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REVIEW | October 2006

A Report on NHS Grampian's Consultation on Older People's Services,
Maternity Services and Diagnostic and Treatment Services

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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.

This report covers two stages of patient and public involvement in proposed service change within Aberdeenshire. The pre-consultation commenced in July 2005 and was completed on 6 June 2006. Following the Scottish Health Council's review of the pre-consultation, recommendations were made to the Board that it should engage in a further six-week formal consultation. The formal consultation commenced on 7 June 2006 and ended on 19 July 2006. A Community Consultation event was held on 7 July 2006.

The Aberdeenshire Community Health Partnership's proposals for service change relate to older people's services, maternity services and diagnostic and treatment services.

In reviewing the pre-consultation and formal consultation, the Scottish Health Council finds that NHS Grampian did take sufficient steps to involve patients, the public, and staff, in relation to significant NHS service change proposals and that the consultation process used is in accordance with the existing guidance. However, there should have been wider involvement and engagement with affected communities particularly in the early stages of the process and the options development exercise. However, in the formal consultation a robust process was used to demonstrate that appropriate weight had been given to the views of patients and local communities.

It is not our role to have a view on the merits of the decision made, but to ensure that the Board can demonstrate that it has followed Scottish Executive guidance on consultation. In consultations of this kind, some will feel disappointed and frustrated with the result, and that their views have not been taken on board. The fact that people feel this way does not in itself mean that the Board did not consult properly or abide by the guidelines on consultation.

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INTRODUCTION

The current guidance on how NHS Boards should consult with the public on significant NHS service change takes a number of forms^{1,2,3,4,5} and since 2004 Boards have had a new public duty to ensure that those affected by change are involved in and consulted on both the planning and development of change, and the decisions made about change.⁶

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.”²

In addition, the assessment has paid particular attention to Annex A – ‘Model/ example of a framework for public involvement in a major service change’ of the Health Department Letter (2002) 42, Consultation and Public Involvement in Service Change.

The Scottish Health Council has a remit to consider whether 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 27 July 2005 to 19 July 2006 NHS Grampian carried out a consultation on maternity services, older people's services and diagnostic and treatment services.

This report contains an assessment by the Scottish Health Council, carried out by its Grampian office, of NHS Grampian's consultation and wider engagement on the proposed redesign of services. The assessment was made against existing standards and guidance^{1,2,3,4,5}.

¹ Patient Focus and Public Involvement, Scottish Executive Health Department (2001)

² Consultation and Public Involvement in Service Change – Draft Interim Guidance, Scottish Executive Health Department HDL 42 (2002)

³ Partnership for Care, Scottish Executive Health Department (2003)

⁴ National Standards for Community Engagement, Scottish Community Development Centre and CoSLA (2004)

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

⁶ National Health Service Reform (Scotland) Act, Scottish Executive Health Department (2004)

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CONTEXT

In 2002 NHS Grampian produced 'Healthfit' which details how it plans to involve members of the public, clinicians and managers in their long-term planning of health services. This ongoing process is used by NHS Grampian to inform its yearly health plan.

A leaflet, 'Healthfit – an introduction', outlining the process, was distributed throughout Grampian and included information about the long term strategic goals of the Board and the need for change in the delivery of health services. The leaflet included a questionnaire to gather feedback (for example, on the usefulness of the information).

The Board's 2005/2006 health plan, entitled 'Tomorrow's Health Today', led to the development of Aberdeenshire Community Health Partnership's Change and Innovation Plan. The plan outlined the Community Health Partnership's proposals to redesign local maternity, older people's and diagnostic and treatment services.

The proposals included:

- **Older People's Services:**
The proposed changes to older people's services were informed by the Board's 'Ageing with Confidence – A joint strategy for older people in Grampian.' This strategy was developed in 2000/2001 by NHS Grampian in partnership with the three local authorities, voluntary sector, service users and carers. The strategy was developed to enable local services to respond to changes in demography, in particular the increase in proportion of older people. It outlined changes in the provision of services from long-stay hospital beds to supported care provided by local community-based services. The proposals included the closure of some local hospitals, including Campbell Hospital in Portsoy and Maud Hospital and the redevelopment of community psycho-geriatric services (specialist old age psychiatry services) in Aberdeenshire.
- **Diagnostic and Treatment Services:**
In 2001 NHS Grampian held a 'Healthfit' consultation event involving members of the public and staff which identified diagnostic and

treatment services as a priority for NHS Grampian. A project team (which included members of staff and public, service users and carers) was set up to develop proposals on how services could be delivered in the community. In early 2003, 56 public participants took part in public meetings held across Grampian to review the Board's proposals. As different hospitals would specialise in the delivery of specific services, the Board included details on how it would ensure equity of services across Aberdeenshire.

- **Maternity Services:**

In October 2004 midwives from across Aberdeenshire were involved in a workshop to develop proposals for the future provision of maternity services. The final list of options was produced by the midwifery team leaders and managers in North Aberdeenshire.

These options were presented to the North Aberdeenshire Public Involvement Group in November 2004. The options for maternity services covered Banff, Huntly, Peterhead, Fraserburgh and Aboyne maternity units. The proposals included the planned closure of some units, with services being provided in the community.

