Major Service Change
Proposed Modernisation of Health and Social Care Services in Badenoch and Strathspey

Public Consultation
21st April to 21st July

Interim Report on Consultation Activities
6th June 2014

Proposed modernisation of community and hospital services in Badenoch and Strathspey

The consultation will run from 21st April to 21st July 2014.

YOUR CHANCE TO COMMENT
This document sets out proposals to modernise community and hospital services in Badenoch and Strathspey, and invites you to respond with your views.

If you would like this information in large print or another format (e.g. audio, or another language), please see contact details on the back page.
The Highland Health and Social Care Committee is asked to:

- Note the public consultation runs from 21st April to 21st July 2014
- Note the communications and engagement plan to support the work
- Note the update on activities taken place so far and further activities planned
- Note the low turn out at events and responses
- Specify any further actions recommended

1. Background

Proposed changes to modernise services across Badenoch and Strathspey are considered to be major. As a result major service change guidance is required to be followed. This includes carrying out formal public consultation lasting for a minimum period of three months.

CEL (2010) 4 provides guidance on informing, engaging and consulting people in developing health and community care services including requirements for a public consultation. This document also clarifies the role of the Scottish Health Council during major service change which is to ensure that the Board’s public involvement activities are in line with the guidance.

A summary of the service change process and key milestones are set out in Appendix 1 and 2 respectively.

The consultation was launched on 21st April and runs for a total of 14 weeks until 21st July 2014.

At the special board meeting held on 4th March 2014, the director of operations highlighted that “although a preferred option has been outlined, no final decision has been made, and there is potential for locals to influence the decision-making process.”

This has been a consistent message in the consultation materials, media statements and the various meetings and discussions. It is an important point to make because during the formal consultation period, it has not been NHS Highland’s purpose to persuade people why the preferred option should be favoured. But rather to explain the options appraisal process, who was involved and to make available any further information should that be requested.

The Highland Health and Social Care Committee (HHSC) received a verbal update on the consultation at their meeting held on 1st May. Following the meeting, on the same day, members were sent a link to the website hosting all the consultation materials.

As the next meeting of HHSC is on 10th July (only 11 days before the close of the consultation), the director of operations and head of PR and engagement suggested to the Chair of the Committee that an interim report be submitted for members to consider.

Producing an interim report, although not a requirement, is a sensible governance step and will allow adequate time for any actions to be taken should the committee members feel there were any risks to the process not being followed or being effective.

More generally it will provide the core team with a formal mechanism to update various stakeholders, including:

- NHS Highland board committees
- Badenoch and Strathspey re-design steering group,
- Nairn, Badenoch & Strathspey district partnership,
- Scottish Health Council
- Scottish Government.

In addition it will provide the basis for wider feedback to the local communities with a view to further promoting participation.

2. **Interim Report (21st April to 5th June 2014)**

This interim report sets out the process and activities underway and a high level summary of some of the key themes to emerge. It does not include any detailed analysis of the consultation responses received to date (n=21) nor the detailed feedback from the various events (Appendix 6).

The public consultation runs for a period of 14 weeks, from the week beginning 21st April for a period of 15 weeks up until 21st July. This mid-way review covers up to the end of the eighth week (21st April to 5th June).

4.1 **NHS Highland communications and engagement plan**

The ideas, issues and learning during the informal engagement stages helped to shape the content, format and timing of activities as part of the formal consultation process. Throughout, the approach has also been heavily influenced by the members of the steering group and the Scottish Health Council.

A communications and engagement plan was prepared and this was signed off by the Scottish Health Council on 16th April 2014. It is subject to ongoing review and development to allow actions to be shaped by feedback during the consultation.

4.2 **Consultation materials and activities**

Activities are not listed in order of significance but in the logical order that things were developed to support the strategic co-ordination of the consultation.

Week one of the consultation got underway with the director of operations, holding various drop-in sessions with staff (21st April). The proposed re-design of services was also the main item at the Nairn, Badenoch and Strathspey District Partnership meeting held in Aviemore on 24th April 2014.

4.2.1 **Consultation documents**

A summary consultation document (10,000 copies) and a full consultation document (500 copies) were prepared and widely distributed. They carried the NHS Highland web address and named points of contact with email addresses and telephone numbers.

Initially both documents were distributed to the two hospitals (St Vincent’s and Ian Charles), the four GP Surgeries/Health Centres (Laggan, Newtonmore, Aviemore and Grantown on
Spey, both local Care Homes (Wade Centre in Kingussie and Grant House in Grantown-on-Spey), Glen Day Care Centre in Aviemore), three Pharmacies (Aviemore, Grantown-on-Spey and Kingussie), three dental units (Aviemore, Grantown-on-Spey and Kingussie), Service Points (Aviemore, Kingussie and Grantown-on-Spey) outpatient department in Raigmore Hospital. Both copies were available at all events and meetings (Appendix).

Further distributions were carried out during the process including a mail drop (Section 4.3), walk about as well as being widely advertised (section 4.4).

4.2.2 Mail Drop

A total of 8,207 summary documents were issued (homes = 7,703) and businesses =502) via a mail drop. This took place during the week beginning 19th May.

4.2.3 Direct Mailing

A list of relevant local organisations and contacts was drawn up and these were emailed on 25th April, with links to the consultation materials and an offer to meet.

This was followed-up with a letter from NHS Highland Chief Executive to a number of organisations including: The Highland Council, The Scottish Ambulance Service, Cairngorms National Park Authority, Highlands and Islands Enterprise, Scottish Natural Heritage, Police Scotland, Fire Service and the Interface (30th May 2014).

A further e-mailing was carried out to named contacts for people who have relevant contracts with NHS Highland in Badenoch and Strathspey.

Local presbyteries and dioceses were also contacted (through Derek Brown, Chaplain) to help reinforce the importance of the consultation.

In total direct emails were sent to around 150 people but with very limited responses received so far (less than 5).

4.2.4 Voluntary, Third and Independent Sector and Others

There has been direct contact with a number of local groups including Badenoch and Strathspey Transport Group, Advocacy Highland, Age Concern, Badenoch Arthritis Support Group, Reshaping Care for Older People, Highland Third Sector Interface, Highland Home Carers, HUG, Mumsnet and Senior Citizen Network.

Part of the ethos of the re-design is that any new facilities would facilitate a fully integrated approach. For instance informal discussions are already underway with Duchaidh Community Support – a local organisation who help people with mental health concerns and memory loss to live at home.

4.2.5 Advertising and promotional activities

Various posters and flyers were prepared and widely distributed throughout the area. These retained the same brand as the summary consultation document. The purposes of these were to i) raise awareness of the consultation in general and (ii) promote the dates of the various consultation activities.

Small adverts were also prepared and issued to local groups during the first two weeks with community newsletters, websites and social media (as detailed in the plan). All information carried the NHS Highland web address and contact details.
These were issued early in the process and followed up with local media and social media as well as on the NHS Highland website.

