

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 30 January 2023
Title:	Consultation on the redesign of Systemic Anti-Cancer Therapy (SACT) delivery in Ayrshire and Arran
Responsible Director:	Derek Lindsay, Director of Finance
Report Author:	Seonaid Lewis, Engagement Manager, Transformation & Sustainability

1. Purpose

This is presented to the Board for:

- Decision

This paper relates to:

- Emerging issue
- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

This paper provides an update on the changes made to our Systemic Anti-Cancer Therapy (SACT) delivery during the initial pandemic response and the proposal to now consider making these changes a more permanent model of service delivery. Healthcare Improvement Scotland - Community Engagement (HIS-CE) have advised that these interim service changes meet the general threshold for [major service change](#) and therefore require a three month public consultation period (and, ultimately, Ministerial approval) if they are to be considered as a more permanent service model. This paper describes the proposed consultation approach and asks Board Members to consider and approve the proposed consultation plan.

During the initial COVID-19 pandemic response it was necessary to adapt very quickly to develop a pathway of care for managing patients with COVID-19 alongside maintaining a level of service for other patients. As a result, a series of interim changes took place across SACT services to ensure a high quality, risk stratified and safe service for our patients and staff. This resulted in moving the inpatient beds from Station 15, University Hospital Ayr (UHA) to University Hospital Crosshouse (UHC)

and relocating the outpatient service delivered at University Hospital Ayr to a repurposed (Kyle) unit on the Ailsa Hospital site.

Throughout these changes we have engaged with our patients and staff to gather feedback on how the interim service is working and learn from their experiences. Feedback has been extremely positive, however the urgency of the situation did not allow time to involve or engage with public as we would normally. In line with current National Guidance we are now in a position to review these interim service changes, and consider this as a more permanent model for SACT service delivery in Ayrshire and Arran.

2.2 Background

Prior to the pandemic, the West of Scotland Cancer Network (WoSCAN) reviewed the model for Systemic Anti-Cancer Therapy delivery. The key aim was to provide safe and sustainable SACT service delivery, closer to home where possible and to meet increasing demand within the associated four health boards. The [WoSCAN SACT future service delivery plan](#) was endorsed by the four NHS Boards within the network, including NHS Ayrshire & Arran. Patient and carer engagement on the emerging model of care was undertaken across all four West of Scotland NHS Boards and the principals of the model widely supported. The plan is based upon a three tiered model of care with one Tier 1 centre for the whole of WoS region, currently Beatson WoS Cancer Centre, one Tier 2 site for Ayrshire and as many Tier 3 sites as required. Therefore our local strategy is to implement this plan within Ayrshire and Arran to support safe and effective care delivery for patients and staff, as close to home as possible, where this can be done safely.

An extensive public engagement exercise was undertaken within Ayrshire and Arran from January to March 2020 to provide an opportunity for people to be involved in the Chemotherapy Service Review and provide their views and feedback on proposals. Following this Chemotherapy Service review it was proposed that our single Tier 2 site should be at University Hospital Crosshouse (UHC), given the adjacency to other key services. The temporary changes made during the pandemic align with the agreed West of Scotland regional model and proposed local implementation. However any further public engagement or development in the implementation of this local model was paused in March 2020 due to the onset of the pandemic and the proposal therefore had not been presented to Board for approval.

The National Clinical Strategy for Scotland published in 2016 states that there is now an overwhelming amount of evidence that suggests that some complex, and many less complex, operations are best performed in more specialist settings. This strategy sets out the evidence that some services should be planned at a national, regional or local level on a population rather than geographical boundary basis. This would mean that, for some services, there would be fewer specialist inpatient units within a region. The model endorsed through West of Scotland and nationally is that the Tier 2 service would be a cancer unit serving a population of around 300,000, which would mean that there should be only one unit for Ayrshire.

As an NHS Board we have a statutory responsibility to involve people in developing our health and care services. Legislation set out in the Patients' Rights (Scotland) Act 2011 and the Community Empowerment (Scotland) Act 2015 states that NHS Boards, as public bodies, have a duty to involve people in the design, development

and delivery of the healthcare services they provide for them. [Planning with People](#) guidance supports organisations to deliver their duties for engagement and public involvement.

During the pandemic it was not possible to inform and engage with our citizens and communities in the normal ways. However engagement with patients and staff was undertaken throughout the period of interim changes, which enabled the collection of valuable service user and staff experience. Over 300 patient experience questionnaires were completed across the three service ward areas. This was detailed in the SACT engagement update paper to Board in January 2022. The feedback gathered has been positive and supportive of the current service change proposal.

2.3 Assessment

Due to the positive feedback from patients and staff on the interim changes, the recognised benefits of the changes and the alignment with the West of Scotland regional service model, we would like to now consider this as a more permanent model for SACT delivery in Ayrshire and Arran. As such and in line with current national guidance, a period of formal consultation is required to be undertaken to ensure that this proposal and subsequent decisions are informed by patients, public and communities.

The purpose of the public consultation is to explain the changes that have taken place within NHS Ayrshire & Arran SACT delivery during the COVID-19 pandemic and seek views and feedback from people on the changes and proposal to maintain this service model, in line with the West of Scotland Cancer Network SACT delivery plan:

- To seek views and feedback from public, communities and stakeholders on the current / proposed service model and provide an opportunity for people to raise questions, meaningfully participate in the service change proposal and inform the decision-making process;
- To enable Board members to understand any wider public concerns and impact and consider how these can be addressed and what further measures may be developed with people to help mitigate adverse impacts;
- To comply with [Planning with People](#) guidance; and
- To fulfil 'major service change' directive, as advised by Healthcare Improvement Scotland – Community Engagement.

The scope of the consultation focuses on the specific changes made to NHS Ayrshire & Arran SACT services, as a direct impact of the pandemic and West of Scotland Cancer Network regional model:

- Moving the inpatient ward at University Hospital Ayr (UHA) to University Hospital Crosshouse (UHC) – which has created a single dedicated inpatient ward delivering all inpatient chemotherapy, with specialist oncology/haematology medical, nursing and pharmacy support;
- Moving the outpatient (Tier 3) service from University Hospital Ayr to a repurposed unit on the Ailsa Hospital site;
- Delivering the most appropriate, safe and patient centred service model for SACT delivery in Ayrshire and Arran; and
- Continuing to treat as many patients as possible as close to home as possible, where this can be done safely.

Healthcare Improvement Scotland – Community Engagement (HIS-CE) has a key role to provide advice and support and to quality assure our consultation process. As such the draft consultation plan has been shared with HIS-CE colleagues for initial review and discussion and to seek endorsement of our planned approach. HIS-CE has provided advice and suggestions on the draft plan and the attached consultation plan has been updated to reflect this feedback. Following a meeting with HIS-CE on 15 November we obtained endorsement (subject to our consideration of their feedback) of our planned approach and approval to progress with the attached plan and associated timeline. Following the Board decision, the major service change proposal must be submitted to Scottish Ministers for final approval. Ministers will take all the available information and representations into account, including the report of Healthcare Improvement Scotland – Community Engagement.

The attached consultation plan (Appendix 1) will be further developed in collaboration with our Stakeholder Reference Group (SRG). The SRG has been established to support, inform and advise the Chemotherapy Services consultation process, including participation methods and consultation materials. The SRG membership comprises patients, carers, public and representatives from cancer related community organisations. The consultation plan will remain a live document for the duration of the consultation process to enable us to continually monitor and assess our methods and approaches and make any appropriate changes to ensure our informing and engagement process is robust. This approach has been recognised and supported by HIS-CE.

2.3.1 Quality/patient care

The ultimate aim is to ensure high quality, safe, sustainable and equitable SACT delivery across Ayrshire and Arran:

- Improve patient experience and outcomes;
- Continue to treat as many patients as possible as close to home as possible, where this can be done safely.
- Deliver treatment in the most clinically appropriate place;
- Ensure consistency of pathways and processes;
- Provide equitable access to treatment, including access to clinical trials; and
- Optimise resource use.

2.3.2 Workforce

Staff who worked in station 15 at Ayr Hospital have moved to the new Kyle Unit.

2.3.3 Financial

The proposed consultation will be undertaken within existing budgets.

2.3.4 Risk assessment/management

We are following national guidance to ensure that statutory requirements for effective engagement and communication are understood and met.

- Failure to communicate information to the public on the interim changes, proposed service model and scope of influence in an effective and clear way may lead to misunderstanding, reduced public perception, concerns, complaints and adverse media.

- Failure to implement a robust formal consultation process could result in a requirement to carry out further engagement activity, thus prolonging the decision making process.

This risk will be monitored and overseen via the Chemotherapy Oncology Planning Oversight Group and Corporate Management Team.

