NORTH SKYE 'POST-COVID' POSITION STATEMENT & PLAN FOR PROGRESSION

1. BACKGROUND & CONTEXT

COVID 19 has had a dramatic effect on all of our lives, affecting them to an extent that would have been difficult for us to imagine even 4 months ago. It has also had a fundamental impact on the way we deliver health and social care services that have had to deal with the clinical impact of the virus as well as its wider societal consequences.

As a result of the developing situation, on 13th March 2020, NHS Highland took the decision to pause a series of public meetings being held to support the development of a new service model for North Skye. This decision was not taken lightly and was done with the sole intention of protecting the health and wellbeing of participants and the wider community on Skye at the time.

The process, as originally planned, involved up to 100 people working in close proximity within mixed groups. Some of those involved were older and therefore potentially more at risk whilst others included a large number of the staff and volunteers responsible for delivering essential health and social care services on Skye. Our assessment at the time was that the likelihood of Coronavirus contagion from our gathering was relatively low but that the potential impact on the community would be significant. Although taken in advance of any formal Scottish Government announcements about gatherings or social distancing, it is now clear that this decision was entirely appropriate.

At the time it was noted that the process has not been stopped, none of the work undertaken to date would be wasted and any sessions cancelled would be re-scheduled as soon as it was safe and appropriate to do so. It was also noted that, in the interim, NHS Highland would continue to support the development of potential future options and gather the data required to underpin them. This was based on a clear belief that the process was essential and would continue in the original format as soon as it was safe to do so.

It is now becoming increasingly apparent that we cannot assume that the process can continue as originally envisaged. A return to large or even smaller public gatherings is not something that we believe is likely to be appropriate within a reasonable timescale although there is, if anything, an even clearer need to support an important structured discussion around the future of services in North Skye. It is also clear that a number of additional factors now need to be considered moving forward. These include:

- The new "operational realities" that did not exist 4 months ago but that must now be factored into any future planning.
- The inclusion of Home Farm Care Home in Portree as part of the wider NHS Highland provision from November 2020
- A potential change in broader community thinking about what an ideal model for health and social care in North Skye might mean in a post COVID-19 world.
- An increase in interest levels around service planning across the island in general terms.

This brief paper has been generated in the form of a “position statement” intended to inform all interested stakeholders of the current status of services and facilities in North Skye as well as the relevant local/national policy context as a consequence of COVID-19. It is intended to present an updated summary of baseline information in order to identify the new starting point for a re-focused process to determine the “preferred way forward” for services in North Skye.

It does this by presenting a brief overview of current service delivery issues under a range of defined themes to ensure that all stakeholders have the same clear understanding of the way services are being delivered at present and how the emerging evidence base is suggesting future planning will continue to be affected by COVID-19 for the foreseeable future.

2. COVID-19 CONSIDERATIONS LIKELY TO AFFECT FUTURE SERVICE PLANNING

2.1 Bed Spacing and Facility “Zoning”

To prevent virus spread, all beds need to be physically further apart than they may have been historically and/or separated by partitions/walls that form single rooms or equivalent. In addition, a key element of management is to ensure that everyone being cared for in a health/social care setting is virus free and thereafter physically protected from those who may have COVID-19. This requires buildings to be “zoned” into red (COVID) and green (Non COVID) areas.

With respect to current service provision:

- The 6 beds in Marsco ward are currently in use. (All are single rooms).
- The 6 beds in Glamaig ward are not currently used for inpatient accommodation. (Although all are single rooms).
- There are no specific bed spacing issues at Portree Hospital within the 100% single room areas.
- In common with other premises however, there are problems within Portree Hospital with existing multi-bed arrangements and communal WCs/bathrooms which are not suitable for maintaining a COVID safe environment.
- Our COVID Assessment Centre (CAC) is based in the physio area at the end of Glamaig ward so that it can be accessed by an external door.
- Our Urgent Care Centre (UCC) is based in Glamaig ward and accessed via the side door from the car park.
- Maintaining the provision of CAC and UAC in a COVID safe way clearly impacts on the ability to provide inpatient care from Glamaig Ward. i.e. it is not possible to provide both inpatient care and the Scottish Government mandated requirement of a COVID-19 Assessment/Testing facility within the current Portree Hospital estate.
- Were we required to zone Portree Hospital into red (COVID) and Green (Non COVID) areas then one of the wards would automatically become a red zone and the other green.
- In this situation, we would also need to create amber holding areas (rooms) to hold patients until their COVID status is confirmed.

