learning Disability Unit and that the formal consultation was aimed at gathering the public's views on how these options could best be delivered.

NHS Borders has stated that the intention to consult on one preferred option was made clear early in the involvement process and that this was discussed and minuted. Feedback from some members of the Coldstream Hospital Action Group, however, shows that, in their view, the identification of alternative options was still feasible during the formal consultation period.

NHS Borders has also stated that, throughout the consultation, it has identified key points raised by the public and responded by listening to the views expressed, providing additional information where requested and ensuring that concerns raised were taken forward as part of ongoing discussions and work on

the proposals. For each issue raised, NHS Borders has provided information on the proposed action taken or action proposed to address the issue.

Clearly, there are aspects of this consultation that could have been carried out better and should be regarded, therefore, as learning points and opportunities to improve future practice. By inviting the relevant community-based Hospital Action Groups to address meetings and take part in the scoring process the Board was attempting to engage with and involve all aspects of opinion. As noted in this report, however, these groups ended up dissatisfied and feeling that their contribution had not been valued.

The Scottish Health Council commends NHS Borders for commissioning an independent telephone survey of Borders' residents. This survey, which constituted part of this consultation, revealed that overall two thirds of respondents disagreed that NHS Boards sometimes have to make difficult or unpopular decisions. However, four fifths did support the Board's proposals when the question was focused on the benefits to be gained. This reveals, perhaps not surprisingly, public ambivalence about the benefits and problems of change. The fact, however, that a decision may be very unpopular with a community or parts of it does not in itself mean that the consultation was a 'sham' or flawed. It will always be difficult for those who strongly disagree with a decision to accept that a Board has done its best to take views into account.

The Scottish Health Council would encourage NHS Borders to work hard to engage with those community groups and members of the public who are disappointed with the outcome of this consultation to rebuild the confidence and trust which is essential for NHS Boards and the public to work together to ensure people receive the best services possible. The Scottish Health Council will be monitoring the Board's activities in this area and discussing an action plan for re-engaging in dialogue with those groups who invested so much of their own time and energy into this process and who strongly disagree with the end decision.

The Scottish Health Council would like to record its gratitude and thanks to the Hospital Action Groups and other members of the community who engaged with the Board over this issue both for their time and commitment in contributing to the consultation and also for assistance in helping us carry out our assessment. We would like to meet with representatives from the Hospital Action Groups in the near future to discuss this report and obtain their feedback.

## **7 RECOMMENDATIONS FOR FUTURE CONSULTATIONS**

Whilst overall NHS Borders did involve patients, the public and staff appropriately in the In-Patient Redesign Project and in the "Getting Fit for the Future" formal consultation process, there are some areas which should be noted when undertaking future consultations, as follows:

- considering the application of the financial aspects during the full option appraisal exercise, or if this is not possible, keeping public representatives informed during the financial process as it is applied to the shortlist of options
- ensuring that public representatives have the opportunity to comment on final reports from groups with which they have been involved
- ensuring that, where one preferred option is identified for public consultation, this is made absolutely clear to all involved and the rationale for consulting on one preferred option is also clearly explained
- ensuring that where the consultation is only about the best delivery of one preferred option, this is made absolutely clear
- carrying out an evaluation of the methods used in the involvement and consultation phases and reviewing the consultation and engagement systems to be used in future in the light of these findings
- ensuring that the findings of the evaluation exercise are shared across NHS Borders in order to maximise the organisation's learning.

You can read and download this document from our website.  
We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille and
- in community languages

#### Scottish Health Council

Borders Office  
71 High Street  
Galashiels  
TD1 1RZ

National Office  
Delta House  
50 West Nile Street  
Glasgow  
G1 2NP

Phone: 01896 661420

Phone: 0141 225 6887

Email: [shc@scottishhealthcouncil.org](mailto:shc@scottishhealthcouncil.org)

Website: [www.scottishhealthcouncil.org](http://www.scottishhealthcouncil.org)