

CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

REDESIGN OF DENTAL SERVICES IN UIST

PURPOSE OF REPORT

1. This paper describes the responses to the recent IJB consultation on the redesign of dental services in Uist.

COMPETENCE

2. The proposals set out have previously been subject to an initial financial assessment in respect of the anticipated revenue costs associated with different service models. Capital is reserved to the Health Board. There are no immediate HR issues emerging from the report. There are no legal issues emerging from the report.
3. Prior to a final decision being taken, a full equalities impact assessment will need to be undertaken. Consideration will also be given to an inequality impact assessment.

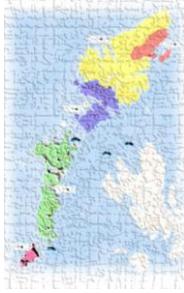
SUMMARY

4. The IJB has deliberated on the redesign of dental services in Uist and has examined a range of options in respect of future service delivery. At its meeting in March 2017, it indicated that its preferred model was a single hub located in the Uist and Barra Hospital. Upon identifying that preferred model, the IJB:
 - Referred the matter to the Health Board, to ask that a capital development proposal be considered in respect of a single dental hub being located within Uist and Barra Hospital.
 - Requested that a public consultation on the proposal be undertaken, with a schedule of public meetings in North Uist, Benbecula and South Uist.
5. This paper sets out an analysis of the consultation findings. A final Equality Impact Assessment will now be carried out, prior to a final report being taken to the IJB in February 2018.

RECOMMENDATIONS

6. It is recommended that the IJB:
 - a) notes the response to the consultation;
 - b) notes that a full Equality Impact Assessment will now be undertaken and brought to the Joint Board meeting in February

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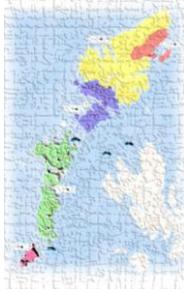
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BACKGROUND

7. The redesign of dental services in Uist has been a matter of interest to NHS Western Isles since 2014. At that time, the Chief Administrative Dental Officer identified core weaknesses in the current service arrangement, identifying both environmental issues (quality of clinical space) and clinical practice issues (emerging from the dispersed service arrangement), which required to be addressed. Weaknesses were also identified by the Health Board's infection control lead. These arguments were pulled together as part of a report to the Health Board Corporate Management Team. The broad proposal at that time was to bring all dental services in Uist into a single integrated hub, located in the Uist and Barra Hospital.
8. This also aligned with the property strategy of NHS Western Isles, which identified that the Lochboisdale dental clinic in particular had major weaknesses. These findings were supported by independent building survey reports which take into account the building condition, space utilisation, functional suitability, backlog maintenance, disability access, statutory compliance, energy, carbon management, comparison to modern design guidance and fire safety. The Health Board's Property and Asset Management Strategy was developed using these surveys along with the Health Board Clinical Strategy, which recommended that the development of clinical hub sites would be the best means of delivering safe and effective services.
9. Since then, a number of formal engagement events have happened. A staff development day was held in the summer of 2015, which was focused on the transformation of the hospital into a hub capable of hosting multiple health services, including general practice, dentistry, and the local Scottish Ambulance Service. The main priorities from that initial development session were:
 - a. Ensuring that any new arrangement had effective resuscitation, stabilisation and life-saving capability;
 - b. That the local Scottish Ambulance Service should be co-located to maximise opportunities for inter-agency working;
 - c. That the Benbecula Medical Practice be located within the hub to ensure effective use of GP time across the practice and hospital floor, and improve patient access.
10. While there was less support for the development of dental services within that arrangement, further engagement work was taken forward on that matter, mostly with the new Locality Planning Group. This allowed for further examination of the proposal to centralise dental services, and allowed us to address some of the equalities issues that would have to be considered as part of that arrangement, including service accessibility and associated travel issues.
11. A long list of potential options for reform was developed and endorsed by senior management, after which the Locality Planning Group (LPG) reduced those options to three:
 - a. The refurbishment of existing sites;