- In reality, until the CAC/Testing facility is stood down by Scottish Government it is not possible to use the whole hospital for inpatient facilities in any event. This means that only one bedded area (ward) is available and that consequently, depending on circumstances we would need to decide to make it either a COVID hospital or a non-COVID hospital.
- Advice from Health Facilities Scotland in terms of premises design is that we should not be looking to make significant permanent changes to existing buildings or to building design until we're clearer on what's required and effective.
- We therefore need to rely on softer measures, such as moving to remote consultations and asking patients to attend just in time or wait in cars rather than significantly expand waiting areas to accommodate social distancing.

2.2 Wider Hospital/Facility Based Care

To prevent virus spread, people need to be kept further apart than they may have been historically in all areas – especially where their COVID status is unknown. This includes short-term visits to facilities, whatever their purpose.

This has obviously had a significant impact on all of our services but particularly those delivered from health/social care buildings and other facilities. The following comments reflect these impacts on a service by service basis.

2.2.1 Out-patients

- Out-patient activity was suspended during the pandemic but is now being reintroduced, albeit with a Standard Operating Procedure (SOP) in place relating to access and infection control.
- This involves the consulting clinician collecting the patient and escorting them into and out of the building.
- It also means that all areas where the patient has been need to be cleaned between appointments, with appointment times more widely spaced to accommodate this and less appointments consequently available.
- All access to the hospital premises is now by appointment only and controlled. There is an intercom on the door which remains locked so patients cannot just walk into the hospital.
- Chest and Orthopaedic clinics are restricted to the Mackinnon Memorial Hospital only at this time as no X-ray can be provided in Portree due to the CAC location and consequential access issues.

2.2.2 Day Services

- Day services for older people and people with Learning Disabilities (LD) required to be suspended as a result of COVID-19. The rationale for this was that they could not be safely provided.
- Plans are now being developed in line with Scottish Government guidance for the resumption of these services.
- In some areas, such as Learning Disabilities, it will be extremely difficult to maintain a COVID safe environment if day services resume in their previous format, so plans are for building based services to be targeted for those who

require specific interventions, equipment or support which cannot be provided in the home or in other community settings only.

- All other support associated with Learning Disabilities and similar higher risk services will be provided remotely/virtually wherever possible and through specific community based activities.
- It is likely that day care for older people will follow a similar model to these higher-risk services, with a presumption against institutional based care as this has the highest risk for spread of COVID.

2.2.3 Respite Care

- Respite care was also suspended on the basis of Scottish Government pandemic guidance/policy although plans are underway to seek to resume this in a safe way.
- During the period of suspension of Respite Care, local decisions were made to support the provision of emergency respite care in crisis situations.
- There remains significant control of infection; testing and self-isolation issues to be managed in order to deliver respite care safely moving forward.

2.3 Community Based Care

Although risks in the community are less than where people come together in larger numbers or share spaces - even when this may be at different times - such as in a health facility, there is still a requirement to support social distancing and minimise contact and spread. Consequently, as a result of COVID:

- Changes in community-based services have been less than in hospitals.
- The Community Mental Health Team have done lots of Near Me appointments as have AHPs (Physiotherapist, Occupational Therapist, Dietician, etc.)
- Community Nurses continue to see people in their own homes for end of life care, tissue viability care, etc., although Personal Protective Equipment (PPE) is required.
- Teams are also delivering lots of telephone appointments in order to minimise exposure and risk for both patients and staff.
- Adult Social Care has been mainly telephone appointments from the Social Workers, although they are now beginning to do more visits again albeit gradually.
- Care at Home has continued to operate throughout the COVID period but a number of clients have asked for visits to stop during this period (notably where family support was available). These are now coming back on stream and new requests are also beginning to pick up again.

3. STRATEGIC HEALTH & CARE CONTEXT

As well as the impact COVID has had on the way we deliver services and use our buildings locally, it is also important that we consider how it has made us think about health and social care services more broadly and to identify how it may influence our preferred way forward for a re-designed service model in North Skye.