In addition two paid adverts were placed in the Badenoch and Strathspey Herald (week beginning 5th May and week beginning 19th May, Appendix 3) and were also promoted in the media release.

4.2.5 Walk about

On 27th May a member of the NHSH Highland communications team also did a walk about in Newtomore, Kingussie, Aviemore and Grantown-on-Spey with the aim of providing a direct spot-check of levels of awareness of the consultation in these communities.

They distributed consultation documents, posters (with dates of meetings) and discussed face-to-face with members of the public. He spoke to around 50 people of wide age range and in a number of different community settings. A total of 26 full consultation documents and 43 posters were handed out. Their report is included (Appendix 4).

This was a new addition to the original plan and was intended as a test. It was recognised that there were risks associated with only four areas being selected but it was felt that if it was a helpful exercise it could be repeated (see also section 8.3).

4.2.6 Websites

The consultation was promoted on the NHS Highland website with all the background information, consultation materials and a calendar of events.

The links were also sent to others to display - GP Practices, local community websites, Highlife Highland and so on. Some example links are provided below:

http://www.aviemoremedical.co.uk/latest_news.htm

http://www.grantownonspeymedicalpractice.co.uk/
4.2.7 Media and Social Media

Media
There has been regular coverage in the local media about the proposed changes and this has continued throughout the current phase of the consultation. Five media releases have been issued:

1. Public consultation reaches half way stage – 4\textsuperscript{th} June 2014
2. Dates for three public meetings announced - 20 May 2014
3. Public urged to take part in consultation - 6 May 2014
4. Badenoch & Strathspey District Partnership meeting 24 April - 16 April 2014
5. Public to have their say on proposed new hospital - 15 April 2014

There has been good coverage and it is clear from the feed-back with the steering group, attendance at meetings that there is very high awareness of the consultation (Appendix 5).

Social Media (Twitter and Facebook)
Events and materials are being promoted through NHS Highland twitter account (@NHSHighland) as well as through Head of Public Relations and Engagement (@nhshmt).

Twitter and Facebook accounts were identified for relevant local communities and these were also used to promote the consultation.

Further steps need to be put in place to monitor “reach” through social media.

4.2.8 Other Publications

The consultation process was also promoted through other publications including HighLights, GP Practice Newsletters, NHS Highland Annual Review (9\textsuperscript{th} June 2014).

4.2.9 Face to Face – Meetings, Events and Groups (General)

All of the above activities were designed to provide a solid platform to run the consultation in terms or providing awareness and written information. The attendance at meetings and events and other face-to-face consultation and conversations were considered to be of greatest importance.

Setting these up, promoting and attending them has taken significant amounts of staff effort and time. In each case there was close working with a local point of contact. This was to agree dates, venue, timing, format and local promotion. The steering group members have been particularly pivotal to supporting this aspect of the consultation.
At least one member from the core team of four people (Nigel Small, Boyd Peters, Kenny Rodgers and Maimie Thompson), have always been in attendance at each event.

The numbers attending drop-in events has ranged from 2 to 12 (Appendix 6). The attendance is lower than might have been reasonably expected given the nature of the changes being proposed but it is not believed that this has been due to lack of awareness.

For instance in advance of the Carrbridge event (29th May) a local point of contact, who was helping to promote the drop-in confirmed on 20th May:

“Just to let you know that I have put up Notices in the Village Hall and outside our Village Hall about Carrbridge Consultation events.”

Only two people attended the four hour drop-in event.

Although the numbers have been low it has provided an excellent opportunity for those attending to have 1:1 discussions with NHS Highland and these have been very constructive for NHS Highland and hopefully also for local participants.

There has also been good discussions with Friends of St Vincent’s and Kingussie lunch-club plus a range of other meetings (Appendix 6). A meeting with Friends of Ian Charles has been arranged.

Notes were taken at all meetings and events and comments and any follow up actions identified and taken. All comments will be included as part of the full consultation report. Minutes from community council meetings are also being sourced.

Example of some feed-back

Kingussie Community Council Meeting, 6th May 2015

“Thank you for coming down to Kingussie last night. The presentation and the question and answer session, from the "non-professional" viewpoint was excellent. Interestingly when I took round the posters and consultation documents people immediately opened them and starting reading - always a good sign! I also spoke to others there and the feedback was extremely positive."

“Thank you for last night - thought the presentation was very good. It is not easy to explain all the steps taken and decisions made and still reassure those who have not been involved that they have a voice and their views still count, but you did it admirably. Thought the discussion and suggestions made by the KCC were good.”

4.2.10 Partner Agencies

The director of operations has met with Scottish Ambulance Service (21st May) and Cairngorms National Park Authority (30th May). These have been both very positive with early engagement appreciated and clear opportunities for positive joint working.

Through the Cairngorms National Park Authority contact has been established with a development in Pitlochry to establish a new integrated health and social care facility. It is proposed to take a small group to Pitlochry to meet colleagues and share experiences.
There have also been discussions with Transport Scotland including being informed on dualling of A9 and formal meetings being arranged with Highland Council and Highlands and Islands Enterprise “Strengthening Communities”.

4.2.11 MSPs and local elected representatives

There has been regular contact with MSPs throughout the process via email and Face-to-Face. All MSPs were sent an email on 25th April updating on the consultation and asking for them to support people taking part with one responding:

“It’s great to see this level of community engagement” MSP, April 2014

The most recent meeting was held on 28th May 2014 and Chair of NHS Highland provided an update, no concerns were raised at this stage.

All four local elected members are active participants on the Steering Group and are in regular contact with the core team to help facilitate engagement. They are on record as being positive about the process to date.

4.2.12 Staff/GPs

The formal consultation got underway with a series of drop in events at St Vincent’s and Ian Charles Hospital, Wade Centre (Care Home in Kingussie), Grant House (Care Home in Grantown-on-Spey) and Glen Centre (Day Centre in Aviemore). This was facilitated by the director of operations and around 40 staff attended the sessions.

The Head of PR and engagement also visited all the facilities including GP Practices on 13th May. This was to discuss displays and dissemination of consultation documents, issuing travel survey, posters and so on. Charge Nurses, Practice Managers, Care Home Managers were all engaged and showed high level of awareness and support for the process.

In addition staff and staff side representatives are involved in the Steering Group and a range of other activities.

- Clinical Brief
  Two workshops with clinicians have been held. These have been facilitated by an independent health care planner. Further work is ongoing.

Dr Boyd Peters (Locality Lead) has been working with all four Practice to look at how any new potential model of service might impact on their ways of working. Three meetings have been held so far.

4.2.13 NHS Highland board and committees

Board members have been kept up to date through various lines of communication. A brief update was included in the Chief Executive’s Report presented to the Board on 3rd June 2014.

The Chairs of other relevant committees (17th April) were also contacted at the start of the consultation with an update on the process and offering to attend the Committees or provide updates. They will also be sent a copy of this interim report.

4.2.14 Scottish Government

There has been close working, support and advice from Scottish Government colleagues during the pre-consultation phase to make sure NHS Highland was in an appropriate state of
readiness to run the consultation. At the suggestion from SG links have been with colleagues in Dumfries and Galloway who have been through major service change process around a proposed new District General Hospital. This was particularly helpful in terms of managing options appraisal on sites.