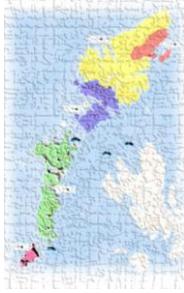


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- b. The development of an integrated hub with outreach capability; or
 - c. The development of a central hub with two satellite clinics in the north and south of the island.
12. While those options were endorsed by senior management, it was agreed that the formal options appraisal should make clear that were there to be a central hub, this would be situated within the Uist and Barra Hospital. This is in line with the property strategy of NHS Western Isles. However, the LPG expressed dissatisfaction about this proposal, and wrote to the Chief Officer, Health and Social Care to express concern. The matter of the hospital redesign subsequently attracted media attention, focused around the displacement of emergency capability in favour of dental services. The Health Board clarified its position, in that any redesign would not lead to the degradation of emergency capability.
13. Set against this background, the Options Appraisal Event took place on Tuesday 29th November 2016. The event was well attended, with a mix of community representatives, patients, stakeholders and staff members participating. The session involved an opening presentation from the Chief Officer and Interim Chief Administrative Dental Officer, with participants subsequently taken through an options appraisal process by the NHS lead for participation and engagement. The Scottish Health Council was present, and has provided guidance throughout the process.
14. A three site option was the heavy preference emerging from the event. The main issues emerging from the event include:
 - Ongoing concern about the displacement or removal of key hospital services as part of the hub option;
 - Concern about accessibility issues, including transport arrangements;
 - The importance of including a criterion around impact on community sustainability when judging the merits of the three options;
15. Following the event, it was important to consider the preference emerging from the public engagement event along with a range of other material factors, including clinical safety, efficiency, sustainability and capital costs. While capital development is a matter for the health board, it was evident that an under-strain budget made it unlikely that the Health Board would want to invest in three sites. While the existing clinics had been well-staffed to date, it was also argued that having a single team created greater sustainability and resilience into the future, in respect of recruitment and retention, working practices and peer support. And while the service in Uist is very well regarded, it was evident that it does not operate at the same level of productivity as the service in Lewis. As such, after considerable analysis, a proposal to have a single centre/service was put to the IJB as the preferred model of delivery.
16. The IJB met in December 2016, February 2017, March 2017, and June 2017. The matter was discussed at each of these meetings before the Board agreed to a preferred model. It was further agreed that this would be subject to public consultation. The consultation requirements on joint boards are set out at Appendix 1.





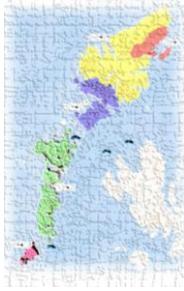
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CONSULTATION FINDINGS

17. The consultation ran from Monday 25th September until Friday 8th December. Three public meetings were also held, as follows:
- Tuesday 21st November, 7-9pm, Lochboisdale, South Uist
 - Thursday 23rd November, 1-3pm, Liniclate, Benbecula
 - Thursday 23rd November, 7-9pm, Carinish, North Uist
18. A total of 117 people attended the events, including members of staff. People who attended the events were provided with the opportunity to complete the questionnaire and an evaluation of the engagement events themselves. The Chief Officer presented the case for change alongside the Director of Dental Services. Participants were offered the opportunity to decide on how they wished to air their views and opted for an open group meeting. Notes were taken at all meetings and the feedback themed. In addition to the written responses and comments at the engagement a number of petitions were received. From residents in North and South Uist, with a total of 132 signatures in support of Lochboisdale clinic and 461 in support of Lochmaddy. An account of the feedback gained at the public meetings is attached Appendix 2.
19. In respect of the wider consultation, a total of 153 written responses to the consultation were received. Of those:
- 3 expressed a position in support of the proposal and indicated that there would be no adverse impact on people with protected characteristics;
 - 94 expressed a position against the proposal and indicated that there would be an adverse impact on people with protected characteristics;
 - 34 indicated that there would be no adverse impact on people with protected characteristics and offered no view either in favour or against the proposal;
 - 18 indicated that there would be an adverse impact on people with protected characteristics but offered no view either in favour or against the proposal;
 - 4 did not express a view on whether there would be an adverse impact on people with protected characteristics and also offered no view either in favour or against the proposal
20. Having examined the free text of the three respondents who supported the proposal:
- One expressed a view that a central service in the Uist and Barra Hospital would be more efficient and would make it easier to become registered with a dentist;
 - One believed that it would deliver a better clinical environment, reduce waiting times and improve recruitment.
 - One expressed a general view of support.
21. Having examined the free text of the 94 who did not support the proposal:
- There were ten comments that the consultation process was not sufficiently robust or open;
 - There were nine comments that the financial case is not compelling;
 - There were seventeen comments that expressed concern around community impact and population retention;
 - There were forty six comments that expressed concern around the accessibility of the proposed service;





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- There were fourteen comments that expressed concern about the impact on hospital services;
- There were sixteen comments that expressed concern that the distance and cost of travel would act as a barrier or disincentive to treatment;
- There were thirteen comments that expressed concern about the impact of a central service on older people or young children;
- A host of other comments were variously expressed around: carbon footprint; continuity of care; service resilience; the outreach capacity; and the position of the local professionals.

