REPORT TO
DUNFERMLINE & WEST FIFE CHP COMMITTEE

THURSDAY 14 NOVEMBER 2013

PRIMARY CARE RESOURCE CENTRE
COMMUNICATION AND PUBLIC INVOLVEMENT

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FOR THE DEVELOPMENT OF THE PRIMARY CARE RESOURCE CENTRE
Primary Care Resource Centre Development
Consultation Update

Purpose of the Paper

The purpose of the paper is to update the DWF CHP Committee on PCRC consultation in relation to the relocation of various Primary Care Services to Queen Margaret.

1 Introduction

1.1 The period of active Public Involvement finished on Monday 30th September 2013.

2 Primary Care Resource Centre Workstream

2.1 The services identified for relocation include Podiatry, Nutrition & Dietetics, Speech & Language Therapy, Diabetic Services, Children’s and Adult Physiotherapy, Children’s Occupational Therapy, Clinical Psychology, Children & Adolescent Mental Health Services, Learning Disability Out-patients and Specialist Dental Services supported by administration services.

2.2 The services are currently delivered from Carnegie Clinic and Abbeyview Clinic.

3 The PCRC Communication and Public Involvement Plan

3.1 The requirements of a communication plan within NHS Scotland consists of the following:

a) Informing, Engaging, Consulting People in Developing Health and Community Care Services (CEL4 (2010)) This sets out the relevant legislative and policy frameworks for involving the public in the delivery of services. It clarifies the role of the Scottish Health Council; provides a step-by-step guide through the process of informing, engaging and consulting the public in service change proposals and explains the decision making process with regard to major service change and the potential independent scrutiny.

b) Public Partnership Forums were established as part of Community Health Partnership Statutory Guidance 2004. One of the main roles of the PPF is to ensure local people are informed about the range and location of services in their area.

c) National Standards for Community Engagement. The National Standards for Community Engagement (also available from the Scottish Community Development Centre) were launched in May 2005. They set out best practice principles for the way that government agencies, councils, health boards, police and other public bodies engage with communities.
d) Healthcare Improvement Scotland/Scottish Health Council Major Service Change Guidance (2010). This Guidance sets out how NHS Boards should inform, engage, and consult their local communities about proposed service changes. This guidance aims to provide NHS Boards, and their communities, with a framework that will assist them in identifying potential major service changes. It is intended that the guidance will help Boards to stimulate discussion amongst key stakeholders to establish if there is a consensus view.

e) Equalities Impact Assessment. An Equality Impact Assessment is a key tool in tackling inequalities as well as ensuring that public sector organisations consult with the public regarding significant change and ensure that the plans of NHS Boards achieve their outcomes and mitigate negative impacts on individuals. EQIAs are legislated under the Equalities Act 2010, other documentation in support of the EQIA process include the Christie Report, NHS Quality Strategy, Equally Well and the Human Rights Act 1998.

f) Visioning Outcomes in Community Engagement (VOICE). VOiCE is planning and recording software that assists individuals, organisations and partnerships to design and deliver effective community engagement. It can be used to support a range of participation from overall area regeneration to specific concerns of users of particular services. VOiCE enables all users to employ a common system for analyzing, planning, monitoring, evaluating and recording their community engagement. VOiCE is published by the Scottish Government as part of its support for implementation of the National Standards for Community Engagement.

3.2 In preparing the PCRC Communication and Public Involvement Plan the above documents and process have been taken into account. This is to allow for interested parties to be involved in the process, have a say and be listened to.

3.3 The participation exercise involved a wide range of parties including:

- Public Partnership Forums
- Local Councillors
- Local MP & MSP’s
- Established community groups such as Elderly forums, LGBT and equality groups
- Public sector groups such as Community Councils,
- Local & Area Staff Side Forums
- Fife Clinical Forum

The information on the website was provided in five community languages and distributed to the appropriate groups in British Sign Language, Large Print and Braille.

4 Equality Impact Assessment Outcomes

4.1 An Equality Impact Assessment was carried out (May/June/October 2012) to determine the impact of the development of a Primary Care Resource Centre on patient groups and to produce recommendations to mitigate potential impacts.
4.2 In October 2012, the positive and negative issues identified as a result of the Impact Assessment were considered and the group agreed to gain further information and evidence to support the issues raised. This work was collated in January 2013.

4.3 The results of the Equality Impact Assessment (February 2013) were reported at the QMH Project Team and the QMH Project Board and the recommendations have been forwarded to the appropriate workstream for action.

5 Communication, Involvement and Engagement Action Plan

5.1 Engagement since January 2012 amounts to 62 activities including verbal updates, papers and presentations to staff-side, CHP Committee, NHS Fife Board Development session, Public Partnership Forum and Local Councillors.