Carmel Sherriff (performance manager) visited NHS Highland on 14th May 2014. Nigel Small (director of operations) took Carmel to see each of the facilities under review and also the location of the possible sites in Aviemore. During the visit Carmel had the opportunity to meet with front line staff including Dr Boyd Peters (Clinical lead for the re-design). This was followed up with a wider discussion on the process with chief executive and head of public relations and engagement.

4.2.15 Scottish Health Council

One of the duties of the Scottish Health Council is to monitor the process and to provide an Assurance Report to the Board of NHS Highland and feed-back to the Scottish Government.

During the formal consultation period, meetings have been set up with the SHC Major Service Change Advisers. Meetings have been held on 8th May, 20th May and 4th June with email contact in between. The notes of meeting held on 8th May and 20th May are included (Appendix 8 and Appendix 9).

These discussions also help to reflect that, while there has been a strong planned element to the consultation, it was also designed in such a way to be responsive to issues and ideas to emerge during the consultation activities.

The Scottish Health Council has also attended eight events during the first half of the consultation period, circulating their own feedback survey forms at six them, as part of their verification activity. In addition, NHS Highland has also distributed their survey to participants at meetings where SHC were not present.

From this early activity, SHC estimate that approximately 40 of their surveys have been distributed, with 12 of these being returned to date providing an approximate response rate of 30%.

SHC will be attending many of the forthcoming activities to gain further independent feedback. This will assist them with their quality assurance process as NHS Highland move forward into the next phase of the consultation.

4.2.16 B&S Local Steering Group

The make-up of the steering group and how they have been involved is described in the consultation material and their names and contact details are available on the website: http://www.nhshighland.scot.nhs.uk/News/ServiceRedesign/BadenochStrathspey/Documents/Contact%20List.pdf

Members have attended some of the drop-in events and community council events and they have also suggested ideas for people to meet and to promote activities.

The Group has been sent regular updates during the consultation and there has been high level of engagement throughout. An example of an email communication to the members of the group is included (Appendix 7).

More generally the various communications (email, phone, face-to-face meetings) direct with Steering Group members is not included in the activities as set out in Appendix 6.
5 Access and Transport

Throughout the process Access and Transport issues have been raised as areas requiring further attention. It is recognised that this is going to require collaboration across agencies (Highland Council, Scottish Ambulance Service and NHS Highland, local transport groups and transport providers). Various discussions are underway including who should lead the local group. It is recognised that the group will need to support any re-design work going into the future, and on that basis, it was also felt that it was not helpful to rush into agreeing membership and who should chair.

As part of the preparatory work a Transport Survey is underway with paper copies distributed to Aviemore Health Centre and Glen Day Centre (Aviemore), St Vincent's (Kingussie) and Ian Charles (Grantown-on-Spey). A more general survey is also available on the NHS Highland website. There have been around 200 responses.

Other relevant information is available on the website includes:

Walking times to the 4 potential sites
Mileage and travel times to Aviemore
Stagecoach bus route map
Badenoch & Strathspey Community Transport Company
Health related journeys from April 2013 to February 2014 Website [www.ct4u.co.uk](http://www.ct4u.co.uk)

6 NHS Highland consultation response forms and correspondence

A consultation response form was agreed with the Scottish Health Council. The feed-back covered four themes:

Part 1 - The proposed changes and selection of preferred option
Part 2 - Information about the responder
Part 3 - The consultation process, documents and events
Part 4 - Details to support equality and diversity monitoring

The form is available on the website. Hard copies have also been handed out at various events and meetings.

As at 5th June 20 completed response forms have been received (12 electronic and 10 hard copy). In addition one letter of response has been received, two emails expressing a view on the preferred option and four emails with general comments and queries.

7 High-level themes and queries about the proposals

Feed-back from each of the events has been documented, and where necessary, responses made and any required actions taken.

Taking all the activities and feed-back to date the following high level themes have been raised. The vast majority of feed-back and comments have been positive and supportive of the preferred options. Only points of concern/clarification are highlighted below. These are not ranked in any order:
1 Need to develop community services, care-at-home but how will capacity be expanded?
2 No mention of impact of the proposals services for children and young people
3 The site needs to have the potential for expansion
4 More detailed site descriptions would help
5 What will happen to the existing hospital buildings/sites?
6 Is the dualling of the A9 a consideration regarding sites?
7 Transport and access issues need to be considered but NHS Highland should not be the lead for this
8 How have the number of beds required been calculated?
9 Request to retain physiotherapy services in existing locations
10 Can outpatient services be expanded (infusions, chemotherapy)?
11 Clarification of funding arrangements

8 Mid-way reviews

8.2 Scottish Health Council

A mid-way review was held with service change advisers on 4th June. NHS Highland was represented by Nigel Small, director of operations and Maimie Thompson, head of public relations and engagement.

There was a discussion on how things have gone so far and future planned activities. The main theme discussed was the low turnout at meetings and small number of responses received so far. From SHC perspective they are not concerned about either providing we can demonstrate good levels of awareness. They felt this was well evidenced and commended the recent walk about as an example of innovative practice. It was also suggested we target mumsnet and included a hashtag for social media.

Maimie fed back that one participant at a drop-in session registered “extreme disappointment” at the response form and in particular the balance of questions. They felt there was too much on the process side of things (part 3). While this was only raised by one individual it was something that the core team had already had some concerns. The merits of changing the form were debated. While it was felt that this was a fair point it was agreed that for consistency the form would not be changed. But that the feed-back would be used to influence the Skye, Lochalsh and South West Ross form. Overall SHC remains comfortable with the handling of the consultation process thus far.

8.3 Steering Group

A mid-way review with the steering group was programmed in from the outset and was held on 5th June. An Agenda was sent out in advance and this was a well-attended meeting. (Appendix 10).

The aim of the review was to get feed-back from the group around all of the activities and to feed-back on some of the comments and discussions from the various events and communications. The notes of the meeting will be circulated to members and will be included in the final report.

The following bullet points reflect the main discussion points as part of the mid-way review:

- High awareness in the communities about the consultation and proposals
- Confirmation that mail drop had taken place and people had received the documents
- Consultation materials well received
- Consultation was well covered in the local media
- Clarification about the context of the walk about and some suggested amendments to make sure level of detail the same for each community
• Positive feed-back from the meetings and events
• Discussion about why attendance at meetings was low and only a few responses received
• A suggestion that it was perhaps not clear enough that people had to respond balanced with the majority of people might not feel the need to respond (i.e content)
• Discussion on whether it was felt NHS Highland should arrange site visits (Group did not support) but did support taking some photographs
• Discussion on membership of transport group and the importance of agreeing scope
• Discussion on dualling of A9 and site selection
• Ideas for new activities for the second half of the consultation were suggested (8.2.1)
• Confirmed that the final report will go the board meeting on 3rd December.