22. In respect of how services are used by people:

- 14% indicated that they visit the dentist less than once a year; 26% once a year; and 60% more than once a year;
- 17% travel by public transport; 80% by private vehicle; 3% by taxi;
- 10% rely on a neighbour or family member to provide the transport;
- 42% indicated a preference for morning appointments; 42% for afternoon appointments; 10% for early evening; and 6% on weekends
- 16% indicated that they would seek domiciliary care

23. In respect of the equalities obligations of the IJB, several respondents expressed a view that the proposal exhibited shortcomings in relation to supporting older people and infants (age), and disabled people.

NEXT STEPS

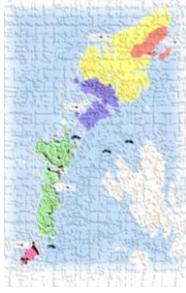
24. Having examined the consultation responses, we will undertake an Equalities Impact Assessment and an Inequalities Impact Assessment. This information will subsequently be provided to the Joint Board with a view to making a final decision on its proposal to locate a single dental hub located in the Uist and Barra Hospital

CONCLUSION

25. The Joint Board has expressed a preference to locate a single hub located in the Uist and Barra Hospital and this report sets out the feedback following public consultation.

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Appendix 1: Consultation Process

Section 36 of the Public Bodies (Joint Working) (Scotland) Act describes the obligations of integration authorities to consult and engage. Specifically, it requires that where an integration authority proposes to take a decision which will significantly affect service arrangements, the integration authority must involve and consult service users on the decision. More generally, the strategic planning function of the Joint Board should be taken forward in line with the Integration Delivery Principles (Section 31), whereby the main purpose of services which are provided is to improve the wellbeing of service-users and provided in a way which:

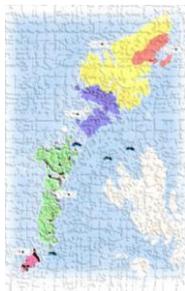
- is integrated from the point of view of service-users,
- takes account of the particular needs of different service-users,
- takes account of the particular needs of service-users in different parts of the area in which the service is being provided,
- takes account of the particular characteristics and circumstances of different service-users,
- respects the rights of service-users,
- takes account of the dignity of service-users,
- takes account of the participation by service-users in the community in which service-users live,
- protects and improves the safety of service-users,
- improves the quality of the service,
- is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care),
- best anticipates needs and prevents them arising, and
- makes the best use of the available facilities, people and other resources.

In order to ensure compliance with its legislative duties, it is therefore important that the Joint Board fully consults on service redesign proposals. As part of that process, it is important that an Equality Impact Assessment is undertaken and any issues addressed.

The Joint Board has a strong track record in advancing its consultative work. For example, significant work was undertaken when we redesigned the Mobile Overnight Support Service, involving general consultation and focused work with service users. Having ingathered information as part of that process, and despite the views of consultees generally arguing against the reform, the Joint Board decided to proceed with the service redesign having examined a range of material factors.

Equally, in respect of the redesign of dental services in Uist, successive papers to the IJB have indicated that the process would not complete until public consultation had been undertaken. All three papers the IJB has received on the matter (Dec. 2016; February 2017; March 2017) have highlighted the need to undertake a public consultation on the proposal, with a schedule of public meetings in North Uist, Benbecula and South Uist. The papers also state that the process would conclude with a report coming back to the IJB and Health Board for a final decision.