6 The Timetable for Engagement was as follows:

6.1

<table>
<thead>
<tr>
<th>Plan Preparation Process</th>
<th>Actions to be Taken</th>
<th>Key Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation of proposed communication plan to the following groups</td>
<td>Preparation for proposed design development and proposed programme of works</td>
<td></td>
</tr>
<tr>
<td>PCRC Workstream Group</td>
<td>Seek agreement of team to proceed to active public involvement with amendments as required</td>
<td>29th January 2013 Completed</td>
</tr>
<tr>
<td>QMH Project Team</td>
<td>Seek approval of board to proceed to active public involvement with amendments as required</td>
<td>12th February 2013 – paper agreed with the following amendments - include as overall QMH communication plan. Completed</td>
</tr>
<tr>
<td>QMH Project Board</td>
<td>Seek approval of board to proceed to active public involvement with amendments as required</td>
<td>3rd May 2013 Completed</td>
</tr>
<tr>
<td>Strategic Management Team</td>
<td>Seek approval of team to proceed to active public involvement with amendments as required</td>
<td>June 2013 Completed</td>
</tr>
<tr>
<td>Public Partnership Forum</td>
<td>Seek approval of forum to proceed to active public involvement with amendments as required</td>
<td>17th April 2013 Completed</td>
</tr>
<tr>
<td>DWF CHP Committee</td>
<td>Seek approval of Committee to proceed to active public involvement with</td>
<td>10th January 2013 Completed</td>
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</table>
amendments as required.

| DWF CHP Committee | To prepare a paper for the committee with the evidence and outcomes from public/service user engagement in relation to developing a PCRC at QMH and acknowledge the impact on existing facilities such as Carnegie and Abbeyview Clinic | Formal meeting 14th November 2013 |

7 **The PCRC Development Plan period of Consultation**

7.1 The active phase of public involvement commenced May 2013 and closed on the 30th September 2013.

7.2 The active period of engagement was made known to key stakeholders via an e-newsletter distributed widely, with some paper copies being made available as well as leaflets, NHS Fife website and announcements in the local press.

7.3 **Elected members**

A Face to face session has been held to brief elected members. This was held in April and provided more information on the active public involvement period and any other information ahead of the open public sessions.

7.4 **Community Councils**

Communication with Community Councils took place in May. The aim was to provide information and raise awareness of the ongoing development of the QMH site during the active public involvement period.

7.5 **Information Events**

An important element was the opportunity for face to face communication with interested parties. The PCRC user group held 12 information events as indicated below.

<table>
<thead>
<tr>
<th>Group or Open Event</th>
<th>Venue</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSP/ MP briefing</td>
<td>To provide information for the existing briefing sessions. (Susan Manion/George Cunningham)</td>
<td>7th June 2013 Completed.</td>
<td>2.00pm</td>
</tr>
<tr>
<td>Councillors</td>
<td>QMH</td>
<td>29 April 2013 Completed</td>
<td>2.00pm</td>
</tr>
<tr>
<td>Service user survey (see appendix)</td>
<td>(test touch screen survey in May) Carnegie/Abbeyview</td>
<td>June 2013 – end August 2013 completed</td>
<td>Throughout the full working day</td>
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<tr>
<td>PPF</td>
<td>Lynebank</td>
<td>21 August 2013 completed</td>
<td>2.00pm</td>
</tr>
<tr>
<td>DWF CHP Local Partnership Forum</td>
<td>Conference Room 4</td>
<td>10 July 2013 completed</td>
<td>2.00pm</td>
</tr>
<tr>
<td>Area Partnership Forum</td>
<td>Staff Club</td>
<td>23 August 2013 completed</td>
<td>1.30pm</td>
</tr>
<tr>
<td>Area Clinical Forum</td>
<td>Board Room, Hayfield Clinic</td>
<td>6 June 2013 completed</td>
<td>4.00pm</td>
</tr>
<tr>
<td>Clinical Services Management Team</td>
<td>Lynebank</td>
<td>18 June 2013 completed</td>
<td>3.00pm</td>
</tr>
<tr>
<td>GP Practice and Primary Care</td>
<td>Lynebank</td>
<td>17 July 2013 completed</td>
<td>2.00pm</td>
</tr>
<tr>
<td>Open Event</td>
<td>Lynebank Main Hall Carnegie Library QMH, Main Entrance</td>
<td>6th. August 15th. August 21st. August Completed</td>
<td>10-1200 6-8pm 1-3pm</td>
</tr>
<tr>
<td>Public Display</td>
<td>Carnegie Clinic, Abbeyview Clinic, Carnegie Library, Duloch Library</td>
<td>June – September 2013 Completed.</td>
<td>Opening hours</td>
</tr>
</tbody>
</table>

The events included display stands providing information about the proposed service moves within the development of the Primary Care Resource Centre at QMH. They were scheduled for the afternoon and evening weekdays to allow as many people as possible the opportunity to take part. A number of personnel from the PCRC group were on hand to answer questions. Eighty one comments were received via the open events and displays. The common themes are summarised in Section 8.

