NORTH SKYE & RAASAY OPTION APPRAISAL: VIRTUAL SESSION 2 FEEDBACK

1. Introduction

The second session of the re-commenced North Skye & Raasay Option Appraisal process was held as a video-conference using the Zoom VC platform on Wednesday 16th December 2020 between 12.00 Noon and 3.00 pm. The workshop included 48 participants, once again from a wide range of services, agencies and communities that was the same as for Session 1.

As with session 1, all participants had received information in advance of the meeting to ensure they came prepared for the discussion. This included a summary of session 1, a copy of the slides to be used and guidance on using Zoom.

The event was once again facilitated by Norman Sutherland from Higher Ground Health & Care Planning (HGHCP) with workshop support provided by HGHCP and NHS Highland facilitators.

This brief summary report – which has been compiled by HGHCP - is not intended to present a definitive and detailed account of the meeting, only the main issues discussed/agreed in order to support wider community engagement and feedback in preparation for Workshop 3. This will be held on 20th January 2021 between 12.00 and 3.00pm.

2. Objectives

The objectives of Session 2 were:

- To provide a very brief summary of Session 1.
- To reflect on wider community feedback after Session 1.
- To prioritise and weight agreed benefits criteria.
- To start to discuss a "framework" for future options so we can begin to understand and pull together a list of what these options may be in advance of Session 3.

3. Summary of Session 1 and Introduction to Session 2

After once again discussing video-conference protocols, welfare issues and agreeing ground rules, Norman provided a brief summary of session 1 based on the previous feedback report issued. This:

- Summarised what option appraisal (OA) is and how it works in practice.
- Emphasised that OA outcomes are not decisions – but clearly inform the decision-making process. (Costs are not considered at this stage)
- Re-iterated the timescales and format of the four OA sessions programmed with respect to North Skye.
- Presented the key points made previously by NHSH about how COVID-19 may have influenced future thinking on service provision.
- Outlined the defined "challenge" as it has now been agreed.
- Presented the seven benefits criteria now agreed that would be used to help assess future options (Appendix 1).
- Underlined the importance of applying these benefits criteria as they have been agreed and documented by the whole group, not re-interpreting them to mean something different or more personal.

For clarity, the challenge was confirmed as:

To suggest the "preferred way forward" for services across North Skye, where:

- "North Skye" includes all of the areas and communities in the North of the island; and
- "Services" specifically refers to those 12 beds identified in Portree Hospital or those services that represent a credible alternative to them

This was accepted as a fair and reasonable summary of Session 1, with the only discussion arising relating to the phrase "COVID challenges the desirability of using facility based models of care" that was used in an NHS Highland slide from session 1.

Subsequent discussion highlighted that the objective of the previous presentation had been to make people think about the potential impact of COVID-19 before developing benefits criteria and that it had done this successfully. A clear summary statement was also made to the effect that, "if someone needs a bed – they need a bed – and COVID has not altered this". It was also noted that the agreed challenge defined "services" as "those 12 beds identified in Portree Hospital or those services that represent a credible alternative to them".

Norman closed this session by outlining how Session 2 would now look to refine our understanding of agreed benefits criteria by exploring their relative importance to participants before finishing with a brief discussion on the process of developing options.

4. Wider Public Feedback on Session 1

Sophie Isaacson provided feedback on the wider community based consultation that was running in parallel with the workshop based OA process. She noted that the summary of the first workshop had been distributed widely across communities in Skye and was being used as a basis for broader discussion.

Sophie reported that feedback to date had been positive and that no specific issues or concerns had been raised that might lead the group to re-consider either the challenge or benefits criteria they had agreed at session 1. She also noted that groups found it difficult to engage fully with the process at this time, largely due to the less tangible nature of the kind of issues being discussed, but believed that this would become easier as actual options emerged and were evaluated.

It was underlined that this wider community engagement process will continue alongside the workshops, with wider community engagement used to "test" workshop discussions and ensure that opinions expressed and decisions taken during workshop discussions are genuinely representative of broader community feelings.

5. Prioritising Benefits Criteria

With confirmation that benefits criteria had now been agreed by the wider community, the OA process moved to the next stage which involved prioritising these. This was done through large group discussion with the aid of what the facilitator called a "comparative matrix" intended to prompt constructive debate.