The most significant change in local context that will require to be considered as part of the Options Appraisal is the change in provider for Home Farm Care Home. In May 2020, the Care Inspectorate sought an emergency interim suspension of the registration of Home Farm Care Home on Skye, which is owned and operated by HC-One.

The catalyst for this action was a recent history of poor quality care and more particularly, in April 2020, a significant Covid-19 outbreak and care concerns, which caused a high level of anxiety for resident, families, staff and the local community and concerns regarding the sustainability of the service as set within the current arrangements.

Concerns by the Care Inspectorate and NHSH about service provision at Home Farm care home had been evident prior to April 2020 and NHSH had undertaken a series of Large Scale Investigations under adult support and protection legislation to address the care concerns. NHSH and HC-One were actively working to implement improvement in care when the COVID outbreak occurred in April 2020.

HC-One have led and implemented service improvements, with NHSH providing oversight and hands on care where required and NHSH have had a continued presence in the home from May 2020 to date. Over this time, improvements were made, as evidenced by the Care Inspectorate's inspection in July 2020, but it was clear a longer term sustainable solution was required to restore confidence in the safe and sustainable operation of the care home and to provide residents, families and staff with certainty and stability.

Throughout this period, there has been ongoing and constructive senior dialogue between HC-One and NHSH, arising from which, a potential long term solution was identified.

On 19 August 2020 the Care Inspectorate withdrew court action with regard to ending HC-One's registration to operate Home Farm, as a result of the improvements now made. Notwithstanding this development, and with Scottish Government and Highland Council support, HC-One and NHSH have agreed to proceed with an intention to ensure delivery of a safe and sustainable facility going forward by transferring ownership and operation of Home Farm from HC-One to NHSH. This transfer is scheduled to take place in early November 2020.

The national policy context and direction of travel is also important in this regard as any proposal regarding future service provision will only be supported if it is able to demonstrate its alignment to the relevant national policies.

Other relevant considerations therefore include:

- COVID has clearly challenged the desirability of using any hospital/facility based service delivery model – especially where alternatives may be available.
- Care home/Nursing home residents have, in particular, represented a disproportionately high number of the worldwide deaths from COVID.
- As a result of the impact of dealing with COVID, there is a growing sense that there will be an adverse effect on the providers of this type of care. The

widespread failure amongst providers of such care is being anticipated across the UK and beyond as a result of loss of income, staffing and equipment costs. In Highland this impact on independent sector provision will cause increased pressure on existing NHS provision.

- Care homes by their very specific demographic make-up are always likely to suffer badly in any sort of pandemic. They are enclosed with fixed boundaries, the population are nearly all older and vulnerable.
- COVID-19 has meant that many care home residents have had to isolate in their own rooms and avoid communal areas with all checks, assistance, and supervision having to be carried out within the rooms.
- This requires additional staffing capacity which has, in turn, exacerbated historical staffing challenges.
- There are no visiting relatives to provide companionship, reassurance, or help to relieve the strain.
- Residents deprived of usual interaction with family and friends can become bewildered and depressed.
- As a result of these and other considerations, we might anticipate an added reluctance among patients to be admitted to a care home, for fear of contracting the virus or being cut off from loved ones due to visiting restrictions.
- It's very difficult to predict the impact on the perception of care homes by the public as a safe environment in the medium to long term and consequently to support the necessary capacity planning.
- There is a clear need to move away from the societal assumption that the lives of vulnerable groups such as older people are of second-order importance and recognise that the view that institutional based care (whether in hospital or residential/nursing long term care setting) is appropriate, is based on this flawed assumption and cannot be perpetuated in a "post COVID" world.
- In a post COVID world the question to be asked is "Who are the most vulnerable and how can we protect them?"
- It is clear from the impact of COVID on the Care Home sector that where our old and frail and most vulnerable people live is of the utmost importance and that the community is far safer and affords the opportunity for better protection of this group of people than any institution.

4. NHS HIGHLAND & NATIONAL POLICY CONTEXT

The NHS Highland and Highland Health & Social Care Partnership Re-mobilisation plan was submitted to the Scottish Government on 31st July. This document, which is about planning for the re-introduction of services previously suspended or reduced now strongly focusses on enhancing the provision of community based care. A number of key strategic actions from this submission will impact on local discussions for the future of North Skye. These include the need to:

- Sustain and accelerate the COVID-19 related shift in the balance of care from acute to community-based services and to deliver acute care in the community whenever possible and appropriate.