7.6 Online

The period of active public involvement was highlighted on the NHS Fife website and a link provided to key information. Nine online comments were received and these are included in the full Public Comments Analysis report. The common themes from the comments are summarised in Section 8 of this report. The full report is available on request.

7.7 Public Partnership Forum – Register of Interest

Individuals and Organisations who have already registered their details on the Dunfermline and West Fife PPF register of Interest received notification of the active period of Involvement in May.

7.8 Patients/Services Users

The period of active public involvement included gathering information from specific service users who attend the existing facilities. The aim was to collect any issues and
ensure they are considered ahead of any decision being made. Two hundred validated responses were received.

In summary, 50% are happy/very happy, 23% are not happy/very unhappy, 18% are not sure in response to how they feel about the relocation.

Patient travel arrangements; 65% arrive by car, 16% travel by bus and 10% walk.
The length of appointment time; 91% of patient appointments are about 1 hour with 35% longer than 1 hour.

The full survey report will be placed on the NHS Fife Website at www.nhsfife.org/queenmargaret

7.9 Public Displays

The General Public were able to give their comments via Carnegie and Duloch Libraries Carnegie & Abbeyview Clinic as well as via the website. A total of 90 comments were received in this way.
The consultation was to give the public a chance to tell us what matters to them and for them to learn more about the proposal. An Information display panel and an information booklet was available alongside the comments form. While several people supported the relocation there were some who did not support the relocation. The issues that gave concern are in relation to public transport, car parking and what will happen to the building.
These issues are collated in the section 8 and have been forwarded to the appropriate worksteams for consideration.

The full Public Comments report will be placed on the NHS Fife Website at www.nhsfife.org/queenmargaret

7.10 Healthcare Improvement Scotland/Scottish Health Council Service Change documentation

The documentation has been updated and forwarded to the Scottish Government (8th October 2013), with a copy of the Equalities Impact assessment and the letter from the Scottish Health Council, for their view.

8 Summary of results from the Equalities Impact Assessment, Patient Survey, Public and Staff comments are as follows

The main issues in relation to Car Parking

- Additional disabled spaces
- Provision of Parent/Child spaces
- Pick up point
- Short term parking (max 2 hours)
- Extra staff spaces
- Taxi rank
- NHS Fife staff Loading/unloading 30 mins max. (near Rehab/Therapies entrance)
• NHS Fife staff Loading/unloading 30 mins max. (near Phase 1 entrance)

The main issues in relation to Public Transport

• Extended bus shelter
• Display of bus information - paper based
• Bus timetables on the website
• Electronic Display of Bus timetable in Main Entrance, Phase 1 entrance and on Level 3 at Primary Care Services area
• Information about Patient Transport
• Information about Voluntary Transport
• Information about claiming bus fares if patients are on benefits.

The main issues in relation to the Carnegie building

• Who owns the building
• What is the process for new ownership
• Concerns about the building becoming “derelict”
• Any special actions required because it was gifted by ”Andrew Carnegie”

The main issues in relation to the suitability of the hospital environment

• Big hospital – how to find my way around
• Hospital too cold and depressing

9 Taking the issues forward

The issues have been highlighted and discussed at the Queen Margaret Development Project Team and Queen Margaret Project Board. It has been agreed that all issues will be forwarded to the appropriate workstream for consideration and action as appropriate.

The Car Parking and Public Transport issues are being considered by the QMH Travel Planning Group. The QMH travel planning group reports progress to the QM Project Team.

The issues in relation to the Carnegie Building have been forwarded to Estates and Facilities. It is planned that these questions and concerns will be addressed in the next issue of the QM newsletter.

The issues about the hospital environment have been forwarded to the Signage Group and the QM Project Team, within the budget, are responsible for the environment.
10 Recommendations

The DWF CHP Committee is asked to:

- **Note** the completion of the active public and key stakeholders involvement in line with requirements
- **Note** the service change documentation sent to Scottish Government.
- **Note** the issues identified transferred to the appropriate Workstreams for consideration and action as appropriate
- **Agree** the relocation of services, as described, from Carnegie Clinic and Abbeyview Clinic
- **Agree** to proceed in line with NHS Fife Board requirements to follow the procedures laid down in the NHS Property Transactions Handbook.

Ann Hatton
**DWF CHP Head of Clinical Governance and Project Lead for the Development of the Primary Care Resource Centre**

14th November 2013