NHS
Eileanan Siar
Western Isles

Dental Services Benbecula, North and South Uist

Option Appraisal

1. Introduction

This paper summarises the process of consultation to date on proposals for improvement in dental Services. It summarises the activities and the response to date.

A reviewed clinical model is under consideration to ensure patients needing care receive rapid assessment and management. This aims to ensure patients receive seamless care between clinicians (where required) with safe and effective communication between clinical teams, patients and carers.

Due to the demographics and geography of the Western Isles it was recognised that we would hold the Options Appraisal Event in the Isle of Benbecula as more central for the three communities. Within each area service users, clinicians, third sector providers, and NHS managers were invited to attend the option appraisal event.

2. Pre Planning for the event

A Consultation Planning Group was established to advise on the process with nominees from NHS Western Isles (Dentistry, PFPI and Health Intelligence)Health and Social Care and the Scottish Health Council. The Dental Services Options Paper and accompanying documents set out the context and reasons for change, the current services and the options for change and improvement. A process of engagement with public, professionals and other interested groups informed the Board on what was important to them, this included an option that recognised the remote geographic nature of the community and transport issues.

3. Non Financial Benefits Appraisal

A rigorous appraisal of the shortlist of options in terms of their expected non financial benefit was completed at a workshop on the 29 November 2016. This was an important appraisal since any investment in services and facilities is expected to deliver significant benefits for patients, carers and staff. The workshop was attended by a broad range of representatives from the stakeholder organisations including members of staff, service users/patients, public representatives, community councillors, third sector organisations. The balance of stakeholder representation was advised and guided by colleagues from the Scottish Health Council.

During the first session of the day participants received an introduction by Dr Ron Culley, Chief Officer Health and Social Care and an outline of the work undertaken so far. The proposed model, was presented by Colin Robertson (Interim CADO) at the workshop providing a brief presentation outlining the options (as outlined below) which had been generated through planning, consultation

and the engagement of the public and staff to date. There followed an opportunity to ask questions about the options so that there was an understanding of what each option would mean in practice.

The options under consideration are:

Option 1 Minimal change -renovation of Lochmaddy and Linaclete Clinics; new build or relocation of Lochboisdale clinic.	**Option 2** Integrated Dentistry Hub with Domiciliary Care and Outreach	**Option 3** Integrated Dentistry Hub, Domiciliary Care and satellite clinics
Refurbishment of existing facilities. Continue with current arrangements and staffing model. This would improve services delivery at each location. Lochmaddy and Linaclete would represent relatively straightforward projects, involving redecoration and re-equipping. However, this option leaves al all clinicians working in isolation, fails to address the benefits of a Local Decontamination Unit, and does nothing to improve the efficiency of the service. Moreover, Lochboisdale is a serious problem in that the existing building is not suited to renovation: the footprint of the building is too small to allow expansion. The existing site of the Lochboisdale clinic is insufficient , and so a new location would need to be identified	This involves the development of an integrated clinical practice, based in the Uist and Barra Hospital, but with an outreach service to the most disadvataged groups. This model supports co-operative working, allowing clinicians to confer over difficult cases and share work-load. Within a group practice, it is commonplace for dentists to exchange patients to suit the particular skills of the dentists, improving patient outcomes. Group practice improves efficiency, by allowing dentists to assist each other when running late or overbooked. New ideas are easily shared. Patients will sometimes see dentists other than their own, reducing the risk that essential care is overlooked through familiarity. Placing the Hub within a hospital setting also allows immediate medical support. Patients with serious health issues are seen in a highly supportive environment. On-site access to specialised radiographs and blood sampling is possible. Such an environmet would be ideal for visiting specialist services. An integrated hub would permit properly trained and equipped staff to provide domiciliary care to people with mobility problems.	Centralised facilities and the use of smaller satellite clinics to address access issues. The Hub would operate as the central clinical area and would support the needs of the vast majority of patients. It would be complemented by two smaller satellite clinics, which could be used episodically to support the dental needs of people with mobility problems. The hub would generate some the benefits listed under option 2, but the benefits would be offset by a more dispersed staffing arrangement. In addition, while the existing Lochmaddy clinic could in principle be used as a satelite, a suitable site in South Uist has yet to be identifed.