Following the development of the options, the consultation paper and proposed process was reviewed by North Aberdeenshire Local Community Health Partnership using its Public Involvement Group and networks. Through this mechanism, the Community Health Partnership developed proposals around the three main elements of diagnostic and treatment services, older people's services and maternity services.

Consultation Process

Aberdeenshire Community Health Partnership used a range of methods to promote the consultation, including a consultation document and a summary document detailing the options and changes proposed for each service.

The Community Health Partnership sent a letter to all GP practices in Aberdeenshire which provided information about the consultation. Presentations and briefings were provided to community councils, Aberdeenshire Council, MPs/MSPs and NHS staff.

In July 2005 a press release was issued to regional and local newspapers detailing the plans, the reasons for the changes and the consultation process including dates of the public meetings.

Thirteen public meetings were held across Aberdeenshire between August and October 2005. In October, two follow-up meetings were held in Fraserburgh, one on maternity services, and the other on diagnostic and treatment services and older people's services. To gauge public opinion on the proposed changes, a questionnaire was used at the public meetings. Respondents were asked to indicate which option they preferred and what level of change they would support.

In response to public feedback, a project group was established in Fraserburgh in January 2006. Members of the group met with the local community to discuss the proposals for maternity, older people's services and diagnostic and treatment services.

Prior to the public meetings, three focus groups, facilitated by Craigforth Consultancy (an independent research consultancy), were held with 38 members of Aberdeenshire Council's Citizens Panel. A report containing the group's views on the proposals and issues raised was shared with participants. Craigforth Consultancy also distributed questionnaires on health services and transport in Aberdeenshire to members of the Aberdeenshire Citizens Panel in November 2005. Of the 1280 questionnaires distributed, 836 were returned. A report was produced and shared with respondents and the Board.

Aberdeenshire Community Health Partnership presented its recommendations to the Board on the 4 April 2006. The recommendations were to:

- Cease delivery in local maternity units at Banff, Huntly, Aboyne and Fraserburgh and open a North Aberdeenshire unit in Peterhead. Enhanced community midwifery services including homebirths, ante and postnatal care would be provided across Aberdeenshire.
- Close Maud and Campbell Hospitals and develop a community health resource centre with enhanced community-based housing in central Buchan for older people.

- Develop new diagnostic and treatment services across a network of 10 community hospitals in Aberdeenshire.

Following a review of the consultation process by the Scottish Health Council, the Board was requested to provide further engagement opportunities to the public and formally consult in order to:

- Enable patients, carers and the public to have an opportunity to comment on the recommendations developed by Aberdeenshire Community Health Partnership and proposed by the Board.
- Provide information on the services that the Community Health Partnership proposed to develop and other benefits to patients.
- Ensure that all stakeholders feel they have been adequately informed about these proposals and have the opportunity to make comment.
- Seek to demonstrate that the same priority has been given to the views of patients and local communities as has been given to clinical standards and financial performance.
- Ensure feedback is given to patients, carers and the public.

The process for this consultation should consist of a formal written consultation paper to be distributed to interested parties and include a stakeholder event. This event should be externally facilitated and bring together a group of members of the public, broadly representative of those who receive services from NHS Grampian, to hear presentations from the Board professionals and other interested parties to debate the proposals and express their preferences for the options. Other stakeholders will attend this event to ensure that clinical and financial views are also properly taken into account. The purpose of this event is to bring together all the parties that have a stake in the outcome of the consultation, and attempt to reach a common understanding.⁷

⁷ Letter to Richard Carey, Chief Executive NHS Grampian, from Richard Norris, Director Scottish Health Council 26.5.06

In view of the activity that had already taken place, it was agreed that the period of consultation should last six weeks. NHS Grampian began its period of six-week formal consultation on 7 July 2006.

- A project group was established, which included public and staff representatives, to oversee the consultation.
- A consultation paper was distributed to over 1500 individuals and groups.
- NHS Grampian held an externally facilitated event on 7 July at Inverurie town hall and invited public representatives, community groups, clinicians and Board members to hear presentations and provide feedback. Those who could not attend the day submitted letters or emails which were read out during discussions. Feedback on the day has been provided to all participants.

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EVIDENCE SOUGHT

Evidence on how NHS Grampian involved the public and staff in the proposed redesign of services was gathered from documentary materials, feedback and interviews.

4.1 Documentary materials reviewed:

- NHS Grampian's Consultation Paper (Aberdeenshire Community Health Partnership consultation document on older people's services, maternity services and diagnostic and treatment services) and Summary Leaflet
- Information posted on NHS Grampian's website (www.nhsgrampian.org).
- Background papers including 'Healthfit', 'Tomorrow's Health Today' (Grampian health plan) and 'Ageing with Confidence, A Joint Strategy for Older People in Grampian'
- NHS Grampian's consultation information including feedback on public meetings, notes of public meetings and evaluation of public meetings
- Research tools and reports by Craigforth Consultancy
- Scottish Parliament Public Petitions Committee, petition PE898 and Scottish Executive Health Department letter of response, Report of Member's Debate, 17 November 2005, Scottish Parliament
- Sustainable Maternity Services in Remote and Rural Areas in Scotland, NHS Scotland Remote and Rural Areas Resource Initiative Project Board for Maternity Services
- Correspondence from community action groups and stakeholders.