The comparative matrix forced participants to conclude which criteria were more important than others and in so doing identified the approximate priority order of the identified benefits criteria from a "whole room" perspective. As such it was also used as an aid to support the more complex process of applying an actual defined weighting to each criteria and to understand where different stakeholder groups may have differing opinions from the outset.

The populated matrix is shown in Diag. 1. (Below), with the letters reflecting which criteria was deemed overall to be the most important in a trade-off between two at the point where they intersect and the numbers a tally of the "score" an individual criteria realised in the whole exercise. (The number of times it was deemed more important than another)

Thus a higher "score" indicates a higher relative importance.

Relative Priority of the Agreed Benefits Criteria							
A	Accessibility & Social Costs						
A	B	Connectivity, Communication & Integration					
A	B	C	Environmental sustainability				
A	B	D	D	Flexibility			
A	B	E	D	E	Personal experience		
A	F	F	F	F	F	Service Sustainability	
A	B	G	D	E	F	G	"Value-adding"
6	4	0	3	2	5	1	**TOTALS**
A	**B**	**C**	**D**	**E**	**F**	**G**	

Diag. 1. Benefit Criteria Comparison Matrix Supporting Relative Prioritisation

Whilst in many instances there was a clear sense of which criteria was seen by the majority as more important than the one it was being compared to, there were a few areas where a count of votes was required to determine the overall "winner" because of a clear difference of opinions. The most notable areas where this occurred (opinions were split more evenly) were:

- Accessibility vs Connectivity, communication & integration
- Accessibility vs Flexibility
- Connectivity, communication & integration vs flexibility

The relative priority eventually attributed to the whole group was:

- Accessibility and the minimisation of social costs (6 points)
- Service sustainability (5 points)
- Connectivity, communication and integration (4 points)
- Flexibility (3 points)
- Personal experience (2 points)
- "Value-adding" (1 point)
- Environmental sustainability (0 points)

Participants were informed that this relative prioritisation process was to assist in the process of developing agreed weightings only and that the order could be changed if individual groups felt strongly that it should be during the next phase of the process.

It was also highlighted that all criteria remained important and that a "0" score was relative only, i.e. It did not mean that "environmental sustainability" was not important or worthy as a measure.

6. Group Work Session: Weighting Benefits Criteria

Having summarised the "whole room's" perception of the relative importance of agreed benefits criteria, the next stage of the process involved determining the actual weightings to be applied to these. This was done in small group discussion sessions with groups intended to represent different stakeholder interests involved in the project. This was different to the first session, where groups had involved a mix of people from many different backgrounds/perspectives. This was done in order to understand if these different groups held differing opinions.

The discussion groups were provisionally identified as:

- Group 1: A mixed group of community/public representatives
- Group 2: A mixed group of community/public representatives
- Group 3: A mixed group of community/public representatives
- Group 4: A mixed group of public sector planning partner organisations
- Group 5: An NHS clinical group
- Group 6: An NHS corporate group

Groups were broadly of a similar size, with around 8 people in most.

- Each of the three community/public groups included a mix of community/public representatives from across Skye including third sector organisations, community councils and geographic representation. This was intended to reflect the fact that many people attending the event "wore more than one hat" and that it would not have been appropriate to sub-divide them in a more specific way.
- The public sector planning partners group included representative from a range of organisations essential to the overall appraisal process including: Highlands & Islands Enterprise (HIE); The Highland Council; The Scottish Ambulance Service; and Skye & Lochalsh Housing Association.
- The NHS clinical group included NHS staff actively involved in the operational clinical delivery of services on Skye.
- The NHS corporate group included senior NHS management and other (non-clinical) staff involved in the delivery of NHS services on Skye.

These groups were agreed as appropriate by the audience, with participants also encouraged to identify if they believed they had been allocated to the wrong group at the start of the small group session. In the event this did not happen and no transfers between groups were required.

The stated task for the group work session was recorded as follows:

We have agreed the list of benefits criteria that will be used by us all to assess alternative options. We have also discussed which of these may be more or less important than others.