2.3.5 Equality and diversity, including health inequalities

An equality impact assessment (EQIA) of the consultation process is being undertaken in collaboration with the Stakeholder Reference Group (appendix 2). This encompasses the Fairer Scotland Duty and health inequalities. Any identified impacts and mitigations will be progressed through the action plan. The EQIA should be considered a 'live' document which will be monitored and overseen via the Chemotherapy Oncology Planning Oversight Group and Engagement Team to ensure that the Board's Equalities Outcomes are reflected throughout the consultation and future service planning. Once completed the impact assessment will be uploaded to the NHSAA public website and available on request by contacting aa.engagement@aapct.scot.nhs.uk.

2.3.6 Other impacts

- Best value
 - Vision and Leadership
 - Governance and accountability
 - Use of resources

2.3.7 Communication, involvement, engagement and consultation

A Stakeholder Reference Group has been established to plan and progress all engagement activity in relation to the service changes to SACT delivery highlighted within this paper. Draft materials are being produced and we will continue to work with the Stakeholder Reference Group to further develop these materials and key messages over the coming weeks. This group reports to the Chemotherapy Oncology Planning Oversight Group. Engagement with patients, staff and key partners has continued throughout the duration of these changes

2.3.8 Route to the meeting

The content discussed in this paper has been considered and supported by the Corporate Management Team, 20 December 2022.

2.4 Recommendation

Members are asked to acknowledge the major service change directive and approve the proposed consultation plan and approach.

3. List of appendices

The following appendices are included with this report:

- Appendix No 1, Consultation Plan
- Appendix No 2, Consultation process EQIA

Chemotherapy Services

Redesign of Systemic Anti-Cancer Therapy (SACT) delivery

Chemotherapy Services Consultation Plan

Executive Sponsor

Name	Title	Date
Derek Lindsay	Director of Finance	01/10/2022

Service/Management Sponsor

Name	Title	Date
Dr Peter MacLean	Consultant Haematologist	01/10/2022
Dr Caroline Rennie	Macmillan Nurse Consultant	01/10/2022

Authors/Contributors

Name	Title	Date
Seonaid Lewis	Engagement Manager	01/10/2022
Dr Caroline Rennie	Macmillan Nurse Consultant	01/10/2022
Fiona Pow	Engagement Officer	01/10/2022
Katherine MacMillan	Communications Officer	01/10/2022
Dr Peter MacLean	Consultant Haematologist	01/10/2022
Derek Lindsay	Director of Finance (Oversight Group Chair)	01/10/2022
Kirsti Dickson	Director of Transformation & Sustainability	01/10/2022
Louise Wheeler	Service Change Advisor, Healthcare Improvement Scotland Community Engagement	15/11/2022

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Document location:	
Date Effective From:	
Review Frequency:	Ongoing

Document history

Version	Summary of Changes	Document Status	Date published
v.01	Initial draft plan shared with Healthcare Improvement Scotland-Community Engagement (HIS-CE) to seek advice and approval of planned approach.	Draft (internal only)	15/11/2022
v.02	Draft consultation plan and timeline updated to reflect advice and feedback from Louise Wheeler (HIS-CE).	Draft (Internal only)	05/12/2022
v.03	Consultation plan updated to include with Board Paper(SL)	Draft (Internal only)	10/01/2023

Consultation Overview

Plan title / topic:

Consultation on the redesign of Systemic Anti-Cancer Therapy (SACT) delivery in Ayrshire and Arran.

Plan creation date (dd/mm/yyyy):

01/09/2022

Consultation start date:

TBC

Consultation completion date:

TBC

Engagement lead name:

Seonaid Lewis

Designation:

Engagement Manager

Department/ service:

Transformation & Sustainability

Purpose of consultation:

To explain the changes and reconfiguration that have taken place within NHS Ayrshire and Arran Systemic Anti-Cancer Therapy delivery during the COVID-19 pandemic and seek views and feedback from people on these changes and the proposal to maintain this service model, in line with the West of Scotland Cancer Network (WoSCAN) Systemic Anti-Cancer Treatment future service delivery plan. Systemic anticancer therapy (SACT) is a collective term for all anti-cancer drug treatments such as chemotherapy and immunotherapy.

- To seek views and feedback from public, communities and stakeholders on the current / proposed service model and provide an opportunity for people to raise questions, meaningfully participate in the service change proposal and inform the decision-making process.
- To ask people what they think about the proposal to make the arrangement permanent and find out the potential impact on people;
- To enable Board members to understand any wider public concerns and impact and consider how these can be addressed and what further measures may be developed with people to help mitigate adverse impacts;
- To comply with Planning with People guidance. This will help, alongside other factors, to inform the decision-making process on the most appropriate model to take forward and enable learning during the period to inform improvements/ understanding of people's experience and impacts; and
- To fulfil 'major service change' directive – following the Chemotherapy Service Review 2019/20, Healthcare Improvement Scotland (HIS-CE) advised that the proposed changes to chemotherapy services in NHS Ayrshire & Arran, developed from the emerging West of Scotland Cancer Network tiered model, met the general threshold for 'major service change' on the basis that:
 - Patients who are already vulnerable due to their illness may have to travel further for their first treatment, with a proportion also requiring to do this for further treatment appointments;
 - There was significant public and political interest in the proposed changes

Due to the onset of the pandemic no further progress or engagement activity could be taken at that time. As such we must now undertake a three month consultation, in line with current major service change guidance.

Background:

Prior to the pandemic, the West of Scotland Cancer Network (WoSCAN) reviewed the model for Systemic Anti-Cancer Therapy service delivery, to develop a future service delivery plan. The key aim was to provide safe and sustainable SACT service delivery, closer to home where possible and to meet increasing demand within the associated 4 health boards. The [WoSCAN SACT future service delivery plan](#) was endorsed by the four NHS Boards within the network, including NHS Ayrshire and Arran. Patient and carer engagement on the emerging model of care was undertaken across all four West of Scotland NHS Boards and the principals of the model widely supported.

The plan is based upon a three tiered model of care with one Tier 1 centre for the whole of WoS region, currently Beatson WoS Cancer Centre, one Tier 2 site for Ayrshire and as many Tier 3 sites as required. Therefore our local strategy is to implement this plan within Ayrshire and Arran to support safe and effective care delivery for patients, as close to home as possible, where this can be done safely.

Following the Chemotherapy Service Review in 2019 it was proposed that our single Tier 2 site should be at University Hospital Crosshouse (UHC). Additionally, it was recommended that development of further Tier 3 delivery sites should be considered. An extensive public engagement exercise was undertaken within Ayrshire and Arran from January to March 2020 to provide an opportunity for people to be involved in the Chemotherapy Service Review and provide their views and feedback on the proposals. However, any further development in the implementation of this model was paused in March 2020 due to the pandemic.

During the initial pandemic response in March 2020 it was necessary to adapt very quickly and develop a pathway of care for managing patients with COVID-19 alongside maintaining a level of service for other patients, to ensure a safe and risk free service for our patients and staff. At that time the NHS Ayrshire and Arran lead cancer team were asked to review local chemotherapy services to consider whether there were any alternative options that would ensure a high quality, risk stratified and safe service.

Subsequently a series of relocations were implemented across Oncology services to both protect the vulnerable patient group and to support wider site / divisional COVID-19 plans. As a result all inpatient activity and high risk (Tier 2) outpatient chemotherapy was relocated from University Hospital Ayr (UHA) to University Hospital Crosshouse (UHC). Within UHC outpatient chemotherapy moved from ward 3C to ward 5E. Low risk (Tier 3) outpatient chemotherapy was moved from Station 15 (UHA) to a repurposed unit within the Ailsa Hospital site, Ayr. Patients who are equidistant between Ailsa Hospital Ayr and University Hospital Crosshouse are offered the opportunity to attend Kyle Chemotherapy Unit at Ailsa Hospital.

The temporary changes made during the pandemic align with the agreed West of Scotland regional model. These changes were implemented in line with guidance circulated by Healthcare Improvement Scotland – Community Engagement in July 2020: *Engagement and participation in service change and redesign in response to COVID-19 - which was subsequently updated in [November 2021](#)*.

During the pandemic it was not possible to inform and engage with our citizens and communities in the normal ways. However engagement with patients and staff has

been undertaken throughout the period of interim changes, which enabled the collection of valuable service user and staff experience. Over 300 patient experience questionnaires were completed across the three service ward areas. The feedback gathered has been positive and supportive of the current service change proposal.

Due to the positive feedback from patients and staff, the recognised benefits of the changes and the alignment with the West of Scotland regional service model, we are now considering the current service as a longer term model for service delivery. As such and in line with current national major service change guidance, a period of formal consultation will be undertaken to ensure that these proposals and subsequent decisions are informed by patients, public, communities and staff.