4.2 Feedback sought from:

- MPs/MSPs and councillors
- members of the public who attended public meetings and consultation events
- a member of the North Aberdeenshire Local Community Health Partnership Public Involvement Group
- member of the Fraserburgh Project Group
- community council member
- NHS Grampian staff and Board members
- community groups.

4.3 Interviews held with:

- Fraserburgh Maternity Action Group

- Save Aboyne Maternity Group
- Aberdeenshire Community Health Partnership
- Inch and District Hospital Action Group
- Peterhead 'Mums 4 Mums' campaign
- individual members of the public.

4.4 Attendance at:

- Fraserburgh Project Group meetings
- Aboyne Maternity pilot presentation
- NHS Grampian Board meetings
- public meetings in Peterhead (August 2005) and Fraserburgh (October 2005)
- Aberdeenshire Community Consultation Day July (2006)
- NHS Grampian Planning Team.

5 FINDINGS

This report assesses how well NHS Grampian and Aberdeenshire Community Health Partnership has involved and worked with local communities during this consultation using a systematic review against all of the relevant guidance^{1, 2, 3, 4, 5} (see footnote on page 4), conducted by staff and Local Advisory Council members of the Scottish Health Council.

FINDINGS Part 1: Pre-consultation process up to 6 June 2006

5.1 Involvement

Developing the options

- NHS staff were involved in developing the proposals for all three services and those involved in developing the proposals were briefed on the consultation throughout. The Maternity Services Clinical Management Board was also involved in the consultation. The NHS Grampian Board was informed at Board meetings about plans, developments and feedback. GP practices in Aberdeenshire were issued with a letter in June 2005 to inform them of the proposals and the consultation process.
- Feedback from some staff suggests that they have not always been kept fully informed about developments.
- Patients, carers and the public, including members of Aberdeenshire Citizen's Panel, were involved in the pre-consultation work to develop 'Healthfit' which informed the 'Aberdeenshire Change and Innovation Plan'.

Older People's Services

- While members of the public, patients, carers and voluntary organisations were involved in the proposed changes to older people's services undertaken in 2001, it is less clear how they have been involved in developing proposals.

Diagnostic and Treatment Services

- In 2003 the Diagnostic and Treatment Services project team (a multi-disciplinary group which included a member of the NHS Grampian Community Forum) organised public meetings across Grampian to discuss future delivery of services.

Maternity Services

- In October 2004 midwives, managers and clinical leads attended a workshop in Aberdeenshire to discuss the options for maternity services which were then finalised by midwives, with managerial support, in each locality.
- The North Aberdeenshire Local Community Health Partnership Public Involvement Group received a presentation on the consultation document. They made no comment on the desirability or otherwise of the proposals and restricted their comment to recommending that the public should be fully consulted.

The Consultation

- The public have been involved and engaged through a series of public meetings (including meetings with individual action groups), focus groups, project groups and questionnaires.

Thirteen public meetings were held across Aberdeenshire between August and October 2005. The following numbers relate to those who attended from the public, including political representatives (community councillors, local government councillors, MSPs and MPs). These numbers do not include those attending from NHS Grampian/Aberdeenshire Community Health Partnership.

- Fraserburgh (125 attended)
- Maud (82 attended)
- Turriff (48 attended)
- Peterhead (101 attended)
- Banff (92 attended)
- Huntly (115 attended)
- Inch (145 attended)
- Inverurie (16 attended)
- Ellon (14 attended)
- Stonehaven (9 attended)
- Westhill (6 attended)
- Banchory (24 attended)
- Aboyne (51 attended).

- Following feedback from the public, two follow-up meetings took place in Fraserburgh in October 2005. The meeting in the afternoon related to maternity services and the meeting in the evening related to older people's services and diagnostic and treatment services. The meetings were open to those people who had attended the first public meetings in August 2005.
- A project group was set up in Fraserburgh to discuss the consultation and to facilitate dialogue with the community as NHS Grampian recognised that there were a number of issues in the area which needed to be addressed. The project group comprised public representatives, staff and community groups.
- Thirty eight members of the Aberdeenshire Citizen's panel attended focus groups in July 2005. From our discussions with local groups, some people commented that the focus groups were not representative of the Aberdeenshire population. Craigforth Consultancy, who facilitated the focus groups, state in their report that "as only one group was held in each area and these were conducted at different times of the day, the findings from this consultation should not be taken as being representative."⁸ It should be borne in mind however that the purpose of focus groups is to explore and tease out issues rather than present a representative and scientific sample of views. Despite these concerns, the groups raised many of the same issues as those raised at the public meetings.
- The Community Health Partnership note that in-migrant communities were involved in the consultation, through major employers in North Aberdeenshire. However, when challenged by a member of the public, the Community Health Partnership conceded that it had used previous research carried out by Banff and Buchan College rather than directly seeking the views of local people. The data used does not reflect the current in-migrant population.