The option appraisal methodology and process was then described by Denise Symington - Patient Focus and Public Involvement, who advised that this would be a step by step process, with discussion time in groups provided prior to ranking, weighting and scoring.

Participants were pre-allocated by Scottish Health Council staff to mixed groups comprising of representatives from the key stakeholder groups.

The workshop was facilitated by independent PFPI and Health Analyst, who had no vested interest in the outcome of the appraisal; but was able to guide participants to ensure that the Options Appraisal was conducted in accordance with due process

This was broken down as follows:

Session one - discussed a set of benefits criteria and attached rankings and weightings based on relative importance. Participants were asked to consider the 'benefits criteria'. The criteria used capture factors that cannot be measured in money terms, but which are still relevant and important.

'Weightings' were then given to each of the criteria, by participants, in order to reflect their relative importance.

The original Benefit Criteria was themed as follows:

- Person Centred
- Sustainable
- Clinical Excellence
- Strategic Direction

This would be used to determine any differences between the options. There was the opportunity on the day to amend the definition attached to the criteria or to propose different criteria. One additional criteria was added in which was on the theme of Community Sustainability

Session Two the technical exercise focused on Scoring the Options. Participants were given time, in groups, to discuss what the possible impacts might be of each option on each of the agreed criteria before being asked to score them as an individual. The results of this listening exercise are attached at Appendix 1 including the outcomes of the process of sensitivity analysis which applied to the final results.

In summary
For the workshop appraisal involved:

- Reviewing each of the shortlisted options so that workshop participants clearly understood the scope, service model and difference between each option.
- Discussion and agreement on a set of non financial benefit criteria and the weighting of these to reflect the workshop groups view of the relative importance
- Examining each option against the criteria and agreeing how that option met the criteria and agreeing the score for each option against each weighted criterion.
- Computing an overall weighted benefit score for each option. This weighted benefit score is simply a measure of how well the workshop participants considered each option was likely to deliver the benefits required from the project.

In addition to the formal options appraisal exercise, participants were invited to make comment on issues or concerns that they had for consideration for the formal consultation process these are outlined at Appendix 2

4. Evaluation of the Options Appraisal Process

The Options Appraisal events brought about many challenges including misinformation in the press, social media and tight timescales. However the evaluation of the Option Appraisal process was very positive with 100% completion of the evaluation with 33% scoring the event as Excellent and 53% scoring it as Very Good. The summary evaluation report is attached at Appendix 3 for information.

5. Conclusion

On the basis of what we have heard from the communities of the Isles of North and South Uist and Benbecula, a three centre option is preferred by most respondents. Attendees were advised that these scores together with the other information, including financial costs of each option and risk assessment, would be presented to the IJB, to help the Joint Board identify a 'preferred option' prior to going out to public consultation. Dr Ron Culley advised that a formal consultation process will be undertaken within each locality on the Boards preferred option early in 2017.

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Appendix 1

Ranking

Participants were asked to rank each of the 5 criteria according to which (within each group) they thought more important.

The first criteria is compared with the second and a tally mark put next to which the group considers more important. The first is then compared to the third, then fourth, then fifth – each time placing a tally mark next to the criteria considered more important. Next the second criteria is compared to the third, fourth then fifth in a similar fashion. Similarly the third is compared to the fourth and fifth criteria, and the fourth compared to the fifth.

After this, the tally marks are totalled to give a score. The scores from each table are them summed to give an overall score. This score is then used to rank the criteria, with the highest score ranked first.

It is worth noting that one table ranked in the same order as the final order, whilst the other two both had different orders, as shown below:

Criteria	Group 1	Group 2	Group 3	Total Count	Rank
1 Person centred	4	3	4	11	1
5 Sustainability of each island community	3	4	2	9	2
2 Sustainability of service	2	2	3	7	3
3 Clinical excellence	1	1	1	3	4
4 Strategic direction	0	0	0	0	5

Weighting

Once the criteria have been ranked in order of importance they have paired weightings applied.

The highest ranked criteria is given a weighting of 100%, from this each table was then asked how they thought the second ranked criteria compared with the first e.g. 50% is half as important as 100%

Next, compare the second ranked criteria with the third. The second is again classed as 100%, each table is again asked to judge how rank 3 compares with the value of 100%. This continues down to comparing rank 4 to 5.