- Ensure full integration of the Adult Social Care Plan and implementation of Community Led Support as part of a whole-system approach to redesigning community health & social care services across all sectors and professions.
- Treat more patients closer to their homes.
- Move from institution centred care delivery to de-centralised delivery.
- Ensure hospital admission only happens when there will be an intervention given that can't be delivered at home.
- Maintain and further develop enhanced provision of remote consultations along with use of remote health monitoring, telehealth, telecare and extension of virtual ward using new approaches to technology now available and accepted by the public.
- Expand community nursing, AHP and social care provision with enhanced teams and broader provision.
- Implement a robust intermediate care and rapid response provision including 24 hour access to adult social care to respond to crisis and enable more people to be cared for at home at these times.
- Expand palliative and end of life care provision.
- Review and reconfigure community hospitals provision and function.
- Re-configure NHS Highland care homes in response to COVID.
- Focus on rehabilitation rather than crisis management.
- Develop stronger resources and support in the out of hours period to avoid admissions and extend ability to support people at home.
- Support families to understand and feel able to accept additional risk through creating a trusted structure and system of support.
- Implement social prescribing initiatives.
- Improve links with community resources and support community organisations to do more.

5. THE INCREASED USE OF TECHNOLOGY

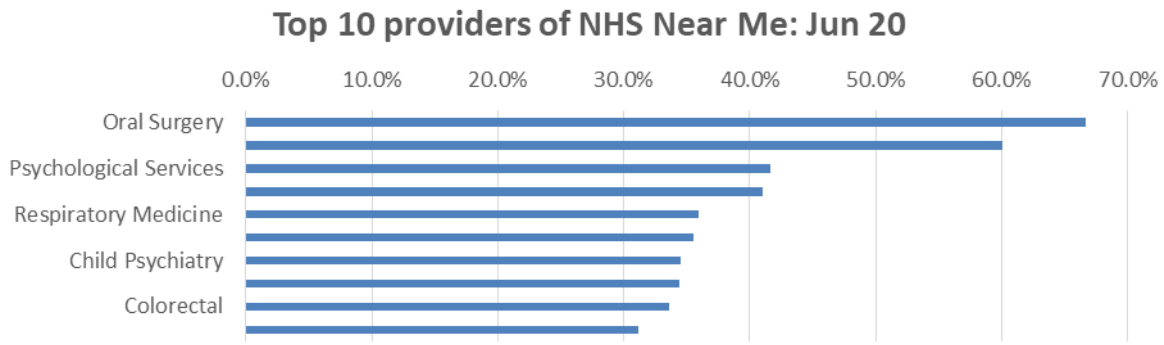
5.1 Near Me Video Consulting

As a response to Covid19 NHS Highland have seen a significant increase in the use of the NHS Near Me video consulting service and requests for technical support/expansion of this resource. This has been, in particular, to support its use by patients and staff from home rather than hospital premises which was the main focus of the project in the pre Covid-19 phase.

Prior to March, there were around 80 Near Me consultations a week across NHS Highland, by mid-May, that figure had risen to over 1200 a week.

A recent national external evaluation of Near Me has been positive, but there is still much work to do. A national public engagement has also started and this will run until the 24th July 2020. This aims to find out what people thing about using video consulting and how this can be improved.

There is also a National Scale Up Programme which has been established as well as a local NHS Highland Project Group to expand the service even further.



Diag. 1. NHS Near Me Activity as a % of Total Activity by Service Provider

	Carbost Medical Practice	Broadford Medical Centre	Dunvegan Health Centre	Portree Medical Practice	Sleat Medical Practice	Kyle Medical Practice	Totals
Mar-20	3	2	15	0	not registered for Near Me	14	34
Apr-20	7	31	13	10		11	72
May-20	10	13	11	8		20	62
Jun-20	4	16	8	18		36	82

Diag. 2. Primary Care (GP) Use of Near Me March to June 2020

Locally, the provision of Near Me facilities in Portree Hospital has impacted on the space available and, along with the other changes required for enhanced infection control for COVID, meant that the way that clinics are run has had to change.