5.2 Support

- Support was provided to those participating in the focus groups run by Craigforth Consultancy. Information was sent to the members in advance and expenses were paid.

⁸ Aberdeenshire Community Health Partnership: Consultation with Members of the Citizens Panel on Proposed Changes to NHS Services, Draft Report by Craigforth, August 2005

- Feedback from the public noted that the timing of public events was not suitable. Respondents also felt that crèche facilities should have been available.
- NHS Grampian set up a dedicated telephone number, email address and postal address to respond to queries and feedback.
- Feedback about the timing, size of venue and requirement to book a place at public meetings, which was shared with the Community Health Partnership, did not appear to influence subsequent meeting arrangements.

5.3 Planning

- There appears to have been little public involvement in the planning, scope and timescale of the consultation.
- The focus groups enabled Aberdeenshire Community Health Partnership to explore the proposed options for consultation with some members of the public but it appears that many of the concerns raised (in the focus groups) about attracting staff, transport and cost were not addressed before planning the public meetings.
- The Board has provided some evidence of being responsive to community requests. For example, at a meeting of the Fraserburgh Project Group, the chairperson asked the group how they should move forward and who else they should involve to ensure that the group is more representative of the local community.

5.4 Methods

- Aberdeenshire Community Health Partnership has used a variety of methods to involve the public (including public meetings) and to obtain feedback (such as providing a dedicated telephone line).
- In response to public feedback to the Board around issues of communication, a project group was set up in Fraserburgh, to enable ongoing dialogue with the community on local health issues.

- Members of the public who wished to attend the public meetings were required to pre-book their places. The Board notes that this was to ensure participants received information in advance of the meeting. However, participants felt that this discouraged people from becoming involved and reported difficulties in accessing the booking line, particularly outwith office hours.
- Participants felt that there had been insufficient time allocated to the question and answer sessions and this meant that many participants had not been able to raise their questions. This was also noted in the Board's evaluation of the meetings.
- The questionnaire used at the public meetings, to gauge public opinion on the proposed changes, was not well received by some participants. The results of the questionnaire were not felt to reflect public opinion and, as a result, concerns were raised about what influence the questionnaire would have on the decision-making process.
- Some negative comments were received from the public about the suitability of venues (for example, it was felt that some venues were too small).
- A local group, an MSP and one respondent raised concerns about the information provided with the questionnaire (for example, that it was misleading and biased) and the sample of participants.

5.5 Sharing Information

- Aberdeenshire Community Health Partnership produced a consultation paper and an executive summary which was available in a variety of formats and on NHS Grampian's website. The paper set out options for maternity, older people's and diagnostic and treatment services and the reasons for the proposed changes. For each service, a series of proposed changes was outlined, from minor to more substantial changes. Information was also provided on how services fit together.
- NHS Grampian issued a press release to local and national newspapers and posted an article on its website about the consultation, the process and the reasons for change. An email address, phone line and postal address were included in the press release and consultation paper asking for feedback and stating that further information was available on request.

- Briefings have been given by NHS Grampian to MPs/MSPs, community councils, community groups, the Board, Aberdeenshire Community Health Partnership committee, Aberdeenshire Council and voluntary organisations. While the Board held meetings with councillors, some have advised us that they were not kept fully informed about the consultation process.
- In response to questions from the public, a fact sheet was produced on diagnostic and treatment services which explained many of the treatment and procedures to help participants understand the proposals. The Community Health Partnership also reviewed the consultation documents to ensure it was jargon free.
- Aberdeenshire Community Health Partnership sent information on the consultation to participants in advance of the public meetings. However, some members of the public reported that they had not received it in sufficient time to read it before the meeting.
- Some respondents have raised concerns about the information the Community Health Partnership has provided. For example, some felt that financial details were not made available, information was not transparent and that this has not enabled informed decisions to be made. There have also been concerns raised about the accuracy and consistency of birth rate figures provided. As a result, the Board has received a number of requests under the Freedom of Information (Scotland) Act 2002.
- While NHS Grampian's website contains a section on the consultation, it has included limited information and it has been difficult to track changes and updates.
- Feedback from local communities suggests that the timescale of the consultation has not been clearly or widely shared with stakeholders.

5.6 Working with others

- Feedback from communities and the public on how well the Community Health Partnership has worked with others has been mixed. Some feedback suggests that the Community Health Partnership has been responsive to the needs of some local communities. However, other communities have felt that they have had little influence on the proposed service changes and have not received feedback from the Board on their suggestions (for example, no clarification has been given on why their suggestions may not be feasible).
- While some staff have been engaged through the clinical management structures, front line staff report that they have been less involved in the process. It is not clear how staff who were involved in developing options for the three services have been kept updated.
- Members of the public have reported frustration that ongoing dialogue with the Board has not been proactive and they have not received information as the consultation has progressed.