Expectations from consultation:
(what do you hope to achieve)

The scope of public consultation and opportunities for people to meaningfully influence the proposal around these changes is limited due to the changes having already been implemented, as a direct consequence of the pandemic, and the already defined regional model of service delivery. Our expectations from the consultation are:

- To inform patients, people and communities about the temporary / proposed changes and provide them with opportunities to share their views and feedback;
- To appropriately describe the pre-covid and current service models in a way that is clear and easily understood, so that people are able to consider and understand the rationale, regional directive and benefits for patients;
- To articulate that patient safety and patient care are at the forefront of these changes and ongoing service development;
- To convey that our aim is to deliver a safe, sustainable, accessible and equitable chemotherapy service for the population of Ayrshire and Arran;
- To engage with patients, people and communities around the changes, ensuring their views are heard and considered throughout the consultation and decision making process and where there may be challenge over scope, we are open and prepared to revisit assumptions or decisions;
- To ensure that any aspects we believe cannot be influenced through people's involvement, for example patient safety and working practices, are clearly explained and evidenced;
- To ensure that where possible any identified negative impacts resulting from the proposed changes are considered and mitigated;
- To work towards achieving a shared understanding with people and communities about what the current position is and why; and
- To gather views and feedback to inform the decision making process and future service planning.

Existing knowledge:
(what do you already know that helps support the reason for engagement or change)

- The temporary / proposed model aligns with the agreed West of Scotland Cancer Network (WoSCAN) Systemic Anti-Cancer Therapy (SACT) future service delivery model.
- Throughout the temporary changes we have engaged with our patients and staff to gather feedback on how the interim service is working and learn from their lived experience. This feedback has on the whole been very positive and supports the proposal to make the changes permanent. Key emerging themes reflect ease of access, seamless flow of care provided by friendly, caring and professional staff, and in relation to the new Kyle Unit, an increased feeling of

safety being separate from the acute hospital and better parking. Overall there has also been a more positive perspective on travel and transport.

- NHS Ayrshire & Arran continues to provide chemotherapy treatments to patients with only the five most common types of cancer - breast, colorectal, lung, urology and haemato-oncology cancer. All other chemotherapy treatments for patients who live in Ayrshire are currently provided in Glasgow at the West of Scotland Regional Cancer Centre – the Beatson Oncology Centre.
- SACT practice has evolved significantly over the years, as such delivery of high risk chemotherapy across two sites in Ayrshire would not be considered for clinical or governance reasons if proposed today.
- Significant changes to the way we deliver our service, due to the pandemic, have provided mitigating steps in relation to key points highlighted within the previous Chemotherapy Service Review. For example, patients now receive their initial assessment in person at the site closest to their home, where this can be done safely or via Near Me. Patient pathways, including the use of Near Me, have been redesigned to minimise clinical risk - additionally helping to minimise travel, parking and access issues for patients.
- Telephone reviews have become standard practice for SACT assessment with face to face appointments for treatment discussion, consent discussion, review of treatment impact and complex cases – *we want to promote the highest safe standard of cancer care and ensure that cancer services fully meet the needs of patients.*
- Other specialities and services also utilise telephone reviews as part of standard care.
- Reviews are face to face when it is preferred by the patient or considered essential by the clinical team (patient fitness, consent to treatment, clinical examination, scan results & changes to treatment).
- For most chemotherapies, the risk of reaction is higher during the first two treatments. These treatments are therefore delivered within a dedicated ward at University Hospital Crosshouse, an acute hospital environment, with access to medical staff and emergency care. Following the second treatment, as long as the patient has not had a reaction, the treatment can be delivered as close to home as possible (Ward 5E University Hospital Crosshouse or Kyle chemotherapy unit, Ailsa Hospital Ayr). Some courses of treatment can be given out with a hospital environment from the start and with increasing experience of out-reach chemotherapy delivery, more treatments can be considered for delivery in these facilities from the start following further risk assessment by the Clinical team and approval by SACT governance.

Recognised benefits of the proposed service model for both patients and staff:

Key benefits of dedicated in-patient delivery at University Hospital Crosshouse.

- Increased expertise within multi-disciplinary team;
- Increased availability of multi-disciplinary input to care;
- Increased availability of supportive services e.g. laboratories, renal dialysis, ICU;
- Only haematology/oncology patients in ward who require SACT or specialist care; and
- Emergency care continues to be provided at local hospital with haematology/oncology input as required

Key benefits of moving tier 3 day-case SACT delivery to Kyle Unit, Ailsa Hospital

The [Christie Model](#) of SACT delivery is a tried and tested way of delivering Tier 3 Chemotherapy in a local setting that does not require acute support. It can be delivered in many settings with examples ranging from outreach community hubs, to Chemotherapy buses. The Ayrshire and Arran review team used the Christie Model principles when considering what might be possible for Tier 3 SACT delivery within Ayrshire and Arran during the pandemic.

Benefits of the new Kyle Unit

- More chairs to support increasing demand. SACT activity has continued to increase by 9% per annum between 2019 and 2022, with the majority of treatment being delivered as out-patients. Kyle Unit has helped make it possible to accommodate this increase in activity;
- Not within acute hospital environment;
- Spacious environment with appropriate space for multi-disciplinary team & third sector organisations e.g. Ayrshire Cancer Support;
- Own entrance with drop off space directly outside & close, easy parking; and
- Equidistant patients have choice to attend Kyle;

Internal constraints:

- West of Scotland Regional future service delivery model.
- Ongoing system and staffing pressures.
- Limitation of scope to revert the changes or explore alternative options at this point in time.

External constraints:

- West of Scotland Regional future service delivery model.
- Due to the pandemic changes had to be implemented very quickly (*in line with COVID-19 guidance*) and as such the opportunity to engage was limited – we are therefore now engaging retrospectively on changes already implemented.
- Significant public and political interest during the previous Chemotherapy Service Review presents an ongoing risk of potential adverse reaction.

Resources/support available:

- Cancer services Management Team and staff
- NHSAA Engagement and Communications Teams
- Stakeholder Reference Group
- NHSAA Equality & Diversity Advisor – EQIA guidance and support
- Healthcare Improvement Scotland – Community Engagement
- Third Sector organisations and support groups
- Health & Social Care Partnership Engagement and Communications teams

Methods of Informing / Engagement:

- Provide information on regional / substantive / current / proposed model
- Consultation summary booklet, poster and flyer
- Survey - electronic link, QR code and hard copies, as appropriate
- Background information and rationale – including how peoples feedback from the previous Chemotherapy Service Review has been taken into account
- Information on 'new ways of working' and benefits of revised service model
- Summary of engagement activity during and after the changes – including key themes / headlines / patient and staff quotes
- Visuals describing patient pathways and service models
- Information is clear, easy to understand, accessible in a range of public places
- Information provided in different formats to meet people's needs
- Information is balanced and factually accurate

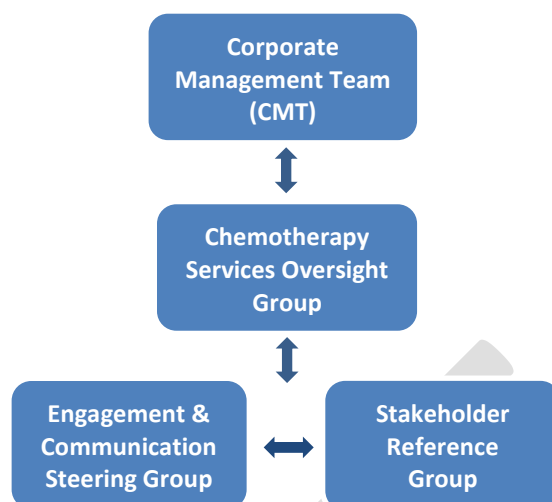
Distributed via email, in person/virtual meetings, social media, local media, local networks, formal groups, third sector, website and posters.