8.3.6 Additional activities and actions suggested from the group
• New events should be targeted at where people meet – go to them
• Target families and young people and make links with leisure centres
• Identify some new approaches to distribute the consultation form and raise awareness about the value of submitting responses
• Check public meetings don’t clash with significant local events
• Set up meeting to complete site appraisal after the consultation closes
• Send out invites to set up transport group
• Provide initial feed-back on Transport Survey and promote findings
• Further promote all the ways people can respond

8.4 Outside eyes

As part of the review process two non-executive board members and Head of Planning Contracting and Performance (all from Argyll and Bute) were invited to comment on the process to date. They have not been involved in the local work but all have significant experience in major change process and provided another level of advice and scrutiny.

They have provided further useful feed-back which will be incorporated into the next phase of the consultation.

9 Planning for Fairness

The impact assessment has been updated and is available on the website. Further detailed work will be required as part of site locations and design of any proposed new buildings.

10 Risks

While no risks have been identified in following the required guidance there is still considerable work to take place. The core team will need to prioritise any further requests for attending meetings or setting up new activities. The guidance provided by the Steering Group will be used to support the process. There is a risk of the core team being over-committed and so this needs to be managed to ensure there continues to be consistency in message.

One issue which may need to be considered is if there continues to be a low level of responses and if so any implications (e.g. what weight to give them). In addition public preference is one of the criteria regarding site selection. There would need be a discussion on whether a minimum number of responses is required to make this valid.

It is still early in the consultation and one might reasonably expect people to submit their responses nearer to the end of the process and after the public meetings. Further steps will
be taken to encourage people to feed-back. Whether this constitutes a risk is in the process of being clarified.

It is also suggested that the final report might include some high-level of analysis of other example of proposed changes to services in Highland and look at how they were received (public, media, councillors and clinicians). For instance, community pharmacy in Castletown; change in appointment system in Nairn, proposal to change in hospital name in Golspie, closure of Belhaven Unit and so on.

11 Next Steps

Further activities are scheduled to take place during the remainder of the consultation period. These are set out in the communications and engagement plan and include further drop-in events, three public meetings and various meetings with local groups.

Further actions will also be taken to address any points raised above (section 8) and any feed-back from Highland Health and Social Care Committee.

12 After the consultation closes

Further work which will be required to take place and includes:

- Complete options appraisal on site selection. This will involve involving non financial evaluation including public preference from the consultation exercise and technical/financial evaluation
- Full analysis from Transport Surveys
- Arrange follow-up meetings if further clarification required or requested
- SHC to prepare Assurance Report for Board of NHS Highland
- Director of operations to prepare compile report on the consultation and prepare paper for Highland Health and Social Care Committee and NHS Highland Board

10th June 2014
Appendix 1 Overview of the NHS service change process in Scotland

1. Identify strategic options and need for service change

2. Initial discussion with SGHD sponsor in cases of potential major change

3. Develop initial comms/stakeholder involvement plans in liaison with SHC

4. Undertake pre-engagement activity with key stakeholders

5. Options Appraisal in line with Green Book, SCIM and SHC guidance

6. Proposed change considered major? Confirm with SGHD sponsor

   - Yes
     - NHS Highland board to consider proposal and consultation materials
       - Approve formal consultation and materials
         - Yes
           - Undertake formal public Consultation
         - No
           - Revisit proposals
     - No
       - Proceed with proportionate public engagement as agreed with SHC

7. SHC assurance report to NHS Board

8. NHS Board Decision on Service Change

   - Ministerial Approval
     - Yes
       - Commence Business Case process (SCIM) if infrastructure investment case
     - No
       - Revisit proposals
   - Major
     - Revisit proposals
   - Non-Major

9. Proceed to implementation

10. Feedback and Evaluation
## Appendix 2  Summary of high level milestone and indicative time-line

<table>
<thead>
<tr>
<th>Time-line</th>
<th>High level milestones and dates of board meetings</th>
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<tbody>
<tr>
<td>Dec 14</td>
<td>• NHS Highland board meeting, 2(^{nd}) December</td>
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<tr>
<td>Oct 14</td>
<td>• NHS Highland board meeting, 7(^{th}) October</td>
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<tr>
<td>Sep 14</td>
<td>• Referendum is on 18(^{th}) September</td>
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<tr>
<td>Aug 14</td>
<td>• Independence referendum’s purdah period starts on 21(^{st}) August</td>
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<tr>
<td>Aug 14</td>
<td>• NHS Highland board meeting, 12(^{th}) August</td>
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<tr>
<td>Jul 14</td>
<td>• Consultation closes (21(^{st}) July)</td>
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<tr>
<td>Jul 14</td>
<td>• Highland Health &amp; Social Care Committee, 10(^{th}) July</td>
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<tr>
<td>Jun 14</td>
<td>• Mid-way review meetings and report</td>
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<tr>
<td>Jun 14</td>
<td>• NHS Highland board meeting, 3(^{rd}) June</td>
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<tr>
<td>May 14</td>
<td>• Verbal update and email to HHSC, 1(^{st}) May</td>
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<tr>
<td>Apr 14</td>
<td>• NHS Highland board meeting, 1(^{st}) April</td>
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<tr>
<td>Mar 14</td>
<td>• Highland Health and Social Care Committee, 20(^{th}) March</td>
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<tr>
<td>Mar 13</td>
<td>• Look to confirm consultation time-table</td>
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<tr>
<td>Mar 14</td>
<td>• Announce formal public consultation for Badenoch and Strathspey</td>
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<tr>
<td>Mar 14</td>
<td>• Special board meeting to approve public consultation material</td>
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<tr>
<td>Feb 14</td>
<td>• Preparation of draft consultation materials</td>
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<td>Feb 14</td>
<td>• Discuss with SGHD sponsor to confirm major service change and next steps</td>
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<tr>
<td>Jan 14</td>
<td>• Scottish Health Council endorsement of process to date</td>
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<tr>
<td>Jan 14</td>
<td>• Preparation of consultation documents and engagement plan</td>
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<tr>
<td>Jan 14</td>
<td>• Update Report to Highland Health and Social Care Committee (9(^{th}) Jan)</td>
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<td>Jan 14</td>
<td>• Hold further workshop events to support options appraisal process if required (7(^{th}) and 10(^{th}) January)</td>
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<td>Dec 13</td>
<td>• Hold further workshops to carry out options appraisal to develop preferred option(s) (Dates)</td>
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<tr>
<td>Dec 13</td>
<td>• Update NHS Highland Board on process, progress and next steps</td>
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<tr>
<td>Dec 13</td>
<td>• Prepare draft forward communication and engagement action plan</td>
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<tr>
<td>Nov 13</td>
<td>• Further work to develop and describe in more detail the short list of options</td>
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<tr>
<td>Nov 13</td>
<td>• Update local communities on process and likely next steps</td>
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<tr>
<td>Nov 13</td>
<td>• Update Highland Health and Social Care Committee</td>
</tr>
<tr>
<td>Nov 13</td>
<td>• Agree plan for evaluation of initial engagement activities</td>
</tr>
<tr>
<td>Oct 13</td>
<td>• Communicate feedback from Workshop to: i) Scottish Government, ii) Scottish Health Council, iii) Steering Groups</td>
</tr>
<tr>
<td>Oct 13</td>
<td>• Update Asset Management Strategy to Board</td>
</tr>
<tr>
<td>Oct 13</td>
<td>• NHS Highland News distributed to all homes</td>
</tr>
<tr>
<td>Jun - Jan</td>
<td>• Hold Workshops to identify long and short list of options and make recommendation on preferred option</td>
</tr>
<tr>
<td>May 13</td>
<td>• Include re-design as part of Local Delivery Plan and Publish on Web</td>
</tr>
<tr>
<td>Apr 13</td>
<td>• Appoint Project Staff to support Operational Unit with the options appraisal process and building the strategic case for change</td>
</tr>
<tr>
<td>Sep 12</td>
<td>• Set-up Badenoch and Strathspey Steering Group</td>
</tr>
<tr>
<td>Jun 12</td>
<td>• Board approval Property and Assessment Strategy (2012 -2017)</td>
</tr>
<tr>
<td>Jan 12</td>
<td>• Informal engagement underway about the case for change</td>
</tr>
</tbody>
</table>
Appendix 3– Example of Advert promoting events in Badenoch & Strathspey Herald