5.7 Feedback from the Board to the public

- Feedback was provided to participants who attended the public meetings although some people have raised concerns about the accuracy of the feedback. Concern has also been raised that official minutes were not taken at the meetings – instead information was collected by 'post-it' notes and questionnaires. However, these two methods are recognised mechanisms of getting feedback/information.
- Feedback, in the form of a report, was provided to the members of the public who participated in the focus groups and completed the questionnaire.
- While the consultation document and presentations have informed the public and staff, the reasons for changes to services in Aberdeenshire, questions and concerns raised about the diagnostic and treatment services and older people services do not appear to have been answered. Comments from stakeholders, received by the Scottish Health Council, have expressed the feeling that decisions have already been taken and that the mechanisms of consultation are only being carried out by the Community Health Partnership because it is required to do so.

- Patients, carers and members of the public have been encouraged to feed back their views to NHS Grampian, and the Board has received numerous emails and letters. Some of the feedback obtained has requested further information from the Board (for example, on capacity and resource issues of Aberdeen Maternity Hospital). Not all feedback has been responded to and members of the public have expressed concern about this.
- The Community Health Partnership's papers were available to those attending the public meeting but these were not shared with staff and the wider public.
- The timescale of the consultation and changes do not appear to have been shared with the public.
- Members of the public report that conflicting information had been given about what stage the consultation had reached. Some heard that a decision had already been made on the future of services, while others were told that no decision had been made and the consultation process was ongoing.

5.8 Monitoring and Evaluation

- The Community Health Partnership distributed evaluation questionnaires to a sample group of attendees after the public meetings. However, it is not clear how this has influenced the consultation.
- The Board notes that it will use feedback from this consultation to inform future consultations.
- NHS Grampian's Corporate Communications team has evaluated the consultation process (for example, using the National Standards for Community Engagement) and produced a document, 'Public Involvement, Engagement and Consultation', which outlines their conclusions. This was presented to the Board at its meeting in April, along with the Community Health Partnership's recommendations.

FINDINGS Part 2: Additional formal consultation process

Following the Scottish Health Council's review of the pre-consultation, recommendations were made to the Board that it should engage in a further six-week consultation. At NHS Grampian's Board meeting, on 6 June 2006, the Board agreed with the recommendations. A formal consultation document, outlining the specific recommendations developed by the Community Health Partnership, was published and the Board agreed to hold an event to bring together public, staff and Board members.

The Community Consultation Day was independently facilitated and was held in Inverurie town hall. A wide range of groups and individuals from across services for older people, diagnostic and treatment services and maternity services were invited.

5.9 Involvement

- A formal consultation paper was distributed to approximately 1600 people identified as being affected by the three service changes. The paper included information about the consultation and the process, including the timescale.
- Invitations to attend the Community Consultation Day were sent to NHS Grampian staff, Board members, community groups, voluntary organisations, action groups and public representatives from various groups.
- Some members of the public who attended the Community Consultation Day said they felt involved in the process and that it was a good opportunity to express their views directly to Board members.
- Some parents noted that it was difficult to attend a whole day event in the school holidays.
- Those unable to attend on the day were asked to submit their comments and two submissions from those invited to speak (but who were unable to attend) were read out by the Board's Public Involvement Officers.
- Some members of the public felt that Inverurie was not an ideal venue, particularly those travelling from across Grampian.

5.10 Support

- Travelling expenses, reimbursement of carer's expenses and assistance with transport were provided to members of the public attending the event.
- Crèche and childcare facilities, along with breastfeeding facilities were also offered on the day.
- A hearing loop system was provided and dietary requirements were considered.
- Some members of the public with hearing difficulties, found it hard to participate in the group sessions due to the noise level.

5.11 Planning

- A Planning Team was set up to oversee the final stage of the consultation and included a Non-executive Board member, a public representative from the Board's Patient Focus and Public Involvement Committee, a member of the Community Forum, a representative from the Community Health Partnership and representation from Corporate Communications.
- The group met on three occasions prior to the event.
- Suggestions were made by the Scottish Health Council to involve the groups who expressed their concerns about the process but they were not invited to be part of the Planning Team, although they were given the opportunity to present their views at the event.
- One member of the public expressed concern regarding the public representation on the Planning Team as they felt it was not representative of the main stakeholders and they were not fully informed of the process.
- An external facilitator provided advice to NHS Grampian to help plan the event.

5.12 Methods

- The main consultation event was the public meeting. The event included presentations on each service, made by staff and representatives from groups opposed to the changes, and discussion groups.
- After all three services had been discussed, NHS Grampian gave a presentation on the service redesign as a whole. This gave an overview of the challenges facing the Board and its plans to address them.
- For the discussion groups, the delegates were split into groups which were facilitated by NHS Grampian staff. Each group agreed a question which was shared with the panel. Some members of the public and a facilitator reported that it was difficult to capture everyone in the group's views and some felt that they were not able to have their voice heard.
- Board members attended the event to help them gain an understanding of the issues, including carers' issues, and provide clarification on the proposals and process to the public.
- Participants were asked to comment, on a scale of one to five, how happy they were with the proposed changes and the results were read out at the end of the day.
- The event included a 'before and after' survey to identify whether there had been any shift in participants' views of the proposals during the event. Thirty four out of 43 members of the public who voted on the service changes at the conclusion of the event were fully or partly in favour of the recommendations for change.
- Some public members appreciated being able to speak directly to Board members about their concerns.
- The Corporate Communications team noted that the event provided a useful way of engaging with people and groups in the future.