Because some individual tables had a ranking different to the final order, there was some difficulty with the paired-weightings with tables having to consider using a comparison of 100% as they didn't consider the lower raking to be less important. Final results are shown below:

		GROUP 1		GROUP 2		GROUP 3		Total	
Rank	**Criteria**	**Score**	**Weight**	**Score**	**Weight**	**Score**	**Weight**	**Score**	**Weight**
1	1 Person centred.	100	28.6	100	36.4	100	23.2	100	28.0
2	5 Sustainability of each island community	100	28.6	100	36.4	100	23.2	100	28.0
3	2 Sustainability of service	100	28.6	30	10.9	96	22.3	75	21.1
4	3 Clinical excellence	50	14.3	30	10.9	87	20.3	61	17.0
5	4 Strategic Direction	0	0.0	15	5.5	47	11.0	21	5.9

Scoring

Finally, each individual participant was asked to score each of the three options against the five criteria, with e the scoring ranging from 0 (Could not be worse) up to 10 (Could not be any better).

These individual scores were totalled across all participants to give a total score. The initial scores were as follows:

Criteria Ref	**Criteria**	**Option 1: Minimal Change Option**	**Option 2: Integrated Hub with Domiciliary & Outreach**	**Option 3: Integrated Hub with Domiciliary & Satellites**
1	Person centred	142	40	53
5	Sustainability of each island community	140	29	45
2	Sustainability of service	132	62	56
3	Clinical excellence	120	61	53
4	Strategy	125	55	56

These total scores then had the paired-weightings applied to give a final score for each of the options:

		INITIAL OUTCOME
Option 1	Minimal Change	**13460**
Option 2	Integrated Hub with Domiciliary & Outreach	**4601**
Option 3	Integrated Hub with Domiciliary & Satellites	**5157**

However, some of the individual scorings might appear to be over-biased (i.e. containing a column of all 10's against a preferred option, or a column of zeros against the least preferred option). So a second scoring analysis with completed with these six outliers removed to provide a second overall score.

Criteria Ref	**Criteria**	**Option 1: Minimal Change Option**	**Option 2: Integrated Hub with Domiciliary & Outreach**	**Option 3: Integrated Hub with Domiciliary & Satellites**
1	Person centred	83	32	47
5	Sustainability of each island community	82	24	41
2	Sustainability of service	76	42	45
3	Clinical excellence	67	42	43
4	Strategy	71	40	45

Again, with the paired-weightings applied to give a final score for each of the options:

		INITIAL OUTCOME
Option 1	Minimal Change	**7783**
Option 2	Integrated Hub with Domiciliary & Outreach	**3404**
Option 3	Integrated Hub with Domiciliary & Satellites	**3315**

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Appendix 2

Stakeholder comments, questions and concerns

Comments

- Centralisation will not improve waiting times unless more staff are employed
- Have a centralised LDU for all health services
- Sustainability issues with option 2 and 3 questions over redundancies and staff leaving
- An idea of cost of options would be useful
- Scored highest on clinical excellence as if faced with choice of travelling or clinical excellence I would choose to travel to centre of excellence, retention of staff necessary
- Close decision between sustainability of service and sustainability of community, sustainability of community could be incorporated into person centred
- Unaware of government Strategy or NHS and IJB strategy
- Central government strategy as opposed to island needs

Questions

- How many dental chairs are proposed for options 2 and 3
- Is the information contained in the paper accurate, feeling is that it is inaccurate regarding staff numbers and patient registrations, numbers are considered to be underestimated
- Staff training at central hub would be better for domiciliary care, does that mean that we don't give adequate care at the moment?
- The hospital as an option is not desired at all
- When was the last inspection done and by whom, where are the reports available

Concerns

- On ranking the process could be difficult scenarios arose where the majority agreed 100 % and another felt strongly that it was only 80%
- Weighting process – concerned that process will not reflect views i.e. we could not rank Clinical Excellence above Sustainability of Service
- Projected population figures – 2011 census figures do not reflect the increase in young people evidenced by Sgoil Uibhist projected at a roll of 70 and currently standing at 93
    - Where did information on paper come from
    - dentist registration Lionacleit states 772 instead of 1742
    - Recruitment 3 dentists interviewed not all had previously trained in Lionacleit
- Domiciliary is already part of the service why is this singled out as a service improvement
- If there is any reduction in access by closure of existing sites there will be a resultant reduction in oral health outcomes