Note – A further advert was placed with events further into the consultation including three public meetings
Appendix 4  Article on awareness check and promotion

**Tuesday 27th May, B&S Walk about (12-5pm);**

**Purpose:** Awareness of the consultation and to further promote dates of future events

**Report by:** Andy Devlin, NHS Highland Communications Manager

Scope: Newtonmore, Kingussie, Aviemore and Grantown-on-Spey.

Locations: The actual locations visited are shown at the end of the article

**Kingussie**

In Kingussie, I made my way to a local cafe to ask if they were aware of the consultations and if they would display a poster (List of events, dates and venues) in their shop window. The cafe owner was delighted to see NHS Highland taking an interest in the opinions of the local community and pleased that we had a ‘face’ to back up the document which had recently been received in the mail.

She felt that engaging with the public in such a way was a positive step for NHS Highland. Indeed this was a recurring theme throughout the day. Like the other local shops and cafes I visited in the area, the owners agreed to display a poster with all of the public consultation dates in a prominent location on their front door and/or notice board.

I then made my way to the local post-office and asked that consultation documents were made available on the counter. They agreed and took a bundle from me, adding that they recognised and identified with the same document they had received in the post.

The lady at the counter indicated that the service re-design and subsequent public consultations had been a hot topic in the village; particularly within the elderly community.

A local library and re-source centre caught my eye and I spent a considerable amount of time chatting with the workers and members of the public inside. I discovered that this was a social enterprise and is a hub of the local community for people of all ages. To illustrate this, there was a 17-year-old girl working in the shop alongside some older members of the community. It sounded like a fantastic venture, where young people could volunteer to learn skills that would help them in their career and there were some young people with a mental disability who use the centre to socialise and help out with the day-to-day running of the facility.

The main topic of conversation, naturally, was St Vincent’s Hospital. While they understand that the building is not fit for purpose, they love the building and it is a source of local pride. One lady also commented that she hopes the head chef from the Hospital is transferred to a new one; as the food on offer at St Vincent’s is ‘first-class’. However, all of the locals I spoke with understood the logistics of refurbishing the current Hospital as opposed to building a new one to serve Badenoch and Strathspey.

I also popped into an advertising office for the B&S Herald and spoke at great length with the gentleman working there. He was pleased at the level of promotion we have given to date around the service re-design and the public consultation. He was the first of a few to mention that at times it feels like the NHS is dictating to the public from our ‘ivory towers’ and it would seem that this perception is starting to change through projects such as this.

**Newtonmore**

There was a meeting taking place about the A9 Dual Carriageway project. I thought this was an ideal opportunity to speak with the local people in attendance. For small communities such as these, the Village Halls play a key role in every-day life and they were enthusiastic about our ‘ambitious’ project to openly consult with the community around the service(s) we provide. They suggested that an open stall, similar to the ones on display for the A9 project,
would be an excellent way for them to approach those concerned with the re-design and discuss any issues on a personal level.

Aviemore

I then headed back through to Aviemore, which was a different experience entirely. I headed to Tesco as it is a high foot-fall area. Unlike the three other communities I visited on the day, Aviemore has a large amount of tourists, and many of the people I approached to have a chat with were only visiting the area.

However, I did manage to filter out a few locals and have a chat with them about the re-design proposals. They were excited at the prospect of a proposed new hospital being built in the area. They mentioned that there is space available to build in Aviemore, something which many people in the other communities agreed with. One local commented that although we ‘won’t get everything right’, it’s a welcome change to be consulted and have their opinions listened to.

I left a copy of the full consultation documents at each Highland Council service point along with the poster of the dates. Aviemore’s was slightly harder to locate, but after much searching; I found it in the new school which has just been built. Facilities such as these are, in my opinion, an open goal for us to target for any future events and/or road-shows as there were a number of families picking their children up from school, dropping them off at youth clubs and using the fantastic facilities on offer. Whilst it may be mainly representatives from the elderly population who attend our consultations throughout the day; young families are an important demographic and facilities like these are an ideal place to do so.

Grantown-on-Spey

Finally, I headed to Grantown-on-Spey, I handed in a poster and consultation document to the local post-office and one of each into two local hair salons: ‘Bliss hair and beauty and ‘Hair @ Mhairi’s’. I also handed in two consultation documents and a poster into the Badenoch and Strathspey Herald office where they repeated the positive comments from their colleague at the advertisement office. They ask that we continue to keep them informed of what is happening through press releases and adverts, while adding that they may send reporters along to cover some of the consultations events.

Conclusion

Overall, I felt that this was a useful exercise to engage with the public and check awareness of the consultation. I thoroughly enjoyed listening to their opinions and how passionate they are about the future of their local services. I think we should be conducting a similar exercise in Skye, Lochalsh and South West Ross, as the feedback I was receiving for just being there was incredible.

NHS Highland is working hard to find new ways to engage and connect with our public such as social and digital media, but what yesterday reminded me is that good old fashioned face-to-face conversations work best. The success of the engagement process so far is clearly built on positive relationships between NHS Highland, our partners and local communities and these are ever evolving.
Appendix 5 – Some local media coverage

Have your say now on strath health changes

By Gavin Musgrove

NHS Highland is hoping that more people will have their say on plans to redesign health care services in the strath including plans for a new £12 million hospital in Aviemore.

They have said that attendances have been low so far at meetings they have held, and there have not been as many responses to the questionnaires that they put out door to door in the area.

The consultation has now reached the half-way point. During the last eight weeks a number of senior staff from the health board have attended up to 20 meetings across the strath to outline the proposals and listen to any concerns and feedback from the local communities.