In your group please:

1) ***Discuss whether or not you agree with the overall order of importance as discussed in the large group session.***
2) ***Agree your overall "weighting" for each criteria based on the allocation of 100 points between them.***
3) ***Identify where there were differences of opinion and why.***

Whilst groups were not bound to allocate weightings in line with the relative order identified in the previous session, they were encouraged to use this as an initial basis for developing weighted scores and to explain if/why they may have deviated from these. In the event, only minimal deviation from the overall agreed order was reported.

Facilitators allocated to each group also reported that most discussion was characterised by widespread agreement. One of the wider community groups (Group 3) did find it very difficult to agree overall scores based on quite different opinions over the criteria of sustainability and personal experience however. They eventually agreed to present an average score for these.

Weightings were fed back by criteria and group in the first instance to ensure that no one group's scores were influenced by any others and to support an informed debate about any variances in these scores as they were presented. This discussion/debate was used to understand why different groups had scored criteria in the way that they had and to offer them the opportunity to inform/influence the weighting criteria of others. Overall:

- Groups 1, 2, 3, 4 and 5 continued to rank accessibility and the minimisation of social costs as the highest or highest equal ranked criteria.
- Group 6 (the NHS corporate group) ranked accessibility as the second most important after service sustainability.
- Group 1 (community) ranked connectivity/communication; flexibility; and service sustainability as first equal, with the same points as accessibility/social cost minimisation.
- Group 5 (clinical) also ranked connectivity/communication as second equal.
- All groups ranked "value-adding" and environmental sustainability as the lowest scoring criteria with broadly similar scores, although the planning partners group rated "value-adding" as notably more important than environmental sustainability.

Individual stakeholder group scores are shown in. Diag. 2. (Below).

Group	1	2	3	4	5	6
CRITERIA	Weight	Weight	Weight	Weight	Weight	Weight
Accessibility & Social Costs	20	27	44	30	20	22
Connectivity, Communication & Integratior	20	18	17	16	20	16
Environmental sustainability	5	6	1	3	10	3
Flexibility	20	16	7	13	17	11
Personal experience	10	11	15	13	10	10
Service Sustainability	20	16	13	15	18	37
"Value-adding"	5	6	3	10	5	1
TOTALS	100	100	100	100	100	100

Diag. 2. Stakeholder "Weighting" Of Benefits Criteria

As noted previously:

- Groups 1, 2 and 3 were mixed community/public groups.
- Group 4 was a wider public sector "planning partners" group.
- Group 5 was an NHS Highland "clinical" group.
- Group 6 was an NHS Highland "corporate" group.

Diag. 2. Also highlights (in red) those scores that were seen as being sufficiently "different" on the day to warrant further discussion. This subsequent discussion highlighted that:

- Group 3 (community) had scored accessibility and social costs as considerably higher than all other groups, with a consequential drop in their scores for all other criteria – most notably flexibility and to a lesser extent environmental sustainability.
- Group 6 (NHS corporate) had scored service sustainability considerably higher than all other groups, with a consequential drop in their scores for all other criteria – most notably "value-adding".
- All other scores were broadly aligned, including the other two community groups.

Following discussion, the rationale eventually accepted for this difference of opinion was characterised by the facilitator based on feedback received from both groups as:

"There is no point developing an option that is unsustainable – and we are struggling to sustain the existing option as is" vs "there is no point delivering an option that does not meet the needs of the local population – and we really need to try something different".

These different perspectives are highly likely to be at the heart of future discussions and will inevitably be discussed further during the next stages of the OA process as we begin to develop and evaluate options, ensuring that only those options that are credible and can be delivered are included in a final short-list for formal scoring.

Overall, whilst no definitive overall weighting was discussed/finalised at the workshop, the participants appear to have collectively concluded that:

- The extent to which an option improves accessibility and minimises social costs is likely to be the most important benefit criteria with an <u>average</u> weighting factor of 27 points.
- The extent to which an option is able to deliver sustainable services is likely to be the second most important factor with an <u>average</u> weighting of 20 points.
- The impact of an option on connectivity, communication and integration is also very important with an <u>average</u> weighting of 18 points.
- The next most important criteria appears to be flexibility with a 14 point <u>average</u>.
- This is closely followed by personal experience with an <u>average</u> of 12 points.
- Environmental sustainability and "value-adding" are deemed less important with an <u>average</u> of 5 points each.