Summary Consultation Plan

Summarise the planned approach in terms of anticipated timescales and milestones:

Timescale	Project stage or specific activity
By 31/10/2022	Establish Stakeholder Reference Group and agree meeting schedule.
By 04/11/2022	Draft consultation outline plan to be developed to share with HIS-CE. Once the planned approach is agreed and approved in principle this will be further developed with the Stakeholder Reference Group.
15/11/2022	Meeting with HIS-CE to discuss draft Consultation Plan and approach
Ongoing	Consultation materials and consultation process EQIA to be further developed with Stakeholder Reference Group.
By 06/12/22	Develop patient engagement questionnaire to gather feedback and experience within associated ward areas.
06/12/2022	Present draft Consultation Plan to Chemotherapy Oversight Group for approval.
20/12/2022	Present draft Consultation Plan to Strategic CMT for discussion and approval.
By 05/01/2023	Review and update service change EQIA
30/01/2023	Present consultation plan to NHS Ayrshire & Arran Board for approval.
06/02/2023	Finalise consultation materials
13/02/2023	Commence consultation
20/03/2023	Midway review
19/05/2023	Close consultation
June 2023	Collate feedback / information and produce report
June 2023	Share feedback and report with HIS-CE
June 2023	Feedback loop
June 2023	Evaluate the process and identify areas of good practice and learning points
June 2023	Prepare proposal paper to present to Board
	Share the outcome of the consultation with NHS board to inform the decision-making process (including the HIS-CE assessment report)
	Consider any requirements for staff engagement in line with Organisational Change.
	Provide feedback to people on how their views and comments have been taken into account and decision

Key Consultation Delivery Groups



Engagement and Communication Steering Group

Name	Designation (if applicable)	Email
Dr Caroline Rennie	Macmillan Nurse Consultant	Caroline.Rennie@aapct.scot.nhs.uk
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Stacey McWee	Digital Engagement & Media Officer	Stacey.McWee@aapct.scot.nhs.uk
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Detailed Consultation Plan


Title

NHS Ayrshire & Arran Chemotherapy Services Consultation


Last updated:

09/01/2023

Engagement Level <i>Inform / Involve / Engage / Consult</i>	Method / Activity / Action	What you hope to achieve	Led by	Timeline / Completed by	Status	Comments
Involve / Engage	Establish Stakeholder Reference Group (SRG) comprising former and current cancer patients, carers and public. NHS Ayrshire & Arran will also use existing cancer related groups and contacts to invite people to take part in this steering group.	To ensure that the views of patients and public is central to all aspects of consultation planning.	Caroline Rennie / Fiona Pow	31/10/22	Complete	<ul style="list-style-type: none"> Meeting schedule established Poster put up in ward areas to seek participation Engaged with cancer related community / voluntary groups Due to vulnerability of patient group and ongoing impact of COVID we are arranging a series of smaller meetings to suit the needs of group members.
Inform / Engage/ Consult	Share draft outline plan with HIS-CE for review, discussion, approval.	To ensure our proposed consultation process and approach fulfils the recommendations outlined by HIS-CE and major service change guidelines.	Seonaid Lewis	15/11/22	Complete	A steering group has been established to develop the draft consultation plan and associated materials. The draft consultation plan has been shared with HIS-CE and endorsed in principle. The plan and associated materials will be further developed with the Stakeholder Reference Group.
Involve / Engage / Consult	Undertake initial meeting with SRG to provide context on current position and upcoming consultation and	Ensure that patient and public views can inform the scope and purpose of the consultation and	Caroline Rennie / Fiona Pow	09/11/22	Complete	Information to include - regional, substantive (pre-pandemic) and interim/proposed model,

Engagement Level <i>Inform / Involve / Engage / Consult</i>	Method / Activity / Action	What you hope to achieve	Led by	Timeline / Completed by	Status	Comments
	seek their views. Share initial draft information / consultation materials.	inform/advise all associated materials and communications.				describing work undertaken to date. Initial meeting took place at the Kyle Unit on 09/11/2022.
Inform / Engage / Involve	Attend the Ayrshire Cancer Forum with offer extended to attend patient and volunteer groups. Keep the forum updated / involved throughout the consultation process.	To inform key stakeholders of upcoming consultation and ensure people have the opportunity to discuss and understand the rationale for changes/proposal. Encourage involvement from associated groups and individuals to inform consultation process.	Caroline Rennie/ Fiona Pow	26/10/22	Complete	Attended initial meeting of the Forum on 26/10/22 - <i>this is the first forum meeting since the onset of the pandemic.</i>  Ayrshire Cancer Forum members.doc
Involve / Engage	Review the interim service changes EQIA and update / develop together with SRG to reflect current position / proposal / consultation.		Caroline Rennie / Elaine Savory	05/01/23 and ongoing	In progress	To be reviewed and updated throughout the consultation process.
Involve / Engage	Undertake equality impact assessment of the proposed consultation activity, in collaboration with SRG, to identify and mitigate any barriers to engagement.	To ensure that the consultation is equitable to all and a range of methods are used tailored to the needs of individuals and groups, providing assurance that their needs have been considered.	Fiona Pow	05/01/23 and ongoing	In progress	Draft EQIA of the proposed consultation process is being developed to share with SRG and Oversight Group – to be further developed and reviewed throughout the consultation process.

Engagement Level <i>Inform / Involve / Engage / Consult</i>	Method / Activity / Action	What you hope to achieve	Led by	Timeline / Completed by	Status	Comments
Inform	Explore non-written, accessible methods of communicating information on the regional, substantive (pre-pandemic) and interim/proposed model, describing work undertaken to date - such as visual/audio e.g. subtitled video/animation, sound bites, infographics.	To inform stakeholders of the consultation and proposed changes through a range of mechanisms to suit all needs. To provide information in a simple and clear way (both visual and sound) to ensure information can be easily understood.	Seonaid Lewis	09/01/23	In progress	
Inform / Engage	Develop appropriate survey questions / recording tool to consistently and continually capture and analyse feedback.	To provide consistent and effective feedback mechanism. To monitor and evaluate feedback process to ensure it is effective and make adjustments as required throughout the consultation.	Stacey McWee	09/01/23	In progress	
Inform / Engage / Involve	Finalise consultation plan, informing materials and feedback mechanisms, in collaboration with SRG.		Seonaid Lewis	09/01/23	In progress	
Inform / Engage / Consult	Develop patient questionnaire to be used in relevant ward areas (3A XH, 5E XH, Kyle Unit) to inform	To inform patients of the consultation / service proposal and provide an opportunity for them to	Steering Group	05/01/23	In progress	Engagement with patients has continued throughout the changes via patient questionnaires (over 300

Engagement Level <i>Inform / Involve / Engage / Consult</i>	Method / Activity / Action	What you hope to achieve	Led by	Timeline / Completed by	Status	Comments
	and seek views and feedback from current patients.	feedback and share their lived experience and views to inform the consultation and decision making process.				<i>gathered to date</i>) - the questions are currently being reviewed and updated to reflect current position. Information gathered will be used to inform and shape the consultation and key messages.
Inform / Engage / Involve	Pro-active informing and engagement with directly affected and directly involved staff.	To update staff on the consultation process and ensure staff are able to participate, provide feedback and facilitate engagement with current patients.	Steering Group	09/01/23	In progress	Staff engagement and communication action plan is being developed.
Inform	Publish information on NHSAA public website – including overarching summary document, FAQ, EQIA's, survey and links to more detailed information.	To inform stakeholders of the consultation and ensure people have the opportunity to understand the rationale for the changes and proposal. To provide details of feedback mechanism(s).	Stacey McWee	13/02/23	In progress	A new cancer services page has been developed on the public website - awaiting approval. Work on the consultation web page is underway.
Inform	Display posters and information in public areas and health and care settings to make people aware of the consultation and how to participate and provide feedback.	To inform people of the consultation and provide information on the rationale for the changes and proposal. Provide details of feedback mechanism(s) and ensure consultation is shared widely.	Fiona Pow / Kat MacMillan	13/02/23		Dissemination plan is being developed in collaboration with the Stakeholder Reference Group.  SACT Consultation Dissemination list J/

Engagement Level <i>Inform / Involve / Engage / Consult</i>	Method / Activity / Action	What you hope to achieve	Led by	Timeline / Completed by	Status	Comments
Inform / Engage / Consult	Dissemination of consultation documents to identified key stakeholders – including summary booklet and survey.	To ensure people and communities who may be directly impacted by the proposals are informed as early as possible and able to participate in sharing their views and feedback.	Fiona Pow	13/02/23		<ul style="list-style-type: none"> Respond to any requests for meetings / engagement opportunities, as appropriate. Discussion with local engagement teams has taken place to support dissemination.
Inform / Engage / Consult	Email distribution of consultation documents to wider stakeholders – e.g. community councils, locality planning partnerships, third sector interfaces and other formal groups as listed.	To ensure people are informed and able to share their views and feedback. To ensure groups have the opportunity to request further information or input.	Fiona Pow	13/02/23		<ul style="list-style-type: none"> To be further developed with SRG.
Inform / Engage	Disseminate consultation information to NHSAA staff and wider staff groups.		Kat MacMillan	13/02/23		
Inform / Engage / Involve	Engage with elected representatives to keep them informed, updated and involved throughout the consultation process, via briefings, meetings and email.	To ensure Elected Members are briefed on work undertaken to date and understand the rationale for the changes / proposal. To ensure they have appropriate information to share with their constituents.	Seonaid Lewis / CEO Office	TBC		

