



- 
- ✚ Welcome to our first “virtual” North Skye option appraisal workshop.
  - ✚ The event will start shortly.
  - ✚ Please turn your video on (if you are happy to do this) and ensure that the name you are displaying is one that we will all recognise.
  - ✚ Also, ensure that your microphone is muted when you are not speaking and use the “raise your hand” function if you want to speak.
  - ✚ Please note: The main session WILL be recorded.
  - ✚ Thankyou
- 



# Introduction & Objectives

Norman Sutherland

# Who I Am



## **Norman Sutherland, RN, MBA**

- HGHCP Director (Healthcare)
- Associate Director (Healthcare Planner)
- NHS Head of Capital Projects/Planning
- NHS Hospital General Manager
- NHS Clinical/FM Services Manager
- NHS Modernisation Consultant
- Clinical Professional
- (Independent Facilitator)



# Wider Introductions

- ✚ NHS Highland
- ✚ GP Practices
- ✚ Hospital staff
- ✚ SAS
- ✚ Highland Council
- ✚ HIE
- ✚ 3<sup>rd</sup> Sector
- ✚ Private sector
- ✚ Elected members
- ✚ Sir Lewis Ritchie Leads
- ✚ Community groups
- ✚ Community councils
- ✚ Community rep's
- ✚ Churches
- ✚ Community trusts
- ✚ Lay representatives
- ✚ NHSH facilitators
- ✚ HGHCP facilitators
- ✚ ...

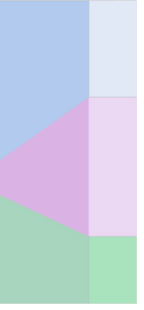












# Objectives of this session

- ✚ Briefly explain what OA is & how it works
- ✚ To reflect on the last 9 months and how it may have affected our thinking
- ✚ To agree what the challenge is (Review “the challenge” as agreed in March & amend if required)
- ✚ To agree the core “benefits criteria” we will use to compare what success looks like in any future option (Review the criteria we developed in March and update if required)
- ✚ To formally re-commence the North Skye Option Appraisal (OA) process – using a “virtual platform”





# Workshop 1 (2/12/20): Agenda

-  1200 – 1210 Introduction & Objectives
-  1210 – 1220 The Option Appraisal Process
-  1220 – 1230 The Impact of COVID-19
-  1230 – 1330 Group Work Session:
  - Has the challenge changed?
  - Do our benefits criteria need to change?
-  1330 – 1345 Comfort Break
-  1345 – 1455 Group Feedback Session
-  1455 – 1500 What happens next?
-  1500 - Close



# Video-conferencing (VC) Protocols

- ✚ Turn your video on if you are happy to do so – but be prepared to use audio only if there are broadband issues
- ✚ (Consider “background blur”!)
- ✚ Put your mobile/other devices on silent
- ✚ Respect the role of the chair (Use the “raise your hand function if you want to say something)
- ✚ Stay on mute when you’re not talking\*
- ✚ Speak clearly
- ✚ NB The main discussion room will be recorded






# Welfare Considerations

- ✚ The issues we are talking about today are emotive
- ✚ We want this workshop to be a positive experience for everyone
- ✚ We have built a break into the session
- ✚ Please feel free to leave or re-join the discussion at any time if you feel you need to





# Ground Rules

- ✚ Keep questions (and answers) concise and aligned to objectives
  - ✚ Let people speak – whether you agree with them or not
  - ✚ Don't get “bogged down” with detail – be prepared to “park” issues if necessary
  - ✚ Keep behaviours respectful
  - ✚ Respect everyone's opinion
  - ✚ Respect my independence
- 



# The Option Appraisal Process

Norman Sutherland

# Option Appraisal (OA)

- ✚ OA is a way for people to explore possible solutions for future services and test them against a list of agreed things that are seen to be important/essential.
- ✚ OA's are useful as they capture a wide range of ideas and experiences from different people, like patients, members of the community, clinicians, staff and partners from other sectors.
- ✚ Option appraisal is not a decision but helps to inform the decision making process. (Costs are not considered at this point)



# Option Appraisal (OA)


- Participants are expected to score options based on the information and evidence available - not on their own personal preferences
- (The role of Healthcare Improvement Scotland)