This will be further discussed and finalised at the start of Session 3, at which point actual overall weightings will be agreed that may not be based solely on averaging individual group scores.

7. Developing Options

The session concluded with a brief presentation on the process for developing potential future options, with the facilitator presenting a number of key questions that he asked participants to consider and to provide feedback on in advance of the next workshop session in January. These questions were:

- What are "the pieces" that will make up future options – and which of these may be new/different?
- What are the places that may help to define options – and which of these may be new/different?

- What will be different about the options we need to consider that may help us to decide why one may be better than another when evaluated against the criteria we have now agreed?
- How might the benefits criteria we have now agreed help us to think about new/different options? E.g. If accessibility is very important to us, what does an accessible option look like? If sustainability is important to us, what does a sustainable option look like?

Examples given of "pieces" of options that may be relevant (in no specific order) included:

- Hospital beds
- Urgent care
- The Scottish Ambulance Service
- Care beds
- Housing
- Care at Home
- GP services
- Out-patients
- Day assessment
- Administration spaces
- Support areas
- Centre of Excellence
- …

Examples of places that may be relevant included:

- Portree Hospital
- Home Farm
- Portree Medical Centre
- Wider existing public sector estate in North Skye
- A new site/delivery location(s)? (Where might this be?)

Examples of things that may be different between options included:

- Nothing? (The "do nothing" option has always been identified as a valid option here)
- The range of services?
- The location of services?
- How services are co-located? E.g. 24 hour services together rather than in multiple delivery locations?

Participants and the wider community have been asked to consider their responses to these questions to ensure that no potential future option fails to be considered.

This feedback should be provided in line with the guidance provided in section 10 of this report.

8. What happens next?

In line with the agreed 4 workshop process, at the next session workshop participants will be:

- Reviewing feedback from the wider community on those issues discussed at workshop 2.
- Agreeing an overall weighted benefits score.

- Discussing and developing an agreed “long-list” of options available to us based on all previous discussions and any new information/suggestions received.
- Agreeing an appropriate and deliverable “short-list” of options that will be further developed and progressed to the formal scoring stage of the process.
- Agreeing the information we all require to be able to evaluate these options effectively.

9. Feedback on Workshop Session 2

At the end of the workshop we repeated the poll carried out at the end of session 1 to find out how people had found the process and technology. This was filled in by 34 people. In summary:

- The technology: 41% said the technology was excellent, 32% said it was very good and 21% said it was good. Two respondents said it was reasonable. No one said that it was poor, very poor or a disaster.
- Accessing the meeting: 76% said this was very easy and 24% said it was easy. Nobody said that it was either “not easy” or difficult.
- Accessing the discussion rooms: 71% said this was very easy and 24% said it was easy. One respondent noted that it was neither easy or difficult and one that it was difficult.
- Clarity: 65% said it was very easy to see and hear everything all of the time without interruption. 32% said there was slight interruption but not sufficient to cause them a problem participating. Only one person reported problems that were sufficient to affect their ability to follow what was going on in the workshop at all times.
- 68% of respondents (23 people) said that the process should not be changed in any way. 6 people said more time in small group discussion would be beneficial. 5 people said more time in large group discussion would be beneficial. 3 people wanted more time for questions, 2 people wanted a longer break and 1 person wanted more time for feedback.

General feedback was once again that the virtual platform had in no way hindered the discussion/debate and may even have made it more focused and efficient.

10. Wider Feedback

This summary has been presented once again so that we can convey how the process is developing and invite feedback from the wider community who cannot be directly involved in the workshops. We would very much like to hear <u>your</u> feedback so that we can feed this into the developing discussion and ensure that the North Skye & Raasay Option Appraisal process genuinely reflects the opinions of the whole community and all of the stakeholders within it.

The best and easiest way to do this is through the person or agency that shared this update document with you! As the independent facilitators however, Higher Ground Health & Care Planning are also happy to receive your feedback directly if you prefer. You can send this by e-mail to: info@hghcp.co.uk marking your message “North Skye and Raasay Option Appraisal”.

We really now need to hear what you think the future options for hospital beds in North Skye – or the credible alternatives to these - look like!