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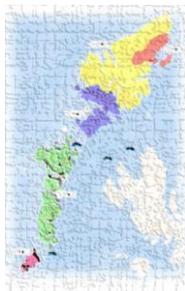
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Appendix 2 - Feedback from Public Events

The following offers a summary of conversation at the various public events. The italicized comments were provided by officials in response

Service Model	Asked how it could be safe to see people within own homes if they wished to move away from single handed practices <i>Advised this would be for initial assessment within an agreed criteria and if more complex work required then transport would be required to be arranged for the patient</i>
	People would prefer the status quo - modern standards less important than quality of care This was a personal opinion but was reiterated on numerous occasions
	There is a feeling that there is not a need for 12 staff to run a hub service. You say that there is no impact on staffing within the preferred model. Is there a 5-10 year plan and a guarantee that the preferred model will not impact on a reduction in job numbers further down the line. The only way to make savings in revenue is in staffing there is a concern that if staff leave they will not be replaced. <i>As the IJB has to balance its budget and there is a continuing requirement for efficiency savings year on year this is a guarantee that cannot be made. The IJB is legally bound to balance the budget.</i>
	You are presenting domiciliary care as something new to come out of the new model when this is part of current provision
	Concern that it is a waste of clinicians' time to travel out to domiciliary visits from the centre of Benbecula when the existing clinics would be closer to communities. This would also impact on carbon footprint
	Concern that the local knowledge currently held in clinics re Childsmile and contact with parents will be lost particularly re the 0-3 age group
	Has OUaB had a feasibility study? <i>This is currently being worked upon</i>
	How many chairs will there be. Will there be enough room. <i>Room for four chairs has been identified</i>
	There was fundraising in the community for a dialysis machine and were told there was no room and patient had to go to Stornoway, so how can there now be room for all these new services
	Feelings voiced that service would become more inefficient
	Has productivity increased since staff have moved in together at Liniplate Practice? <i>Would need to look into the detail of this</i>
	Can you guarantee GP practice will remain open - <i>This is not in the hands of the IJB as GPs are independent contractors but there is no indication of closure.</i>
	Impact on other services in OUaB
Concern about the impact on resuscitation capacity <i>Advised that a resuscitation area was a firm commitment from NHS Western Isles as previously stated</i>	
With all of the additional services being planned for location at the hospital this will have an impact on the car park - will additional car parking spaces be provided?	
This will have a much bigger impact on the hospital it will displace existing services and incur additional costs to reconfigure the hospital	
Will there be protection of core hospital services? <i>There will be a range of professional interests which will be considered as part of the decision making process and this is still going through the planning stage</i>	



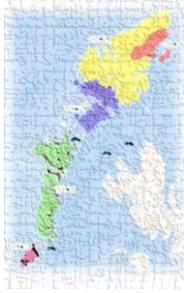


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Consultation Process	<p>Why was Sacred Heart not pursued further? <i>As a single Hub model had been a commitment within NHS Western Isles Clinical Strategy which had previously been consulted upon in 2008 and the Board had been moving in this direction for all its capital commitments</i></p>
	<p>There is not enough detail in the model which is being consulted upon particularly the finance Queried why just a desktop exercise on the other options</p>
	<p>Asked if the preferred option was approved <i>Chief Officer advised IJB would make a final decision at the December meeting</i></p>
	<p>Asked if an area had been identified within OUaB Queried how this could be if a final decision had not been made and why plans were therefore not available to be presented to the meetings. Feelings presented that this was therefore not a full engagement exercise if plans could not be presented and impact on hospital outlined</p>
	<p>Why are the parameters for consultation on dental and the definition of travel and communities different than those outlined in the report around independent pharmacy previously proposed for Benbecula?</p>
	<p>Why was Lochboisdale closed in a rush? If it was in such a poor state does that mean NHS Western Isles was remiss and had put both staff and patients at risk during the years since the 2008 report identifying work required? <i>It was a clinical decision and NHS Western Isles was not remiss - the building was not dangerous in 2008 but had continued to deteriorate and the issues identified were related to infection control</i></p>
	<p>Why has there not been a full response to the FOI request. Costings cannot just be a desktop exercise and so far have been disingenuous <i>The response that has been provided includes the information that is available and has been carried out.</i></p>
	<p>How can a decision be made by the IJB if the costings are not backed up by a feasibility study?</p>
	<p>Why has there been no staff consultation since March?</p>
	<p>Feeling voiced from the community that the engagement exercise was unable to answer the questions that had been posed, and that further research was required</p>
	<p>Questions over whether statistical figures presented to Locality Planning Group were unbiased between Lewis and Harris and Uist and included work carried out by therapists</p>
	<p>Would the Clinical Strategy which outlines the Health and Care Hub meet the requirements of the Community Empowerment Act if it was to go out to consultation today? <i>None of the officers present were in post at the time of the consultation on the Clinical Strategy however there was a full consultation process carried out across the island chain in relation to the Clinical Strategy which was fully documented at the time.</i></p>
	<p>It does not bode well for the IJB planning alongside the LPG if they do not listen to what the public want <i>We will always faithfully represent views but have a duty to look at a wider set of factors and cannot always promise to take on enact those views</i></p>
	<p>Dental Services come under the IJB but if this removes theatre services from the hospital would this construe Major Service Change? If unable to deliver critical care from the Hospital would this require full Service Change consultation? <i>This will be discussed between NHS and IJB</i></p>