And now a series of mid-way reviews are underway to take those comments on board before moving into the second half of the consultation which runs until July 21.

Locals are being actively encouraged to comment on the preferred option, which includes developing a new community hospital and resource centre in Aviemore where four potential sites have been identified.

Dr Boyd Peters, a GP in Grantown and clinical lead on the project, remains keen stress how important it is for people use this opportunity to make their voices heard.

He said: “This is a wonderful opportunity for the people of Badenoch and Strathspey to have a real say in how their health and social care services are delivered in the future.

“From my own perspective of 23 years working as a GP here, I have seen a lot more engagement than would ever have happened in the past. I see this as a very positive thing although there is always a
Your views sought on huge hospital project

The public consultation on proposals for a new £12 million hospital in Aviemore will get underway this Monday (April 21).

Community leaders are urging residents to have their say during the three-month process which will also take in a redesign of the wider health and social care services in Badenoch and Strathspey.

NH9 Highland will hold a number of events, including drop-in sessions, attending community council meetings and speaking with various groups and partner agencies up to the deadline on July 21.

They also intend to organise a mail-drop to every home and business in the strath.

The preferred options of NH9 Highland and the development group which has been leading the project is to develop a new hospital and health and social care resource centre in Aviemore.

This would form part of the wider redesign of services which would also include the Aviemore Health Centre being located in the new facility, investment in care-at-home services and community transport and the development of local care homes.

The strath's two existing hospitals San Charles in Grantown and St Vincent's in Kingussie would be closed when the new hospital opens.

Last week, NH9 Highland confirmed that four possible sites for the new facility in Aviemore had been shortlisted. They are:

- Land at Garinish north of the Robertson's housing estate;
- Land east of the High Burnside underpass by the Crofthead housing estate;
- At Cairngorm Technology Park at Dalraddy;
- And by the Poty's Field on land by the Macdonald Aviemore Resort.

Mr Nigel Smith, the director of operations for NH9 Highland's South and Mid operational unit, said: "Identifying a preferred option with possible sites does not in any way prejudice the outcome of the consultation.

"I would urge people to fully engage in the process.

"We continue to look at key issues such as transport and access and I am proposing to set up a local working group to support this particular issue.

"I am delighted with the support we have had from local community members and service users. We are also getting good engagement from local access panel members, Scottish Ambulance Service, the Cairngorms National Park Authority, the local transport group and many others.

"We need to acknowledge the huge amount of work by many people that has allowed us to get to this stage but it is very much the start of the process and I am sure the consultation will be invaluable to the process of getting things right for the future."

Grantown-based GP Boyd Peters is the clinical lead in Badenoch and Strathspey on the project. He said: "This is once-in-a-lifetime opportunity for us all to improve our local health-care facilities. What currently exists has served us well for many decades but is now becoming dated."
Sites revealed for possible new hospital in Aviemore

NHS Highland bosses have revealed the four sites in Aviemore shortlisted for a proposed new £12 million hospital to serve the entire strath.

If the development does go ahead, the new facility will replace the ageing St Vincent’s in Kingussie and Ian Charles Hospital in Grantown.
Hospital locations shortlist announced

NHS Highland bosses yesterday (Wednesday) revealed the four sites in Aviemore shortlisted for a proposed new £12 million hospital to serve the entire strath.

If the development does go ahead, the new facility will replace the ageing St Vincent’s in Kingussie and Ian Charles Hospital in Grantown.

The four sites in contention are:
New Aviemore hospital site shortlist unveiled

NHS Highland has identified four possible sites for a proposed new hospital in Aviemore.

The health board looked at 10 locations before deciding on the shortlist of Grainish Farm, Milton, Aviemore Technology Park and Pony Field.

It is proposing to build a new hospital and close two small sites in Kingussie and Grantown on Spey.

The new building would serve the town as well as the wider Badenoch and Strathspey area.

Nigel Small, of NHS Highland, said the potential sites were chosen after a public workshop.

He said: “These sites will now go forward as part of the public consultation, and public preference will be one of the factors considered when choosing a site.

“A final event will take place after the consultation closes to make a recommendation on the sites.”

Mr Small added: “Identifying possible sites does not in any way prejudice the outcome of the consultation.

“But it does complete the final preparations which allow us to move to public consultation.”

More on This Story

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Plan to shake up hospital provision 02 March 2014, Highlands & Islands
Plan to avoid delays on new hospital 19 March 2013, Highlands & Islands

Related Internet links
Board to consult on plans for new £27m hospitals

Wednesday 5 March 2014

A HEALTH board has agreed to further investigate the building of two new hospitals at a cost of about £27 million, with the likely closure of four others.

NHS Highland stresses the moves are "not a done deal" as a three-month consultation is due to begin on the closure of two small hospitals in Kingussie and Grantown-on-Spey, to be replaced by a new hospital in Aviemore.

Meanwhile, further consideration is to be given to the future of the two hospitals in Portree and Broadford, Skye, with a main community resource centre and hospital - or hub - in one of the towns and a smaller "spoke" facility in the other. This would require a new facility to be built in one of the towns.

The board agreed a further option appraisal exercise should take place to determine the location of the hub and spoke on Skye.

"We are in the middle of a very long process in which the input of people in both communities is crucial," said Maurice Thompson, for NHS Highland.

"I understand the public will focus on our hospitals in both areas, but I must stress they are not a done deal.

"In Badenoch & Strathspey, we will be consulting fully with residents and organisations on the changes being proposed and looking at a number of sites in Aviemore for a new community hospital and resource centre."

Mr Thompson said the dates of the consultation would be confirmed later this month.

She added: "The situation in Skye, Lochalsh & South West Ross is slightly different, in that we are not yet ready to go out to full public consultation; an option appraisal on where the hub and spoke facilities will be sited has yet to be carried out."
# Appendix 6  Attendance at public meeting, events and stakeholder meetings
(21st April to 5th June 2014)