Many thanks.

Norman Sutherland
(Independent Facilitator)
Higher Ground Health & Care Planning Ltd

APPENDIX 1: AGREED BENEFITS CRITERIA

Key Challenge/ Draft Criteria Theme	Description of key supporting characteristics
Accessibility and the Minimisation of Social Costs	How easy an option makes it to access services and how little negative impact accessing these services has on everyone. E.g. The ability of an option to: • Deliver/maintain care as close to home as possible • Locate/deliver services and facilities where they are easy to get to • Deliver facilities that are accessible/easier to access internally • Support inclusion of everyone, including effective disabled access • Be supported by/have a positive impact on transport links • Deliver appropriate disabled and wider parking requirements • Minimise the need to travel out with North Skye for health/social care • Mimimise the financial and non-financial costs associated with travelling to receive healthcare for patients and significant others E.g. Travel, accommodation and meals • Minimise the trauma and risks associated with travel • Minimise the need for emergency transfer • Keep families physically together for as long as possible • Maximise the opportunities for families to actively participate in care delivery • Deliver a consistent access to services, E.g. Eqpt loan • Give ready access to training • Promote equity of access to all services • Respond to the geographical and socio-economic reality of North Skye (See Needs Assessment data) • …
Connectivity, Communication & integration	How joined up an option makes our services. E.g. The ability of an option to: • Improve/enhance internal communication • Support “joined-up” working • Enhance information technology and network connectivity • Make effective and efficient use of all available resources • Support service continuity • Co-locate integrated health and social care teams • Deliver integrated and co-ordinated (seamless) health and social care • Increase awareness of those services that are available and how to access them • Support “relationship-centred” care – in particular the relationships between professionals, patients, families, carers and other agencies/support networks • Join care before, during and after hospital admission

	• Support the development of anticipatory and emergency care plans • …
Environmental Sustainability	How "green" an option is. E.g. The ability of an option to: • Increase/optimise opportunities to walk/cycle to services • Create a more efficient/ "green" estate • Deliver environmentally sustainable facilities • Reduce our overall carbon footprint • Support good "corporate citizenship" • Retain buildings that are "functionally suitable" and in good repair • Dis-invest in buildings that are not functionally suitable and in a poor state of repair • Be consistent with Highland Council's "local plan" from a land/planning perspective • …
Flexibility	The ability of an option to change and adapt to an unknown future. E.g. The ability of an option to: • Deliver the physical spaces required now and in future • Physically change, grow or retract to meet future needs • Flex operationally and strategically (over days/over decades) • Support a flexible and adaptable workforce • Realise an economy of scope and scale • Deal with future challenging situations – as yet unknown • Support the management of uncertainty • Enhance our preparedness for the next emergency! • …
Personal experience	How an option would feel for those using it. E.g. The ability of an option to: • Deliver an experience that suits individual needs • Support patient choice in the care journey • Deliver a positive staff experience on a day to day basis • Support "one stop" services – where appropriate • Promote dignity • Keep people at home as long as is reasonably possible • Deliver the right care by the right person at the right time • Support prevention of ill-health and early intervention • Better integrates mental and physical health services • …
Service Sustainability	How sustainable an option is. E.g. The ability of an option to: • Support relevant national and local service strategies • Make best use of all available resources • Attract and retain an appropriately skilled workforce

	• Meet baseline demand • Meet the demographic challenge both in terms of demand (patients) and supply (staff) • Support and enhance the proposed multi-stakeholder-led Centre of Excellence • Eliminate the need for goodwill to sustain safe services • Consolidate the overall local skill base and competencies • Make appropriate use of the 3rd sector • Reduce "single points of failure" • Reduce/remove the need for locums • …
"Value-adding"	What additional potential may be associated with an option that is not immediately apparent. E.g. The ability of an option to: • Make North Skye attractive to people as a place to live • Make North Skye attractive to people as a place to invest • Attract specific additional partner/stakeholder interest and investment • Encourage families to come to North Skye • Present Skye as innovative and forward thinking • Brings wider community benefits, e.g. Jobs, opportunities • Deliver opportunities for community involvement/contribution • Present potential additional benefits/opportunities as yet unknown • …