Engagement Level <i>Inform / Involve / Engage / Consult</i>	Method / Activity / Action	What you hope to achieve	Led by	Timeline / Completed by	Status	Comments
Inform / Engage / Consult	Provide hard copy of materials to patients attending NHS Ayrshire and Arran SACT clinics.	To support wide engagement with people with lived experience.	Steering Group	13/02/23 - ongoing		
Inform	Publish media releases informing general public about the consultation and directing to summary documents and feedback mechanisms (e.g. survey).	To support understanding and encourage wide engagement / reach with people across Ayrshire and Arran and encourage participation.	Kat MacMillan	13/02/23 - ongoing		
	Prepare and circulate regular social media posts informing general public about the consultation and directing to consultation information, survey and other feedback mechanisms.	To support understanding and encourage wide engagement / reach with people across Ayrshire and Arran and encourage participation.	Stacey McWee	13/02/23 - ongoing		
Inform / Engage / Involve	Engage with HSCP engagement and communication leads to inform, share materials, seek feedback and seek support with dissemination of information across communities and localities.	To tap into local knowledge and identify key stakeholders and engagement opportunities, e.g. Locality Planning Groups & Partnerships, third sector groups, formal community groups.	Fiona Pow	06/02/23	In progress	

Engagement Level <i>Inform / Involve / Engage / Consult</i>	Method / Activity / Action	What you hope to achieve	Led by	Timeline / Completed by	Status	Comments
Engage	Continually assess reach of informing materials and key messages throughout the process. If gaps identified work with stakeholders to identify other methods and approaches to help share information and encourage participation.	To ensure information reaches as many people as possible and that information is accessible for all. To ensure we engage all identified impacted / equalities related groups so they have the opportunity to participate.	Engagement / Comms Team	ongoing		
Inform	Consideration will be given to any engagement activity in related areas that may be taking place at regional or national levels	Consider how this may impact and how related feedback can be used to inform and shape the consultation.	Seonaid Lewis / Caroline Rennie	Ongoing		
Inform / Engage	Provide feedback to people on how their views and comments have been taken into account and used to inform decision making and future service planning.	Effective, timely and meaningful feedback loop.	Engagement Team	June 2023		
Inform / Involve	Evaluate the consultation process in collaboration with SRG and other identified key stakeholders.	Identify areas of good practice and learning points. Review and update EQIA to identify if further engagement or mitigations are required.	Steering Group	June 2023		

Consultation Key messages

Purpose:

- Explain the changes and reconfiguration that have taken place and why;
- Describe what the board believes can and cannot be influenced through people's involvement;
- To ask people what they think about the proposal to make the arrangement permanent; and
- To find out the potential impact on people and how any negative impacts might be mitigated.

General:

- Our aim is to deliver a safe, sustainable, accessible and equitable chemotherapy service for the population of Ayrshire and Arran.
- We believe the best way to do this is with the tiered regional approach – the most serious and difficult to treat cancers (Tier 1) are treated at the Beatson Oncology Centre in Glasgow. NHS Ayrshire & Arran has Tier 2 and Tier 3 capacity for patients to access appropriate treatments for more treatable cancers, closer to home.
- Wherever possible, we want to reduce the burden of travel for patients but only if it is without compromising the safety of treatment.
- As with many specialities across the health service, we had to adapt our chemotherapy services during the COVID-19 pandemic to ensure a safe and risk free service for our patients and staff. We would like to share information on these changes with you.
- Locally these changes have had a positive reception from patients and their families.
- We have been working with impacted patient groups throughout the past two years to gather feedback regarding the changes.
- Local patients have told us that the new Kyle Unit is a preferable location to receive their day-case treatments for cancer.
- We want to share details of what the changes mean for patients accessing these services and provide an opportunity for people to tell us what they think about the proposal to keep this new service delivery model.
- Having a single Ayrshire inpatient ward for cancer patients means:
 - Increased expertise within multi-disciplinary team
 - Increased availability of multi-disciplinary input to care
 - Increased availability of supportive services e.g. laboratories, renal dialysis, ICU, maternity

- Only haematology/oncology patients in ward who require SACT or specialist care.
- Emergency care continues to be provided at local hospital with haematology/oncology input as required
- The new Kyle Chemotherapy Unit has enabled us to increase the number of day-case patients we can treat in Ayrshire to support increasing demand.
- Being outwith an acute hospital the Kyle Chemotherapy Unit has its own entrance with drop off space directly outside and close, easy parking.
- We are planning a period of consultation with the public to provide an update on the changes that took place during COVID-19 and describe what we want to retain as part of the ongoing chemotherapy service in Ayrshire.
- During the pandemic it was not possible to inform and engage with our citizens and communities in the usual ways, so we are pleased to now be able to share information on these changes and welcome your feedback and views.
- As we move through this consultation phase we want to gather feedback from people to help inform and support the planning of our future Chemotherapy Services to ensure the decision making process is well informed by those who use and deliver the services.

Staff:

- We value our oncology staff team right across NHS Ayrshire & Arran.
- Nursing staff delivering chemotherapy at NHS Ayrshire & Arran are highly skilled and experienced, and patient feedback is reflective of the excellent job they do. All nurses within oncology (cancer treatment services) undergo specialist training to develop the expertise to deliver chemotherapy.
- We aim to have the right staff in the right place to deliver the specialist care Ayrshire patients require.

Dissemination plan

Audience ⇨ Methods ↓	Decision-making groups	Staff	Stakeholders / partners	Public	Cost	Comments	Timing
External comms							
Public facing news releases	✓	✓	✓	✓	no	<p>Issued to local press contacts and published on our website. Link to news release also shared via social media channels (Twitter, Facebook, LinkedIn if appropriate)</p> <p>Joanne Edwards has agreed to carry out the role of organisational spokesperson.</p> <p>Consider whether to approach key local media to inform and request interview/coverage.</p>	<p>Regular updates relating to the following:</p> <ul style="list-style-type: none"> • Board decision regarding plan & timescales • Beginning of consultation period • During consultation period • Following consultation and final decisions
Social media	✓	✓	✓	✓	no	<p>Corporate accounts on Facebook and Twitter</p> <p>Infographics will be shared with key messages for the public and directing to webpage/survey/news release with further information as appropriate.</p> <p>Liaise with local partners e.g. local authorities to request support in sharing messages.</p>	Regularly throughout the duration of the consultation and following the decision.
Video – public and staff facing	✓	✓	✓	✓	no	<ul style="list-style-type: none"> • Focus on patient pathways • Focus on Kyle Chemotherapy Unit and the benefits of the new space for Tier 3 patients. 	TBC

Website	✓	✓	✓	✓	no	<p>Updated information regarding cancer services on bespoke page.</p> <p>Links to:</p> <ul style="list-style-type: none"> information regarding timescales and plans for consultation period and how to get involved in participation groups and provide feedback. EQIA(s). additional information, e.g. patient pathway graphics and previous engagement activity Any news releases or media statements issued in relation. 	To be live and up to date to coincide with board decision on timescales and plan.
Posters, leaflets and consultation summary booklet	✓	✓	✓	✓	yes	<ul style="list-style-type: none"> Disseminate posters with key messages, survey link, signposting to information, details on participation groups and how to provide feedback - to be displayed in key clinical and community settings. QR codes leading to webpage <p>Consultation materials will be prepared and printed to ensure accessibility for those without access to website/social media.</p> <p>Sited in locations including:</p> <p>Numbers for print to be determined.</p>	To be drafted, designed and printed, ready for distribution at the beginning of the engagement period.
Elected member briefings			✓	✓	no	Information to be included in regular briefings provided to local elected members.	TBC
Internal comms							

Stop Press		✓	✓		no	Disseminate information to the wider staff group regarding chemotherapy services in Ayrshire.	<ul style="list-style-type: none"> To follow the board decision, setting out plans and timescales Additional stop press following consultation period and final decisions?
Daily digest /eNews		✓			no	Series of regular messages for staff. To include: <ul style="list-style-type: none"> Link to stop press and AthenA page Updates on consultation Links to any public facing materials TeamTalk (board meeting updates for staff) 	To begin following board decision on timescales and plan.
AthenA homepage button					no	Bespoke AthenA page.	TBC

Further information

- WOSCAN: <https://www.woscan.scot.nhs.uk/>
- <https://www.gov.scot/publications/beating-cancer-ambition-action/>

Equality Impact Assessment including Fairer Scotland Duty and Children's Rights and Wellbeing Impact Assessment

Discrimination is usually unintended, for example, in the design of a new policy a one size fits all approach may be applied with the intention to be fair to everyone but what this actually does in practice is apply differential impacts on different groups of people.

The **Equality Impact Assessment (EQIA)** process is an evidence based approach designed to help organisations ensure that policies, practices, procedures, service change or redesign and decision-making processes are fair, equitable and that they don't present barriers to participation or disadvantage to any protected groups. The equality impact assessment is used to identify any disadvantage and take appropriate steps to mitigate, or at least minimise, this. You should start the EQIA process at the outset and continue throughout the process; don't wait until the end when a decision has been made. Below are steps to consider to support filling in your EQIA.