Patients using Near Me are entering at the side door and being escorted upstairs to the Near Me rooms – hence the appointment only basis use of Near Me. This avoids using the front door and stairs. Those patients who require the lift are escorted via this when necessary, although this requires the lift to be cleaned afterwards.

The National Priority work streams with regards to Near Me are:

- Primary Care
- Secondary Care (With Priority specialties identified as: Mental Health, Obstetrics, Paediatrics, Oncology & Haematology, Respiratory)
- Care Homes for the elderly
- Police Custody & Prisons
- NHS Contractor Services (Dental, Pharmacy, Opticians)

NHS Highland work is currently focusing on secondary care; primary care; and care homes. A further national pilot is also taking place supported by the Royal College of General Practitioners, with one Highland GP practice & Out of Hours service involved. To date:

- Primary Care locations all have 2 sets of equipment and a further funding requirement has been sent to the national programme for agreement on furnishing all clinical rooms in GP practices with equipment.
- Out-patients at Raigmore have been set up for consultations, and all the wards are enabled to use Near Me for visiting.
- North Highland community hospitals have the ability to use Near Me for visiting.
- Rural General Hospitals are progressing with room set ups and equipment.
- Care Homes are currently being progressed by the National Team.

5.2 Tele-healthcare

Alongside the expansion of remote consultations, significant work is also on-going to enhance tele-healthcare (remote health monitoring, telecare etc).

Specifically, in response to the pandemic, the Scottish Government have undertaken a rapid procurement, resulting in a contract to provide all Scottish Health Boards with access to the 'Inhealthcare' remote monitoring platform for a period of 12 to 18 months. All costs associated with this are being covered centrally. The plan is for new remote health pathways to be developed using Inhealthcare, through collaboration between the national team and local teams throughout Scotland. The first pathways are likely to be for COVID-related services, heart failure, COPD, asthma and pre-assessment.

This represents an exciting opportunity for NHS Highland to provide remote monitoring services using Inhealthcare, and a strategic lead (Mairi McIvor), clinical lead (Jim Docherty) and expert user (Joanna Gilliatt) have been identified to take this work forward.

Jim is currently consulting with wider clinical teams as to which new services should be prioritised within NHS Highland, and Joanna is training in use of Inhealthcare, in order to be able to set up these services. Expansion of these types of service will help to ensure that more people with chronic health conditions can be supported at home and helped to manage their condition better avoiding the need for admission to hospital wherever possible.

6. MOVING FORWARD: PROGRESSING THE OPTION APPRAISAL PROCESS

6.1 The Historic Position

Option appraisal is a technique for reviewing and comparing alternative options through considering the relative benefits of each. The process breaks down large, complex questions/problems into a series of simpler supporting questions that are easier to understand and answer rationally.

The objective of option appraisal is to help inform the identification of a preferred solution (or option) from a range of alternatives using reasoning and evidence rather than just emotion and understand why the highest scoring option is preferable.

The original agreed activity schedule submitted by HGHCP (our appointed healthcare planning consultants) included support for three open public meetings to discuss relevant issues with the wider community followed by 4 workshops to conduct the actual appraisal process. The programme saw the public meetings taking place in February 2020, appraisal workshops following in March and April and the process complete and reporting during May 2020.

The option appraisal process as proposed for North Skye involved a large group of mixed stakeholders working logically through a series of key questions. These questions were (and remain):

- What is the problem/challenge we are trying to 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?