5.13 Working Together

- Groups and individuals opposed to some of the changes, including the Save Aboyne Maternity Group, were invited to contribute to the event (for example, through presentations and discussions).

- The Scottish Ambulance Service, representatives from voluntary organisations and officials from Aberdeenshire Council were invited to the event.

5.14 Sharing information

- Petitions and Save Aboyne Maternity Group's business plan were available on the day for people to examine.
- Some delegates, including Board members, felt that they were better informed as a result of the event. For example, one delegate was reassured that Aboyne Hospital was not being considered for closure.
- Other delegates reported that they felt they had learned nothing new from the day and were disappointed at the lack of detail. For example, they felt they needed more detailed information on what new services were being offered in their community, before they could make decisions about how to go forward.
- A number of people felt that, although there had been questions on finances raised throughout the consultation, the Board had not provided detailed information available on possible savings and the cost of providing the proposed new services.

5.15 Feedback

- All participants were sent a feedback report with a full list of the questions and answers from the day. All the comments about the consultation, and the event itself, were collated and sent out.
- Feedback received by the Scottish Health Council on the facilitation provided at the event was very positive.

5.16 Monitoring and Evaluation

- Colour coded feedback forms were included in the delegate packs so that a distinction could be made between the public, staff and the Board members.
- 'Post-it' notes were also used to gather feedback and these were displayed so all participants could view the comments.

- Feedback forms were included with the final consultation document and could also be accessed via NHS Grampian's website.
- Delegates were asked to fill in forms, when replying to their invitation to the event, to indicate how comfortable/happy they were with the proposed changes. This process was repeated at the conclusion of the event and compared to evidence any shift in opinion. There was a shift during the day towards a more favourable view of the Board's proposals.
- The Board notes that findings from the evaluation will be used to inform any future events.

6

SCOTTISH HEALTH COUNCIL EVALUATION

The Board has been able to evidence that there was general public awareness of its proposals and a high level of public involvement through various methods including public meetings, questionnaires, letters, petitions, public debate and email. Public participation and involvement varied according to the different elements and at different times of the project.

We have noted from feedback that there seems to have been considerable confusion as to what stage the consultation process had reached. There seemed to have been a particular problem in clarifying and distinguishing between the pre-consultation and the formal public consultation and, at times, the Board seemed to be sending out contradictory messages on this point.

6.1 Development of proposals

NHS Grampian has evidenced public involvement in developing the options for consultation on older people's services and diagnostic and treatment services. 'Healthfit' involved both the public and staff in shaping future health services. However, the Aberdeenshire Community Health Partnership has not evidenced how it involved the wider public in developing the options for maternity services nor how it identified and involved those who would be most affected by the proposed changes. The strategy used for older people's services and diagnostic and treatment services would have been useful for developing options for maternity services.

6.2 Communication of proposals

NHS Grampian informed the public of proposed changes during the initial consultation period but in our view did not provide adequate feedback to the public and staff on the consultation as it progressed and on how their views have influenced the recommendations. More could have been done to ensure that members of the public received specific feedback and explanations as to why some suggestions made have not been feasible options for the Community Health Partnership to adopt.

The Community Health Partnership did communicate effectively the reasons for change to the public during the consultation. Although an outline of new services had been given, specific information on how the recommendations would be implemented was not made available to the public. Some information

has subsequently been shared with the public following the Board meeting on 1 August 2006.

6.3 Questionnaire to Citizen's Panel

Concerns have been raised (both to the Board and to the Scottish Health Council) that the background information provided with the Aberdeenshire Citizen's Panel was unbalanced and did not allow the participants to make an informed decision. The Scottish Health Council's view is that the introductory information was balanced, but did not include sufficient information on how new services would be delivered to ensure that participants felt able to answer all of the questions.

6.4 Focus groups/public meetings

Feedback obtained by the Scottish Health Council suggests that the questionnaire used at the original public meetings to gather views on the proposed services was not well received. The questionnaire asked participants to rate the changes as a 'package' and some members of the public felt that it did not allow them to express diverse views and give opinions on specific changes. They also felt it had not been sufficiently explained how the information gathered would be used to inform the Community Health Partnership's recommendations and what influence the outcome of the questionnaires would have on the decision.

There is no evidence of public input into the process of reaching the preferred option of a North Aberdeenshire Maternity Unit in Peterhead. However, some responses received during the formal six-week consultation have been in favour of this proposal. The Community Health Partnership has recognised that postnatal care is of importance to the public and has included this in its recommendations.

Concerns raised during the consultation about the service provided at Aberdeen Maternity Hospital are being addressed by NHS Grampian. For example, training has commenced in Healthcare Associated Infections and environmental improvements are being made.