Step 1 - Identify what is being assessed. You need to be clear what is being assessed and consider what impact this will have and on which groups.

Step 2 - Give details about the policy. You need to be clear of the purpose at this stage, what are the benefits and who are the stakeholders.

Step 3 - Gather and analyse data and information and engagement. You will need to gather evidence to inform your Equality Impact Assessment. This may come from your stakeholder group(s).

Step 4 – Assess Impact. You need to think about what impact it will have on different groups in our community/workforce. Continue to work with your stakeholders to gain 'lived experience' impacts.

Step 5 – Have you identified any adverse impacts. You need to think about what can be done to mitigate or minimise the adverse impacts.

Step 6 – Send EQIA to Equality and Diversity Adviser for publication. NHS Ayrshire & Arran has an obligation to publish the results of all our equality impact assessments.

In 2018, the **Fairer Scotland Duty** became law and this looks at the impact of socio-economic disadvantage. NHS Ayrshire & Arran have incorporated this into our equality impact assessment process. It should be borne in mind that some minority groups, such as disabled people, ethnic minority people, women, are at a higher risk of facing socio-economic disadvantage and this should be considered when completing the equality impact assessment. This should be considered under each of the area in section 2 with a specific section at 2.16.

In March 2021, the Scottish Parliament unanimously passed the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill. This incorporates children's rights into law and places a duty on us as a public authority to ensure children's rights are protected and promoted in all areas of their life. NHS Ayrshire & Arran are building the **Children's Rights and Wellbeing Impact Assessment** into our existing EQIA process. This is woven through the document with a specific section at 2.17.

EQUALITY IMPACT ASSESSMENT

This is a legal document stating you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission

If you require advice on the completion of this EQIA, contact elaine.savory@aapct.scot.nhs.uk

'Policy' is used as a generic term covering policies, strategies, functions, service changes, guidance documents, other

Name of Policy	Consultation on the redesign of Systemic Anti-Cancer Treatment (SACT) service in Ayrshire and Arran - process for engagement and communication		
Names and role of Review Team:	Fiona Pow, Engagement Officer Dr Caroline Rennie, MacMillan Nurse Consultant Katherine MacMillan, Communication Officer Elaine Savory, Equality and Diversity Adviser Seonaid Lewis, Engagement Manager	<u>Date(s) of assessment:</u>	October 2022 and ongoing December 2022 (FP) January 2023 (SL)

SECTION ONE AIMS OF THE POLICY

1.1. Is this a new or existing Policy : _____ **NEW** _____

Please state which: Policy ☐ Strategy ☐ Function ☐ Service Change ☒ Guidance ☐ Other ☐

1.3a. What is the aim?

This EQIA is looking at the process for engagement and communication for the consultation on changes made to our Systemic Anti-Cancer Therapy (SACT) services during the initial pandemic response and the proposal to now consider making these changes a more permanent model of service delivery. Healthcare Improvement Scotland - Community Engagement (HIS-CE) have advised that these interim service changes meet the general threshold for [major service change](#) and therefore require a three month public consultation period (and, ultimately, Ministerial approval) if they are to be considered as a more permanent service model. In undertaking this EQIA we want to ensure that our engagement and communication process is robust, effective and inclusive. We will seek views and feedback from people to support, inform and guide the consultation process, including participation methods and consultation materials.

Systemic Anti-Cancer Therapy (SACT) is a collective term for all anti-cancer drug treatments such as chemotherapy and immunotherapy. For the purposes of this document we will use the SACT abbreviation.

During the initial COVID-19 pandemic response it was necessary to adapt very quickly to develop a pathway of care for managing patients with COVID-19 alongside maintaining a level of service for other patients. As a result, a series of interim changes took place across SACT services to ensure a high quality, risk stratified and safe service for our patients and staff. This resulted in moving the inpatient beds (6 beds) from Station 15, University Hospital Ayr (UHA) to University Hospital Crosshouse (UHC) and relocating the outpatient service delivered at University Hospital Ayr to an upgraded unit on the Ailsa Hospital (Ayr) site.

Throughout these changes we have engaged with our patients and staff to gather feedback on how the interim service is working and learn from their experiences. Feedback has been extremely positive, however the urgency of the situation and pandemic related restrictions did not allow us to involve or engage with public as we would normally. In line with current National Guidance we are now in a position to review these interim service changes, and consider this as a more permanent model for SACT service delivery in Ayrshire and Arran.

NHS Ayrshire and Arran will use a range of methods to inform public and communities of the changes made to SACT services in response to the covid-19 pandemic, the proposal to consider this as a more permanent model of service delivery and describe the regional service delivery model. This will explain the current challenges and describe the benefits of the changes, including improved patient pathways and equitable access to cancer care. In doing so, it will be important to work towards achieving a shared understanding with people and communities about what the current position is and why.

This Equality Impact Assessment (EQIA) should be considered a 'live' document which will be updated throughout the consultation should additional impacts be identified.

Definition of Terms

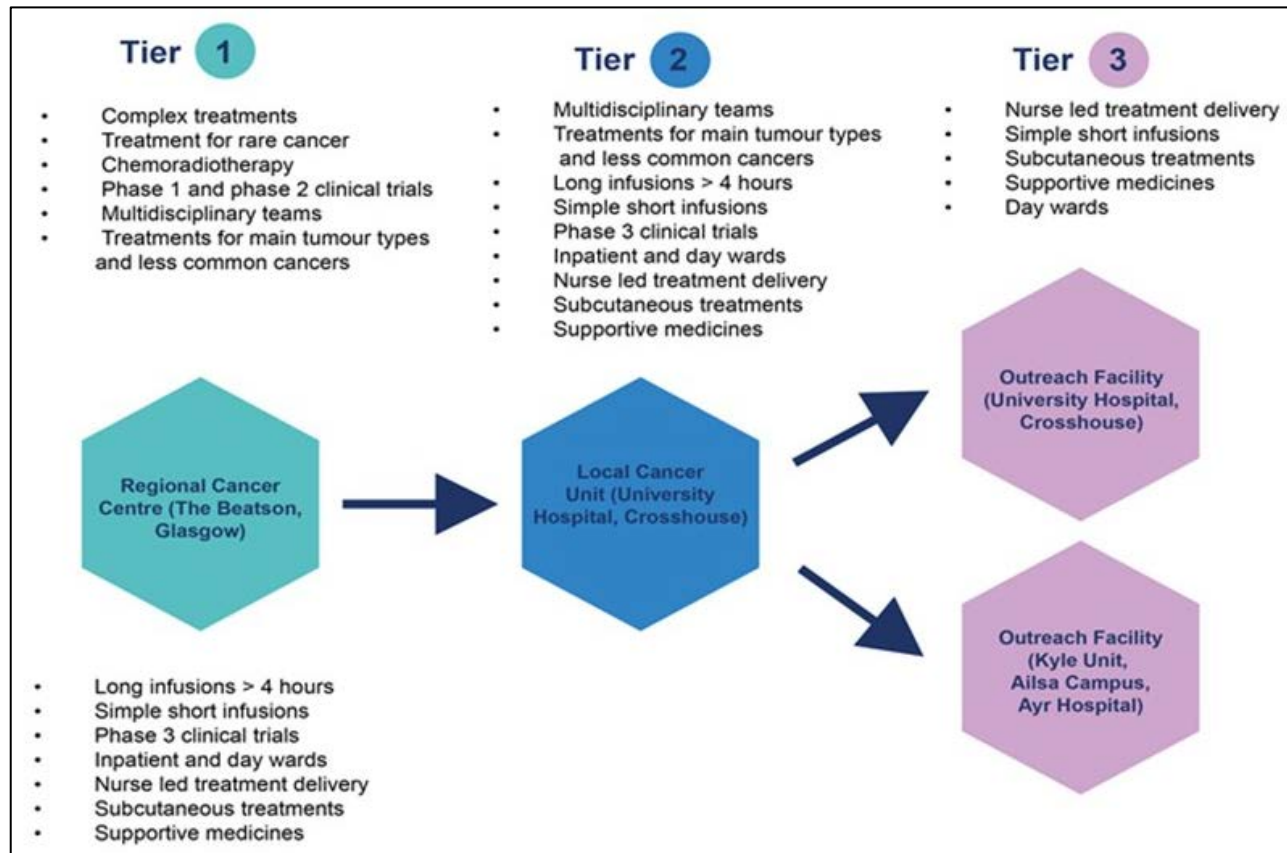
- **Systemic Anti-Cancer Therapy (SACT)** is a collective term for all anti-cancer drug treatments such as chemotherapy and immunotherapy. Chemotherapy and immunotherapy can be given in a number of different ways, depending on the type of cancer and length of treatment. Some anti-cancer drug treatments are given by injection and some are taken orally.
- **NHS AA** - (NHS Ayrshire & Arran)
- **BWoSCC** (Beatson West of Scotland Cancer Centre)
- **WoSCAN** (West of Scotland Cancer Network) – this is one of three cancer networks in Scotland comprising 4 Health Boards (NHSAA, NHSGGC, NHS Lanarkshire and NHS Forth Valley).
- **UHC** – University Hospital Crosshouse
- **HIS-CE** – Healthcare Improvement Scotland – Community Engagement

The [WoSCAN SACT future service delivery plan](#) was endorsed by the Boards within the network including NHS A&A. Our local strategy is therefore to implement this plan within Ayrshire to support safe and effective care delivery for patients and staff. The temporary changes made to Systemic Anti-Cancer Treatment services during the COVID-19 pandemic align with this approved regional model.