<table>
<thead>
<tr>
<th>Category</th>
<th>Event</th>
<th>Date</th>
<th>Attendance</th>
</tr>
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<tr>
<td>District Partnership</td>
<td>Kingussie</td>
<td></td>
<td>+ 4 members of public</td>
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<tr>
<td>Community Councils meetings</td>
<td>Kingussie</td>
<td>1st May</td>
<td></td>
</tr>
<tr>
<td>(x 8)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nethy Bridge</td>
<td>1st May</td>
<td>+ tbc members of public</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Aviemore</td>
<td>8th May</td>
<td>+ 6 members of public</td>
</tr>
<tr>
<td></td>
<td>Durnain</td>
<td>14 May</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Grantown-on-Spey</td>
<td>20 May</td>
<td></td>
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<tr>
<td></td>
<td>Carrbridge</td>
<td>29 May</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Boat of Garten</td>
<td>2nd June</td>
<td>+1 member of public</td>
</tr>
<tr>
<td></td>
<td>Nethy Bridge</td>
<td>5th June</td>
<td>+ 9 members of the public</td>
</tr>
<tr>
<td>Drop-in events (5)</td>
<td>Durnain</td>
<td>14th May</td>
<td>4 + SHC</td>
</tr>
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<td></td>
<td>Grantown-on-Spey</td>
<td>20th May</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Carrbridge</td>
<td>29th May</td>
<td>2</td>
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<tr>
<td></td>
<td>Boat-of-Garten</td>
<td>2nd June</td>
<td>12</td>
</tr>
<tr>
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<td>Nethy Bridge</td>
<td>5th June</td>
<td>9</td>
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<tr>
<td>Partner Agencies</td>
<td>Scottish Government</td>
<td>14th May</td>
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<td>Scottish Ambulance Service</td>
<td>21st May</td>
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<td></td>
<td>Cairngorm National Park Authority</td>
<td>30th May</td>
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<td>Transport Scotland</td>
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<tr>
<td>Scottish Health Council</td>
<td>Service change advisers</td>
<td>8th May, 20th May and 4th June</td>
<td></td>
</tr>
<tr>
<td>Steering Group (x 1)</td>
<td>Mid-way review</td>
<td>5th June</td>
<td></td>
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<tr>
<td>Other (x5)</td>
<td>Lunch Club, Kingussie</td>
<td>19 May</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Walk-about</td>
<td>27 May</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Friends of St. Vincent’s</td>
<td>28 May</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Dalwhinnie Community Group</td>
<td>28 May</td>
<td>5</td>
</tr>
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</table>
Appendix 7 Example of communications with Steering Group

From: Thompson Maimie (NHS HIGHLAND) [mailto:maimie.thompson@nhs.net]
Sent: 20 May 2014 15:54
To: Blackhurst Sue (NHS HIGHLAND); Jim Beveridge; Celia Bloomfield; Dave Thompson MSP; roger.tanner@strategem-consultants.com; McIlwraith Marie (HEALTHCARE IMPROVEMENT SCOTLAND - SD039); Gregor Rimell - Member; Linda Davies - SHC; Mairi Brown; Fraser Alex (NHS HIGHLAND); Philip Ros (NHS HIGHLAND); Morrison Caroline (NHS HIGHLAND); Glass Megan (NHS HIGHLAND); Macrae Margaret (NHS HIGHLAND); Mackay Lynda (NHS HIGHLAND); Birch Aileen (NHS HIGHLAND); Small Nigel (NHS HIGHLAND); Walker Margaret (NHS HIGHLAND); Green Eric (NHS HIGHLAND); Peters Boyd (NHS HIGHLAND); Johannesen Karen (NHS HIGHLAND); Bogle John (NHS HIGHLAND); Sieczkarek Jean Pierre (NHS HIGHLAND); Rodgers Kenny (NHS HIGHLAND); Watt Fiona (NHS HIGHLAND); John Grierson; Bill Lobban - Member; Carol Ritchie; Dave Fallows - Member; Jaki Douglas - Member; John Rainy Brown; Karen Major; Kit Harling; Deidre McCreadie; Sheena Slimon
Cc: Mary Duncanson - Friends of St Vincent's; Lynn Johnson; Liz Cowie; Anne Rattray - Ian Charles; Sarah South, BASPANEL; Richard Gillings, BASPANEL; Joan Steele - B&S Transport; Kate Adamson - Carrbridge; Patience-Quate Kate (NHS HIGHLAND); Kinnaird Debbie (NHS HIGHLAND); Murray Nichola (NHS HIGHLAND); Miles Alan (NHS HIGHLAND); Fraser Dan (NHS HIGHLAND); Appleby Alistair (NHS HIGHLAND); Pearson Richard (NHS HIGHLAND); Cuthbert Graeme (NHS HIGHLAND); Tait Michelle (NHS HIGHLAND); Henderson Mairi (NHS HIGHLAND); Gray Iain (NHS HIGHLAND); Waters Michael (NHS HIGHLAND); Farquhar William Robert (SCOTTISH AMBULANCE SERVICE); Irvine Gill (NHS HIGHLAND); Tait Caroline (NHS HIGHLAND); Cockman Kathy (NHS HIGHLAND); Trafford Amanda (NHS HIGHLAND); Pinney David (NHS HIGHLAND); Gilmour Donald Andrew (SCOTTISH AMBULANCE SERVICE); Watt Fiona (NHS HIGHLAND)
Subject: GSX: Consultation Dates

Good afternoon

I just wanted to bring you up to speed with some additional dates. We can now confirm three evening public meetings. It would be good if some of you can get along to them. An advert will be in the Strathy this week and latest media issued here.

25th June - Public meeting (7pm), Kingussie, Talla Nan Ros
1st July - Public meeting (7pm), Aviemore, Cairngorm Hotel
2nd July - Public meeting (7pm), Grantown-on-Spey, Grant Arms

I have also just agreed a drop-in for Newtonmore
19th June – Drop-in Newtonmore (12-2.30) St Brides Parish Church, Glen Road

Individuals or small groups
Can I also ask you all to have a think about any individual groups who don’t want to go to meetings or can’t get to meetings that we would go and meet with or speak to

Transport Survey
There is an on-line Transport Survey running (also paper version at different sites)

http://www.nhshighland.scot.nhs.uk/News/PublicConsultation/BadenochStrathspey/Pages/Welcome.aspx

Consultation Responses
Not had many in yet – so please encourage people to feed-back and don’t forget to make your own views known before the end of the process

Mid-Way Review, 5th June
This will be a chance for us to review how we are getting on: make any adjustments to comms and engagement plan and firm up on the Transport Group

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Appendix 8 – Notes of meeting with SHC, 8th May

NHS Highland and Scottish Health Council
Service Change Update Meeting
Larch House,
Inverness

Thursday 8th May 2014

Present:
Maimie Thompson NHS Highland Head of Public Relations and
Engagement
Marie McIlwraith SHC Service Change Advisor
Daniel Connelly (Via Teleconference) SHC Service Change Manager

Summary of Discussions and Agreed Next Steps:

- I gave feedback from the recent community Council meeting in Kingussie that I had attended. Indications from the people whom I spoke to at the meetings were very positive, showed that people generally felt that they were given enough information at the meeting and had opportunities to ask questions and make suggestions. Most people indicated that they had not had an opportunity to read the documents yet, as they had only just received them. One person whom I spoke with at the meeting praised NHSH for the process that they have adopted over the last 18 months for developing the proposals.

- We spoke about the visibility of the redesign work that is currently taking place in the B & S area and discussed the need to ensure that this work is visible to patients and carers in the areas that are likely to be affected, particularly in the two community hospitals and Aviemore Health and Day centres. NHSH confirmed that targeted information stands containing details about the redesign and how people can give their views, have been distributed to each of the potentially affected locations and should be visible to patients and visitors.

You explained that that NHSH have recently distributed posters, flyers and blank poster templates, where the localised dates of consultation events can be added, out to communities. You also intend to run an advertisement in the B & S Herald next week and at least 2 other times with updated lists details of consultation meetings and events for people to look out for.