Local groups and members of the public have expressed the view that the Community Health Partnership could have been more open and transparent and has not provided all relevant information to the participants and decision makers; including the timescale of the consultation, statistics and resources available for new services. As a result, some members of the public have

requested meetings to enable the public to raise their concerns and to receive feedback from the Community Health Partnership. The guidance states that:

“As service change is an evolving process, it may not always be possible to provide all the necessary information at the beginning of a consultation process. If this is the case, it should be made clear at the outset and an indication given of what will be available and when. One option might be for a two-stage or pre-consultation process to refine policy and develop a proposal for formal consideration.”⁹

Some of the problems encountered with the provision of information and timescales may have been avoided with more intensive public engagement at the beginning of the process.

The Community Health Partnership demonstrated good practice in sending information in advance of the meetings so that people would have prior information to enable them to take part in the debate.

NHS Grampian's further six-week consultation period enabled the Board to clearly set out what the Community Health Partnership's proposals were and to invite comments on the specific proposals.

The Community Consultation Day was well organised and structured with the opportunity for members of the public and staff to provide comments on all three services and the whole package of proposals. Thirty four out of 43 members of the public who voted on the service changes were fully or partly in favour of the recommendations for change. It also provided an opportunity for members of the public to share their views and comments with Board members directly. We would like to commend the Board for organising this innovative event which gave the opportunity to discuss and evaluate, in a transparent way, public and patient views; clinical standards, and financial performance.

At the Board meeting on 1 August 2006, the Board recognised the commitment and contribution people had made to the consultation. The Community Health Partnership notes it is responding to concerns raised during the consultation (for example, transport issues and joint working with the local authority) which will be shared with the Board. The Board also acknowledges the importance of keeping the public informed of how and when changes will take place.

⁹ HDL (2002) 42p.4

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CONCLUSION

Our role is to review the Board's consultation process with a view to deciding whether the activities the Board has engaged in have been appropriate and adequate under the terms of the guidance that has been issued by the Scottish Executive.

We are of the view that there should have been wider involvement and engagement with affected communities, particularly in the early stages of the process and the options development exercise. It is unfortunate that the options for maternity services were developed by professionals only before being discussed with the North Aberdeenshire Public Involvement Group.

In our discussions with NHS Grampian we suggested the need for further consultation exercises, including a public consultation event at which it could be clearly demonstrated that patient and public views were given the same weight as clinical and financial issues. We felt this was particularly important given the insufficient public engagement in the development of the proposals on maternity care. The event enabled the Board to demonstrate that, overall, the proposals reflected the balance of views and preferences from members of the public as well as clinical and financial interests. We accept that the Board, in its earlier activities, had attempted to engage with the public and note that, at times, the public are not always comfortable with being presented with difficult choices involving the provision of services to different interest groups.

Although in our view earlier parts of the consultation could have been conducted better, the Board did respond very positively to our suggestions, and in the light of these further activities, the Scottish Health Council finds that NHS Grampian did take sufficient steps to involve patients, the public, and staff, in relation to significant NHS service change proposals, and that the consultation process used is in accordance with existing guidance.

The most contentious part of the proposals was the plan to close a number of rural maternity units. These plans encountered robust opposition from well organised local campaigns which were able to evidence strong local support. One of these campaigns produced a business case arguing for retention of their local maternity unit, and organised an event, with attracted delegates including health professionals from across Scotland, to put the case for their alternative proposal. There was also a debate at the Scottish Parliament on the issue.

The Scottish Health Council would encourage NHS Grampian to work with community groups and members of the public who will be affected by the proposed changes.

It is not our role to have a view on the merits of the decision made, but to ensure that the Board can demonstrate that it has followed Scottish Executive guidance on consultation. In consultations of this kind, some will feel disappointed and frustrated with the result, and that their views have not been taken on board. The fact that people feel this way does not in itself mean that the Board did not consult properly or abide by the guidelines on consultation.

The Scottish Health Council would like to record its thanks to the members of the community and the action groups who have taken time to meet with us, provided information and given us their feedback which has helped inform this report. We would also like to thank our own volunteer Local Advisory Council members for their involvement in this review.

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FUTURE CONSULTATIONS: DEVELOPMENT ISSUES

Whilst overall Aberdeenshire Community Health Partnership has attempted to involve the public and staff in line with national guidance, feedback gathered by NHS Grampian and the Scottish Health Council shows there are areas for improvement. It is recommended that in future consultations, NHS Grampian considers the following:

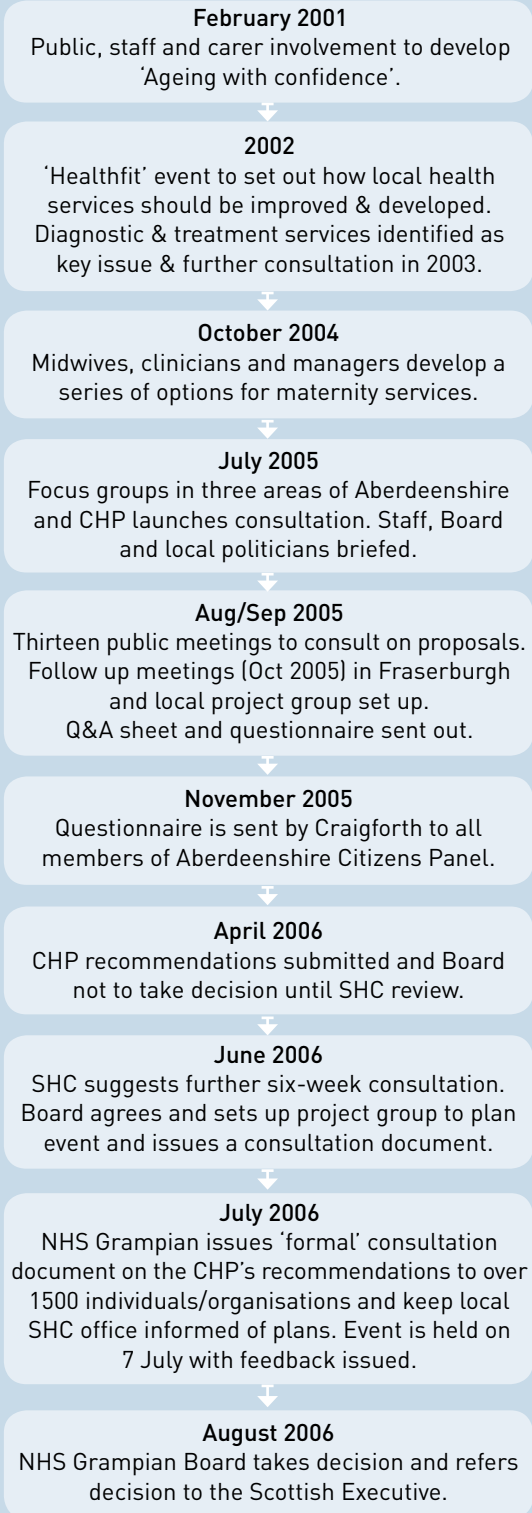
- Ensure that robust procedures are developed for ensuring that those who may be affected by the proposed changes are able to influence the development of options.
- Adopt methods of engagement that are accessible and acceptable to all and endeavour to move towards more deliberative approaches.
- Agree the timescale and process for consultation with all those interested and ensure this is shared.
- Ensure that information and ongoing feedback is shared with all stakeholders and that this is responsive to key concerns.
- Ensure that the process is adequately and appropriately evaluated and that this information is used to inform future consultations.

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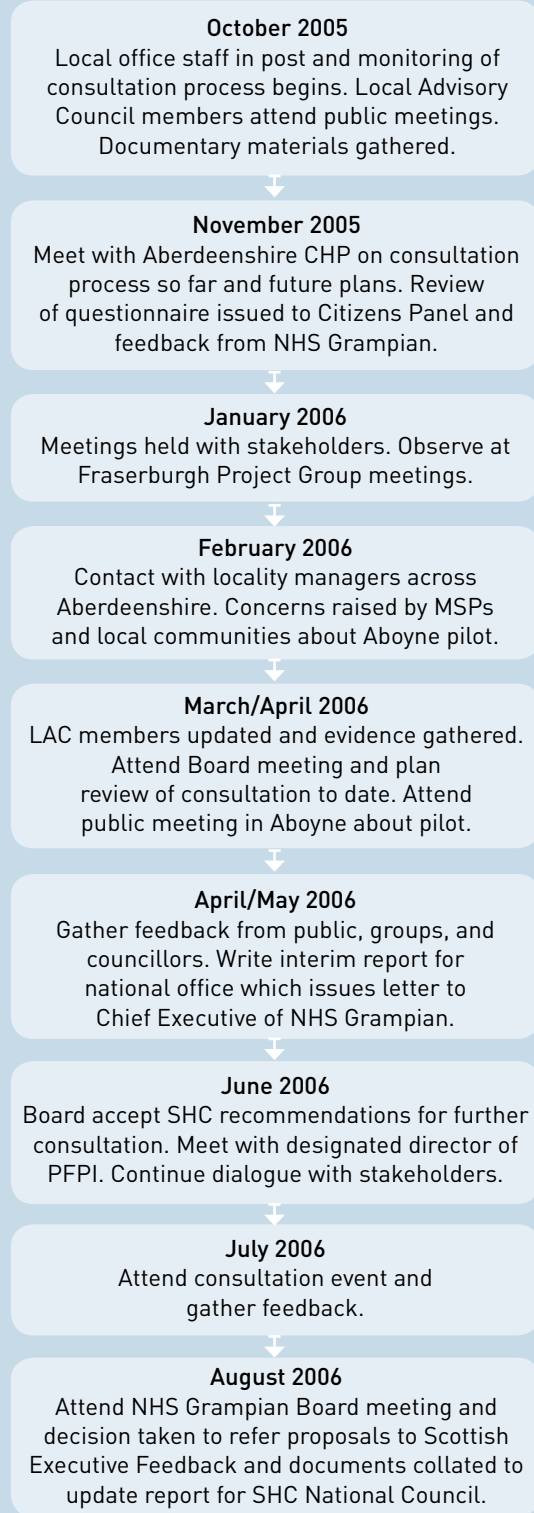
APPENDIX

Review of NHS Grampian's Consultation on Older People's Services, Maternity Services and Diagnostic and Treatment Services.

NHS Grampian Process



Scottish Health Council Process



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.

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