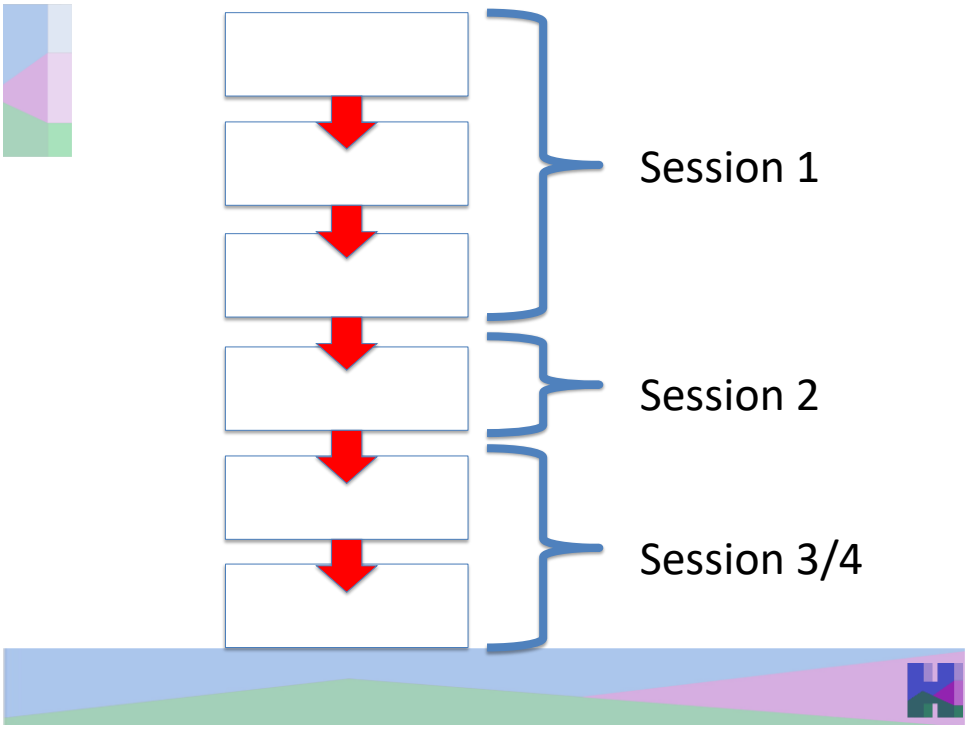
The relationship between these trigger questions and the multi-stakeholder event sessions programmed to support them is shown in the diagram overleaf.

Multiple sessions were programmed, not only to allow plenty of time for discussion and evaluation, but also to give participants the opportunity between events to reflect on what they had heard; discuss this with friends, colleagues & the wider community; and seek additional information or clarification if required. In summary:

The first workshop was intended to focus on developing a shared understanding of the current challenges. It will also to agree those measures (benefits criteria) that determine what a future successful outcome would look like along with how relatively important these are. (Recognising that not all measures are equally important)

The second workshop was then to focus on what options are available and begin to discuss how well each of these might address the challenges agreed.

The third and (fourth workshop if needed) were intended to refine the shared understanding of all participants about the options identified and – through a structured process of discussion – formally score them against the measures (benefits criteria) previously agreed. In so doing, they would help us agree a preferred way forward whilst understanding clearly why it was seen as such and preferred over any other options evaluated.



Diag.3. Option Appraisal Questions vs Sessions

At different times, it was proposed that participants would be broken down into different groups that reflected both their similarities and differences. This is a standard process employed by HGHCP that has been used successfully in many similar option appraisal processes and that is intended to share knowledge, understanding, evidence and emotion. These are:

- Stakeholder-specific groups
- Mixed groups

Stakeholder-specific groups are intended to bring together participants who might be considered to hold broadly similar opinions because of their experience, where they come from, what they do or who they represent. The original option appraisal process identified 6 such groups from the proposed attendees that were seen as a reasonable spread of potentially different opinions that were similarly sized. These were:

- An NHSH corporate and management group
- An NHSH clinical group
- A “care and support” group that included representatives from the wider health and social care sector including the SAS, Crossroads, cross reach, care homes, HIE and local housing
- A “Sir Lewis Ritchie” group that included relevant workstream leads
- A community councils and trusts group that was representative of different geographical areas
- A wider public, church and lay representative group

Stakeholder-specific groups are important to the option appraisal process as planned because they have a role in supporting discussion and debate from a specific perspective but also because they are involved in formal scoring of the process. This is so that we can understand if/how different groups think about and respond to the challenges and options differently by comparing and contrasting how they "weight" benefits criteria and score agreed options against them.

Mixed groups, by contrast, include individuals drawn from specific stakeholder groups but "mixed-up" in order to bring potentially different perspectives, experience and opinions together at key discussion stages during the process.

These groups are important because they allow participants to share learning, understand how different people perceive issues and appropriately influence/be influenced by others. Although these groups do not normally formally score options they do ensure a more common understanding of what they may mean to everyone and can ensure that the process is characterized by a clear understanding of the reality and evidence associated with a challenge and the potential ways to address it rather than just emotion.

Whilst stakeholder-specific groups tend to remain the same throughout an option appraisal process, mixed groups can be varied to ensure that differing thoughts and opinions are shared as widely as possible or in response to specific issues/concerns.