Dates for consultation activity have also been sent MSP’s and the SG is aware of developments. Carmel Sherriff from the SG is due to visit the B & S area next Wednesday (14th May).

You confirmed that the mail drop was due to go out to every household and business in the B & S catchment area on the 19th May.

You explained that the online diary is regularly updated; however you may not always have the full details for some of the community council or arranged meetings. We advised, it would be good practice to signpost people to a contact or link where
information around venues or times is not available, so they could obtain the relevant information about meetings. We highlighted using social media as a useful tool, to promote diary updates to help keep people informed out developments and to help build and maintain momentum during the consultation period.

- We went through the current communications and engagement plan for the consultation and discussed the following;
  - Social media – we discussed benefits of using social media to build and maintain momentum and update people about future events taking place, events you’re due to attend and provide feedback from ones you have attended.
  - Q & A – we discussed ways to capture and share feedback throughout the consultation and ways to answer questions that are submitted or captured at meetings and events. You confirmed that NHSH are using one notebook for each event and meeting so that all the information that is captured is together. We discussed a range of ways to feedback to communities including a dedicated newsletter, tapping into other networks and local community newsletters, feeding back through local groups for example community councils, social media and news articles. We highlighted GP surgeries and practice websites as a useful way to share information with communities about up and coming dates for meetings.
  - Transport survey – you explained that the transport survey is to start next week (wk beginning 12th May) and will run for the remaining length of the consultation period. The local Access Panel have provided guidance with the development of the survey, which has been adapted for each of the locations to be surveyed. Information will be captured weekly to reflect results, which will be fed into the consultation process.
  - Transport group – you explained that Nigel will be progressing this work and aims to set up a group soon.
  - On line documents – you confirmed that all online documents are live, including the online survey.
  - Public meetings and drop in sessions – you explained that dates for remainder of drop in sessions and the three public meetings have yet to be confirmed, but NHSH intend to hold them in mid to late June.
  - Targeted engagement – we asked about your plans to engage with hard to reach groups and groups who will be most disadvantaged by the proposals. You explained that you have asked members of the development group for suggestions and information and are looking into ways to reach out to these groups and people.
  - Planning for Fairness/EQIA – we discussed the status of the current impact assessment and asked for this to be sharpened to be more specific about the impacts of these proposals and for actions to be updated.
  - Timescales – we discussed timescales for the report and agreed to pick this up at the mid way review meeting. You explained that at present NHSH are working towards submitting proposals to the October or December board meeting.

- plans and documents for SLSWR redesign so we can begin this process.

Marie McIlwraith, Service Change Advisor
Appendix 9 – Notes of meeting with SHC, 20th May

NHS Highland and Scottish Health Council
Service Change Update Meeting

Alder House,
Inverness

Thursday 20th May 2014

Present:
Nigel Small                Director of Operations, South and Mid
Maimie Thompson           NHS Highland Head of Public Relations and
                          Engagement
Marie McIlwraith         SHC Service Change Advisor
Emma Ashman              SHC Service Change Advisor
Daniel Connelly (Via Teleconference) SHC Service Change Manager

Summary of Discussions and Agreed Next Steps:

B & S

- Maimie provided an update regarding the publicity of dates and information about meetings and events that are taking place during the course of the consultation. Explaining that that they are using the online diary, local paper, placing box adverts and issuing media releases periodically, social media updates and using local networks to disseminate information out into local communities.

  In addition, the mail drop now taken place and every household and business in the B & S catchment area should have received a copy of the summary document.

- We went through the previous meeting notes and discussed the following:

  We discussed ways to capture and share feedback throughout the consultation and ways to answer questions that are submitted or captured at meetings and events. Maimie explained that community councils are compiling their own minutes from the meetings, which would be available to the public and that so far the drop in sessions had been one to one conversations with individuals. We highlighted that it would be good practice to feedback to local communities about findings from surveys and responses to questions and issues that have being raised during the consultation so far. This would help keep the consultation current in communities and possibly motivate people to take part in the consultation and give their views. It would also demonstrate that NHSH are listening and responding to questions and issues being raises during the consultation.

  Maimie explained that she had undertaken a walk round in the community dropping into places to find out about local interest and visibility. Maimie also attended a local lunch club and spoke to local people about the plans. You advised that 22 people were at the lunch club and for the people you had spoken to, most of them had seemed comfortable with the plans. The issues that were raised by people generally related to community care services.
You explained the B & S and SLSWR redesigns were on the agenda for the annual review which is due to take place in Fort William on the 9th June.

The SG and MSPs are also regularly briefed and you reported that the recent visit from the SG had gone well.

- You explained that the transport survey has now started and will run for the remaining length of the consultation period. The survey is available in electronic or hard copy and will be distributed from the four sites that will be directly affected by the proposed change. Information will be captured weekly to reflect results, which will be fed into the consultation process and aim to use the high level points from the survey work at the public meetings.

- Nigel explained that he will be progressing the transport group at the next steering group meeting that is due to take place on the 5th June. Explaining that he had been in conversation with the Highland council about this subject. You felt that the representation for the transport group should consist of members from the access panel, the public, HC transport department and SAS. You aim for the first meeting for this group to take place in June.

Maimie explained that she had picked up some useful points relating to travel on her walk around which need to be considered, for example there are no taxi’s available in Kingussie (to be validated). Nigel explained that the group will be generally focusing on patient travel when accessing health services; but there may also be some limited opportunity for looking at wider times/transport services.

- On line documents – Maimie confirmed that all online documents are live, including the online survey. You feedback that there had been a low response rate to the online survey and that you had emailed organisations who hold NHS contracts and SLA’s to ask them to participate and obtain feedback from their service users about the proposed options.

- Public meetings, Maimie explained that dates for the 3 public meetings have been confirmed and will be published in the local media along with the dates for the remainder of drop in sessions. There was some discussion about the low turnout rate at the drop in sessions that have taken place so far, where on one occasion only one person attended. It was agreed to review the value of these events taking place at the midway review meeting on the 4th of June.

- Targeted engagement – we asked about NHSHs plans to engage with hard to reach groups and groups who will be most disadvantaged by the proposals. You explained that you have asked members of the development group for suggestions and information and are looking into ways to reach out to these groups and people.

You explained that the following are areas that have been arranged so far

- a meeting has been organised with the Youth Forum to discuss their involvement in the B & S and SLSWR consultations

- looking at tapping into opportunities from the Carers and Dementia awareness weeks that are due to take place

- the local voluntary transport company has arranged a meeting with a number of local groups, for example the sunshine club, to discuss the proposed changes with NHSH.

- Timescales – NHSH are now aiming for reporting to the December board meeting
Appendix 10 Agenda for meeting with Steering Group

BADENOCH & STRATHSPEY REDESIGN GROUP
Mid-Way Review

5 June 2014 at 1:30 pm

The Cairngorm Hotel
Aviemore

AGENDA

1. Welcome and Introductions

2. Discussion and Feedback on Consultation Process to Date

3. Development of a Transport and Access Group

4. Post Consultation Scoring Process

5. AOCB

6. Future Meetings