# The Option Appraisal Process: Key Questions

- ✚ What are the problems/challenges/objectives we are trying to realise/address?
  - ✚ What are the “benefits criteria” (measures) we could apply to identify what a good outcome looks like?
  - ✚ What is the relative weighting (importance) of each of these criteria?
  - ✚ What are the “long list” of options (potential solutions) available?
  - ✚ Are any of these options completely unfeasible and not worthy of taking any further
  - ✚ How well do any “short-listed” options realise the agreed benefits criteria?
  - ✚ All things considered, what is the preferred option(s) based on what we all think and know now?
- 

BENEFITS CRITERIA	Weighting (/100) A	1. Red Sports B	Red Sports Sub Tot' (AxB)	2. Grey Estate (C)	Sub Total (AxC)
Reliability	30	8	240	8	240
Capacity	20	2	40	8	160
Speed	10	8	80	5	50
Fuel Efficiency	30	4	120	7	210
Fun	10	9	90	3	30
	100		570		690

- 10 Could hardly be better, perfection
- 9 Excellent, almost perfect
- 8 Very good
- 7 Good
- 6 Quite good
- 5 Adequate
- 4 Less good
- 3 Poor
- 2 Very poor
- 1 Could hardly be worse

**A worked example of Option Appraisal scoring**



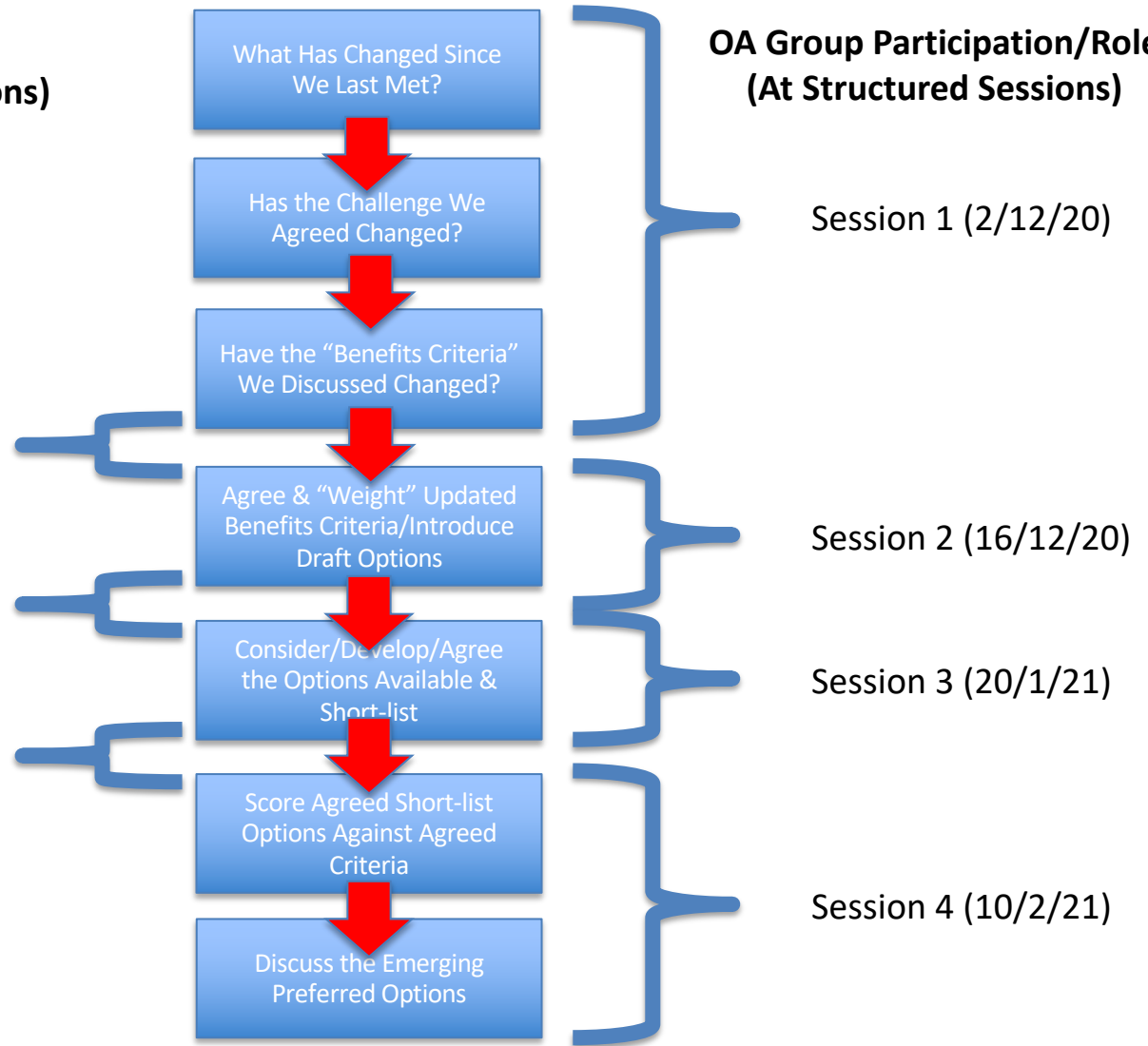
## Wider Community Role (Between Structured Sessions)