The plan was that mixed groups would consider their shared responses to all of the trigger questions posed by the appraisal process before stakeholder-specific groups allocated appropriate weightings or scores based on their specific consideration and perspective. In this way, it was hoped that an overall preferred way forward could be found that that presented a common understanding of the relevant strengths, weaknesses, opportunities and threats associated with the alternative options considered, whilst still reflecting any differing opinions of alternative stakeholder groups as appropriate.

6.2 The Initial COVID-19 Response

As a result of the developing COVID-19 situation, on 13th March 2020, NHS Highland took the decision to temporarily pause the remaining planned sessions. This decision was not taken lightly and was done with the sole intention of protecting the health and wellbeing of participants and the wider community on Skye at the time. It reflected extensive discussions and public health advice from the executive leadership group of NHS Highland to the effect that all non-essential gatherings of people should be avoided wherever possible due COVID-19 (the Coronavirus). Correspondence issued recognised that the options appraisal process involved up to 100 people working in close proximity and mixed groups. Some of those involved were older and therefore potentially more at risk whilst others included a large number of the staff and

volunteers responsible for delivering essential health and social care services on Skye. NHS Highland noted that this meant that the next planned session on 17th March was cancelled whilst subsequent meetings would be reviewed at an appropriate time but that any all cancelled sessions would be re-scheduled as soon as it was safe and appropriate to do so.

At the time it was noted that the process has not been stopped, none of the work undertaken to date would be wasted and any sessions cancelled would be re-scheduled as soon as it was safe and appropriate to do so. It was also noted that, in the interim, NHS Highland would continue to support the development of potential future options and gather the data required to underpin them. This was based on a clear belief that the process was essential and would continue in the original format as soon as it was safe to do so.

6.3 The Current (Post COVID-19) Position

A component of the programmed discussions between key participants that have continued throughout the current emergency, has been the discussion on when is the right time to re-commence the process. Initially this was based on the understanding that the process would effectively “pick up from where it had left off”, re-capping on what had happened before and re-commencing in the same format.

It is now apparent that we cannot assume that the process can continue as originally envisaged, with a return to large or even smaller public gatherings not something that NHS Highland believes is likely to be appropriate within a timescale that is compatible with our shared need to plan effectively for future service delivery in North Skye. Consequently, we believe that the process cannot wait for a return to “normality” but must instead be progressed through new and innovative means that support the required discussion, debate and decision-making whilst respecting social distancing measures. It must still allow us to come to a conclusion and “preferred way forward” for services in North Skye by answering the same questions we have always laid out but whilst recognising what we must all now see as “the new normal” for some time to come.

With this in mind, we are now proposing that the work be taken forward in the same stages as originally proposed but with the main “meetings” being held virtually using an appropriate video-conferencing platform such as Microsoft Teams or Zoom.

This may require us to review the numbers of people involved in each virtual meeting and to establish a means for them to communicate and share information between their wider stakeholder groups that can then be brought back to virtual sessions, however the technology will allow virtual meetings to be broken down into separate virtual “discussion rooms” that will feature either stakeholder-specific or mixed groups as required.

Although inevitably feeling more “remote”, this virtual process will be able to demonstrate the level of discussion, participation and scrutiny that will be expected whilst addressing the social distancing reality of “a new normal”.

It is important to be clear that this is a new position for all of us and that there is still learning that we will need to apply to the process and its findings. It’s also important to recognise that NHS Highland will have a lot of work to do as long as the COVID situation continues and to begin to recover from the effects of it – not least as we begin to analyse learning and catch up with elective workload. As a result, we will need to keep this programme under review – especially those elements requiring clinical input.