The regional plan is based upon a tiered model of care with one Tier 1 centre for the whole of West of Scotland region, with one Tier 2 site for Ayrshire and as many Tier 3 sites as needed locally.

- Tier 1 site is at BWoSCC in Glasgow and provides specialist care for less common cancers.
- Tier 2 SACT is currently delivered at UHC.
- Tier 3 outpatient SACT is currently delivered from a dedicated upgraded unit at Ailsa Hospital (Ayr) and Ward 5E at UHC (Kilmarnock). Patients who are equidistant between Ailsa Hospital and University Hospital Crosshouse are offered the opportunity to attend the Kyle Unit.

Tier 3 offers lower risk treatments, with patients less likely to have adverse reaction. A patient is usually moved to Tier 3 if the first 2 treatments with a specific drug or regimen have been uneventful at Tier 2. Tier 3 treatments can be delivered on a site where a more limited clinical support is available as they have been deemed low risk of adverse reaction. The diagram below sets out the current regional Tiered model for SACT for Ayrshire and Arran residents:



1.3b. What is the objective?

The objective of this EQIA is to consider any areas where additional measures are required to support the engagement and communication process for the population of Ayrshire and Arran.

1.3c. What are the intended outcomes?

Engagement with patients and staff throughout the period of interim changes has enabled the collection of valuable service user and staff experience. As we move through this consultation we will gather further feedback to inform and support the planning of our future Chemotherapy Services to ensure the decision making process is well informed by those who use and deliver the services. During the pandemic it was not possible to inform and engage with our citizens and communities in the normal ways, so we want to now share information on these changes and welcome feedback and views. Undertaking this EQIA will help to identify any barriers to engagement and enable us to mitigate these and find alternative solutions and mechanisms. Intended outcomes are:

- To ensure that our consultation information and supporting materials meet national standards and guidance - clear and easy to access and understand.
- To ensure information can be provided in different formats to meet people's needs and support their involvement.
- To ensure people have access to the information they feel is relevant to the engagement and that information is balanced and factually accurate.
- To identify appropriate local channels, networks and mechanisms to circulate information and engage effectively and inclusively, e.g. community discussions, focus groups, email, in person/virtual meetings, social media, local media, formal groups, existing community based groups, third sector, website posters in key community and clinical places and spaces, survey (electronic and paper copies).
- To identify and ensure effective engagement with organisations supporting and representing people experiencing cancer services, such as Ayrshire Cancer Support, in order to better understand how to reach and engage with people.
- To identify any additional requirements for targeted engagement to support the involvement of long term patients and service users who will be directly affected by the proposed changes, including people with particular communication and/or support needs and their families and carers.

1.4. Who are the stakeholders?

- Patients and Carers
- Public and communities
- Staff (Medical, Nursing, Pharmacy)
- GP surgeries
- Voluntary/ Third Sector including Ayrshire Cancer Support, Troon and Irvine Cancer Care, North Ayrshire Cancer Care,

- Local Authority/HSCP partners
- Stakeholder Reference Group (SRG)

1.5. How have the stakeholders been involved in the development of this policy (this should include children and young people where appropriate)?

As part of the engagement process in 2018 a Patient / Public Reference Group (PPRG) was established with patients and carers who were receiving cancer treatment or had in the past. This was further refreshed in 2019 with additional members going the group. Some members of this group were also core members of the Chemotherapy Programme Board, together with Ayrshire Cancer Support and Scottish Health Council (SHC). These key stakeholders were active in working with us to undertake the previous Service Review EQIA which has helped inform this consultation EQIA.

Following the Chemotherapy Service Review in 2019 an extensive public engagement exercise was undertaken from January to March 2020, which included focus groups, public information, discussions with patients and carers in clinical settings, local media coverage and a public survey. This exercise provided a meaningful opportunity for people to be involved and provide feedback and lived experience on the proposal to locate our single Tier 2 site at UHC, given the adjacency to other essential services, and an additional recommendation that development of further Tier 3 delivery sites should be considered. However, any further development in the implementation of this model was paused in March 2020 due to the pandemic. Stakeholder feedback gathered during this review has been used to help inform the engagement activity undertaken for the pandemic related changes and the development of this consultation process EQIA. The key themes identified were used to help formulate questions for the patient questionnaires, the feedback gathered from these contributed to this impact assessment and mitigations, for example travel, transport and parking.

In October 2022, the Stakeholder Reference Group (SRG) was established to support, inform and guide the SACT consultation process, including participation methods and consultation materials. This group is made up of patients, carers, public and representatives from cancer related organisations who have lived experience and an interest in this area. There is representation from each of the Ayrshires with a wide geographic spread. They will provide their perspectives on how we inform and engage with patients, carers and the public during this consultation. The SRG has been pivotal in working with us to undertake this EQIA and will continue to develop as we move through the consultation process.

Key aims of the SRG:

- People are involved in framing the scope and purpose of the consultation;
- People are involved in developing the communications and consultation plan;
- Consider how best to inform and engage with people on the proposals;
- Advise on the development of information and engagement opportunities for people;
- People are involved in developing and reviewing the Equality Impact Assessment (EQIA) process, Fairer Scotland Duty assessment and stakeholder analysis;
- People are involved in reviewing information to ensure it meets national standards and good practice, for example plain language, objectivity, balanced view, clear and easy to understand

We have received advice from HIS-CE throughout the process, including the engagement activity carried out throughout the service changes 2020/21 due to COVID-19, preparatory work for this consultation and the Consultation Plan and associated materials.

In addition, the Director of Transformation and Sustainability has met with HIS-CE regularly to ensure our plans and processes are following due principles and best practice.

1.6 Examination of Available Data and Consultation – Data could include: consultations, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic or professional publications, reports etc.)

Due to pandemic restrictions we were unable to carry out public engagement as we would normally however we engaged with patients and staff throughout these changes to gather feedback on how this has impacted on patients and staff and seek views on the new service model. This has enabled us to gather valuable service user experience and evidence that supports the case for change. Over the three engagement phases more than 300 patient questionnaires were completed and 84 staff responses.

A summary report of this engagement is available on request by contacting the Engagement Team – aa.engagement@aapct.scot.nhs.uk

Timeline	Engagement Activity	Summary
Oct 2020	<ul style="list-style-type: none"> A period of engagement took place with staff and patients to gather views and feedback on the relocation of Tier 3 service delivery from Station 15 (UHA) to Kyle Ward (Ailsa campus, Ayr) 	<ul style="list-style-type: none"> Questionnaire developed to seek views from patients and staff - <i>engagement opportunities and methods were somewhat restricted due to the pandemic.</i> 36 patient questionnaires were completed during this initial engagement period and 23 staff responses.
May / June 2021	<ul style="list-style-type: none"> Further engagement exercise undertaken on the relocation of Tier 3 chemotherapy service delivery, to reflect current status. Engagement with staff and patients to gather views and feedback on the relocation of Tier 2 services to University Hospital Crosshouse - this encompassed Wards 3A, which is a SACT delivery inpatient area, and 5E which provides Tier 2 and Tier 3 day case. 	<ul style="list-style-type: none"> Questionnaires were based on the previous questions used in 2020 to ensure consistency and enable us to compare and contrast. In total across the three ward areas we received 150 completed patient questionnaires and 27 staff responses.
Oct / Nov 2021	<ul style="list-style-type: none"> A further engagement exercise with patients and staff was undertaken on the changes. Additional questions were included in relation to transport and travel, to reflect the key themes identified through the Chemotherapy Service Review. 	<ul style="list-style-type: none"> In total across the three ward areas we received 118 completed patient questionnaires and 34 staff responses.