## OA Group Participation/Role (At Structured Sessions)

Do we agree with the challenge and benefits criteria discussed?

Do we agree with benefit criteria weighting and emerging options?

Do we agree with the short-listed being scored? How would we assess them against the criteria?



# Activity at & Between Workshop Sessions



# In summary

- ✚ OA supports robust, objective and evidence-based discussion, often relating to complicated problems
- ✚ OA is a structured decision-making process requiring discipline, objectivity and continuity
- ✚ OA can capture lots of information from lots of people whilst helping everyone to appropriately influence the opinions of others
- ✚ OA outcomes are not decisions – but clearly inform the decision-making process
- ✚ Our OA is being conducted over 4 virtual sessions with extensive wider consultation between sessions





# The Option Appraisal Process

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Any questions?





The last 9 months...

Tracy Ligema  
NHS Highland

# Summary



- Original Options Appraisal started but paused due to COVID
- Clear that process as originally intended with around 100 attendees cannot go ahead now due to COVID restrictions
- The same restrictions, and operational realities, need to be factored into our future service planning
- Inclusion of Home Farm Nursing Home as part of NHS provision is a significant change
- Changes made to service over the last 9 months, including the increased use of digital technologies



# Future planning considerations?

- Bed spacing and facility zoning
- Out-patient – spacing, cleaning etc.
- Day services – older people and people with Learning Disabilities
- Residential & Nursing care homes
- Respite Care
- Community Based Care – including NearMe and telephone
- ...?

# Strategic Context



- COVID challenges the desirability of using facility based models of care
- Care/Nursing Homes have been disproportionately affected and many residents forced to shield in their rooms
- Shift the balance of care into the community
- Treat patients closer to home
- Intermediate care and rapid response teams
- Focus on rehabilitation rather than crisis management
- Develop enhanced support services out of hours
- Increase the use of technology

# Going forward...



- How does the last 9 months affect our planning?
- Does the relative importance of different parts of the system change now?
- Are the previous benefits criteria still correct?
- Does the acquisition of Home Farm give any new options?
- How do we match the strategy with the service delivery?
- ...although we will not be discussing all of these issues today



Any questions?





## Discussion Session:

Review and agree “The Challenge” and  
“Benefits Criteria” previously discussed



# The Challenge (As agreed In March 2020)









“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





# The Benefits Criteria (March 2020)

-  Accessibility and the Minimisation of Social Costs
-  Connectivity, communication and integration
-  Deliverability
-  Environmental sustainability
-  Flexibility
-  Personal experience
-  Service sustainability
-  “Value-adding”





## Identifying non-monetary benefits criteria\*:

- ✚ Criteria must be clearly defined
- ✚ (Appraisers and those reviewing appraisal reports must have a clear understanding of them)
- ✚ Criteria should be defined as far as possible in service or output oriented terms
- ✚ Criteria should relate to service objectives and performance measures established at the outset of the overall appraisal
- ✚ (Money/cost is NOT being considered at this stage)

\*Scottish Capital Investment Manual (SCIM) Option Appraisal Guide





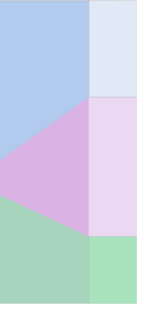


## Identifying non-monetary benefits criteria\*\*:

- ✚ Make sure we don't miss anything we think is important!
- ✚ Avoid generic terms such as “quality”
- ✚ Avoid absolute terms such as “safety”
- ✚ Avoid benefits that “cross-over” (Risk measuring the same thing twice)
- ✚ Make sure we include benefits that will allow us to compare and contrast the effectiveness of different options

\*\*Advice only based on the experience of the HGHCP team





Any final questions?





# North Skye Option Appraisal Session 1

Norman Sutherland