Notwithstanding this, NHS Highland believe that this proposal effectively translates the previously agreed workshop process into a series of four phased remote group meetings with the same specific objectives and programming as originally conceived. Overall, we also recognise:

- That a review of participants will need to be undertaken to ensure that they remain prepared to participate in the process and represent all of the stakeholder groups identified.
- This review will need to assess how technically enabled they are and what this means about their preferred level of participation. E.g. Able to participate in or facilitate group discussion meetings by telephone or video-conference as appropriate.
- This review will also need to provide individuals who did not previously express an interest in participating in the option appraisal the opportunity to take part where appropriate.
- The limitations of any video-conferencing software in use will restrict the number of people that can participate in any single discussion meaningfully for planning purposes.
- That to achieve the same level of discussion/debate, more individual meetings/events may need to take place, with formal virtual sessions with the facilitator potentially supported by stakeholder-specific discussions between structured workshops.
- These challenges lend themselves to a hierarchical structure that sees the relevant discussions take place at defined remote meetings involving either stakeholder-specific or mixed groups (as originally conceived) that then feed into summary meetings involving potentially representative “leads” only.
- That we will need even more high-quality support from all of the local stakeholders in order to genuinely co-produce a preferred way forward for services in North Skye that we can all “buy into”.
- In line with previous discussions, that options cannot be effectively appraised until the necessary capacity modelling data has also been reviewed and agreed so all stakeholders understand relative need and “size”.

An updated programme has been developed with the support of HGHCP in order to understand the timetable we are now working to. As well as the workshop process,

this also now includes a programme relating to the development of appropriate future capacity planning assumptions.

This is presented as a separate Appendix to this document.

7. SUMMARY

In summary, COVID-19 has had an effect on the way that we deliver health services across Scotland. It is also becoming increasingly apparent that this effect was not only immediate in its impact – but also likely to be long-lasting.

The way that services are delivered has changed fundamentally and the challenge is now to adapt to a "new normal" that continues to deliver high quality, locally accessible services that are probably considerably less-focused on facilities – where it has been demonstrated over recent months the virus poses the most risk.

This crisis has also demonstrated that effective alternatives to the way we historically delivered services are available and that these have the real opportunity to reduce risk and even enhance provision. It has also accelerated our implementation and growing acceptance of these "new ways of doing things" in a manner that might have taken many years under normal circumstances or never been fully accepted.

Any future service model, or "preferred way forward" for services in North Skye will have to demonstrate that it has reflected on this learning and incorporated it into any option subsequently presented as being the right decision for health and social care in North Skye as the option appraisal process progresses.

It is now proposed that the option appraisal process be re-started utilising the same structure as originally proposed. That is to say posing the same questions over the same number of primary meetings (four), although these meetings should now be held virtually. This will still involve stakeholder-specific and mixed group discussions through the use of "virtual discussion rooms" within defined virtual meetings but may mean that the total numbers that can be involved in any single session is reduced. If this occurs, there may be a requirement for stakeholder-specific group discussions out with main facilitated meetings to ensure the smaller number of representatives from each group participating in virtual meetings are able to accurately reflect and fully articulate the wider range of opinions that may exist and ultimately agree a "preferred way forward" in a post COVID-19 world.

8. KEY QUESTIONS

The option appraisal process is still seen as the preferred means of considering and structuring the local discussion about future service provision on North Skye. It will continue to pose a number of questions that still need to be considered and evaluated. As noted previously, these are:

- What is the problem/challenge we are considering?
- How will we measure how well this problem/challenge has been addressed?

- What are the different options available to us to address this problem/challenge?
- How effective are each of these options at realising our measures?
- All things considered, what is our preferred option(s) and why?

In addition, the “new normal” we now find ourselves in poses a number of different but related questions that we must all consider in support of this work. This is important to ensure that the preferred way forward we agree is based on accrued learning and therefore likely to receive the required local, regional and national support. These additional questions are now likely to include but are not restricted to:

- How has this pandemic affected our thinking about baseline service provision in North Skye?
- How has this pandemic shaped/changed our thinking about what a preferred way forward for services on North Skye may look like?
- What does our model for caring for our frail elderly population look like and how do we best protect them?
- How do we extend and build on the community resilience response that stepped up so well during the pandemic?
- What are different models of community based care that we could draw on/learn from to support this?
- How do we factor in the strategic move to Community Led Support?
- What bed based provision is required given the need to shift from hospital to community and the post COVID space and facility constraints in hospital buildings?
- Is there a genuine, credible, non-hospital bed model available for North Skye?
- If not, what elements of our future model will continue to require hospital beds in North Skye and how are these best provided?
- How and where will remaining elements of the overall health and social care model for North Skye be developed?
- What facilities and resources will we need to deliver this across the sector and including 3rd sector, wider agency and broader community support?
- What is right for us – and how do we achieve this?