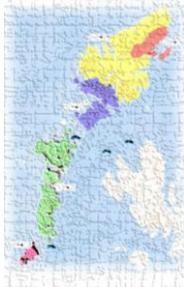


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<p>Access</p>	<p>Concern that closure of Lionacleit would impact on parents being able to access dental services and return in time for schools being out due to infrequency of buses and the impact this would have on childcare</p> <p>Concern on cost implication if having to take children by public transport for dental appointments if you had a number of children this cost could be significant</p> <p>Concern regarding access from secondary children who currently receive dental treatment on site meaning little disruption on school day and education</p> <p>By bus or car travelling from Eriskay to Benbecula can be a day for a round trip - this is excessive for young and elderly</p> <p>Concerns were raised in varying forms across all meetings regarding access that the transport infrastructure did not exist to meet appointments in Benbecula regarding public transport. It was raised that a full transport needs analysis had not yet been conducted and presented as part of the consultation on the dental redesign</p> <p>It was observed that for some there is 1 hour bus journey and 2-3 hour wait for a return bus.</p> <p>Will patients qualify for patient transport? Question raised over dentistry being applicable for patient travel expenses <i>Advised this would have to be investigated further with partner agencies</i></p> <p>Assuming 6 monthly visit to the dentist and based on the numbers currently registered have the potential numbers been taken into account <i>Scottish Government are currently recommending a tailored response to need – for some, a visit every 2-3 years is sufficient</i></p>
<p>Equalities</p>	<p>Examples were given of taxi costs up to £90 for a round trip to the South of Uist</p> <p>It was stated that cost savings to the NHS was at the expense of the poorest members of the community in Uist who would have to bear the burden of costs</p> <p>Some areas of the island chain are the equivalent distance as Edinburgh to Glasgow and those communities are not expected to travel those distances</p> <p>Feeling that the model presented is a very urban model and is not either island proofed or rural and does not take into account the impact on the specific impact on equalities groups</p> <p>Lack of information on economic profile of the residents that will be impacted upon by the removal of services</p> <p>Potential for detrimental oral health impact on families, mental health, elderly, pregnant, low income</p> <p>Dental prescriptions will need to be filled from GP practices impacting on time and finance to get them filled, dispensing is an issue as dentists cannot dispense</p>
<p>Impact on Oral Health</p>	<p>Queried that if having to travel further then this would have an impact on oral health This would have a more detrimental impact for those who are within the periphery of the community, those suffering poverty, on low incomes, suffer from mental health conditions. Feelings were expressed that if we make access more difficult then those people most in need are less likely to access services</p> <p>People will only go in an emergency not for prevention and that will have a detrimental impact the further away there is a likelihood of not attending – would like to see if there is evidence of any impact on change to attendance rates since moved to Harris Hub <i>This would be of interest and would have to be looked into</i></p>





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Impact on Communities	History of deteriorating services across all service sectors not just NHS This was seen as crucial in how communities will survive if all services are moving to the centre and concern that populations would then follow and migrate leaving more elderly populations at the periphery – currently growth is not in the centre but this could change
	Financial modelling is flawed, impact on the economy, hospital, transport needs to be looked at the full picture and the impact on the community, and this has not looked far enough.
	Feelings voiced that not enough information has been collated across sectors re population figures regarding those returning to the island and where they are settling joining up with information from the education sector and economic analysis and looking to where there may investment planned in the island chain through other partner agencies
	The CPP has a theme of sustainable communities and Daliburgh is attracting significant investment to attract people into the area and partners need to join up services
	Additional time off work to travel to appointments will have a detrimental effect on fragile businesses