- The West of Scotland Cancer Network (WoSCAN) SACT future service delivery plan was endorsed by the four Boards within the network, including NHS Ayrshire and Arran. The key aim was to provide safe and sustainable SACT service delivery, closer to home where possible and to meet increasing demand within the associated four health boards. Engagement was undertaken on a West of Scotland basis to support this and a link to the report of this work can be found at <https://www.woscan.scot.nhs.uk/wp-content/uploads/SACT-Future-Service-Delivery-ENGAGEMENT-REPORT-FOR-WEBSITE-v1.0-200418.pdf>

- [The National Clinical Strategy for Scotland](#), published in 2016 sets out the evidence that some services should be planned at a national, regional or local level on a population rather than geographical boundary basis. This would mean that, for some services, there would be fewer specialist inpatient units within a region. However, in order to ensure that services are provided as locally as possible (where clinically appropriate) the strategy proposes that most services would continue to deliver outpatient, diagnostic and day-case.
- The [Christie Model](#) of SACT delivery is a tried and tested way of delivering Tier 3 Chemotherapy in a local setting that does not require acute support. It can be delivered in many settings with examples ranging from outreach community hubs, to Chemotherapy buses. The Ayrshire and Arran review team used the Christie principles when considering what might be possible for Tier 3 SACT delivery within Ayrshire and Arran during the pandemic.

Name any experts or relevant groups / bodies you should approach (or have approached) to explore their views on the issues.

As well as the Stakeholder Reference Group the consultation plan outlines numerous other groups across Ayrshire and Arran with whom engagement will be undertaken either through engaging at their meetings, support groups or via the SACT consultation information and survey. Through the Ayrshire Cancer Forum, patient / public focus groups were also scheduled for people to get involved in the planning of the consultation.

Meetings have taken place with representatives from Ayrshire Cancer Support to help inform the engagement process.

Requests from the public and user groups will be encouraged throughout the consultation process in order to have face to face discussions about the changes and proposal to maintain these changes but also to highlight additional ways to share the information and involve people in the engagement process.

Targeted promotion across different protected characteristics is being undertaken to ensure we engage with a broad diversity of the Ayrshire population.

What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?

We have been working with the Stakeholder Reference Group to undertake the EQIA for this work in addition to developing the consultation information and associated materials, such as the public survey. **A summary report of work to date is being collated and will be included here to describe actions and activity to date.*

What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?

Patient feedback from the engagement process on the interim changes has on the whole been extremely positive. Key themes that have emerged reflect ease of access, a seamless flow of care provided by friendly, caring and professional staff, and in relation to the new Kyle Unit, a welcoming and spacious environment, drop off space and better parking. Overall there has been a more positive perspective on travel and transport. Increased use of telephone consultations means less people having to travel to and from hospital and less busy car parks.

Sample quotes from patient feedback

“Everything to do with the new Kyle unit is very positive and supportive. The whole environment is, compared to even station 15, exceptional and should remain such. Safety is total.”

“Nice to be away from main hospital as it’s more of a homely environment”

“The team is caring and reassuring. They are obviously settled in the new environment and enjoying it which passes on to the patient”

“As a result of monthly phone calls with the doctor, from given an appointment in 5E to getting my transfusion. This is more efficient than the previous system and hopefully saves doctors time as well”.

“I prefer the reduced number of patients, the clean and spacious environment. The patient levels allows for more staff time with patients, which provides a quicker administration of medication”.

1.7. What resource implications are linked to this policy?

The consultation process will be cost neutral, however, consideration to any resource implications linked to the service change proposal will be considered once feedback from the consultation has been considered and a decision made on the proposal.

This process will not have any socio-economic impacts in the local community.

The SRG group members are offered re-imburement of travel expenses to ensure the cost of fuel/transport to and from the meeting venue is not prohibitive to their participation.

SECTION TWO IMPACT ASSESSMENT

Complete the following table, giving reasons or comments where:

The Programme could have a positive impact by contributing to the general duty by –

- Eliminating unlawful discrimination
- Promoting equal opportunities
- Promoting relations within the equality group

The Programme could have an adverse impact by disadvantaging any of the equality groups. Particular attention should be given to unlawful direct and indirect discrimination.

If any potential impact on any of these groups has been identified, please give details - including if impact is anticipated to be positive or negative.

If negative impacts are identified, the action plan template in Appendix C must be completed.

Equality Target Groups – please note, this could also refer to staff

	Positive impact	Adverse impact	Neutral impact	Reason or comment for impact rating
2.1. Age <ul style="list-style-type: none"> • Infants, children and young people (IC&YP) 			✓	Paediatric patients are treated in Glasgow and will not be affected by the service change proposals or consultation process.
<ul style="list-style-type: none"> • Adults 			✓	As a result of cancer affecting any age, engagement is open to all via the range of consultation feedback mechanisms provided, including online and paper survey, focus groups, email, telephone and community based meetings, as appropriate.

<ul style="list-style-type: none"> Older People (also consider impact on IC&YP such as kinship care) 			✓	<p>Older peoples groups are listed within the dissemination / stakeholder mapping document. Local third sector and community groups for older people will receive consultation information via local contacts, third sector interfaces and engagement officers. By tapping onto local networks and contacts the information can be circulated in the most appropriate way for older people to access. Face to face opportunities and focus groups will be provided, along with telephone, email and digital options to ensure older people have the opportunity to participate in the consultation in a way most suitable for them. Information in local newspapers and free media publications will be provided.</p>
<ul style="list-style-type: none"> 2.2. Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health) 	✓			<p>We are cognisant of the need for alternative approaches for those with disabilities or communication needs. Consultation materials can be provided in alternative formats including easy read and BSL interpretation support can be provided. The stakeholder / dissemination document outlines local disability groups with whom engagement can be undertaken through engaging at their meetings, support groups, bulletins or email distribution.</p> <p>All engagement opportunities will take into account accessibility, appropriateness of venues or locations and requirements for visual aids or hearing loops. Digital engagement may remove some of the concerns people have around the physical requirements of engagement and therefore widen opportunities to participate. However, additional barriers may be put in place by digital engagement. Social media, particularly Facebook, can be a useful mechanism for those with disabilities. Linking in with local champions and contacts will be undertaken to identify appropriate digital platforms and mechanisms locally.</p> <p>It will be important to engage with our local third sector interfaces, who will have knowledge and experience of engaging with people with disabilities and can help to support the consultation process.</p>

2.3. Gender Reassignment			✓	The consultation process will have no differential impacts for people who identify as trans or non-binary.
2.4 Marriage and Civil partnership			✓	The consultation process will have no differential impacts for people regardless of their marital status.
2.5 Pregnancy and Maternity			✓	The consultation process will have no differential impacts for people regardless of their pregnancy status.
2.6 Race/Ethnicity	✓			<p>Engagement with our local minority ethnic communities will be undertaken to ensure all groups are considered as part of the engagement process. Should any materials require to be translated into alternate formats that will be addressed via our usual organisational processes. If interpretation support is required, this will be provided to ensure clear and consistent communication of the service change being proposed and ways to feedback. Actions such as including a translated cover sheet to allow respondents to request information in another language will be considered.</p> <p>Engagement will be undertaken with our local authority Gypsy/Traveller officers to ensure information can be circulated locally to gypsy/traveller communities. It will be necessary to work closely with our local equalities teams and third sector organisations supporting minority/ethnic groups to understand how communities are utilising and becoming familiar with digital platforms and other mechanisms to overcome recognised barriers.</p>
2.7 Religion/Faith			✓	The engagement process for the SACT consultation will have no differential impacts for people regardless of their religion/faith. Consultation information will be circulated to local churches and displayed on their notice boards. Bespoke meetings and focus groups can be arranged as requested.

2.8 Sex (male/female)			✓	The engagement process for the SACT consultation will have no differential impacts for people regardless of their sex.
2.9 Sexual Orientation <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexuals 			✓	The engagement process for the SACT consultation will have no differential impacts for people regardless of their sexual orientation. Links to consultation information will be shared through our usual local distribution networks to target local LGBTQIA+ communities to allow the opportunity for engagement in the process.
2.10 Carers including young carers	✓			As part of the engagement process a Stakeholder Reference Group has been established with patients and carers who are currently receiving cancer treatment or have in the past. Consultation information will be circulated to carers via our three local Carers Centres within Ayrshire and Arran and bespoke focus groups or inputs can be arranged.
2.11 Homeless			✓	<p>We recognise that the homeless community are less likely to attend organised events to provide their views. Consultation information will be circulated via our local homeless services and supports within Ayrshire and Arran and bespoke focus groups can be arranged. Should anyone from the homeless community currently be accessing chemotherapy services, there will be an opportunity to discuss with the staff and provide feedback through them.</p> <p>NHS Ayrshire & Arran's nurses with a remit for homelessness will have access to the engagement materials and can raise awareness with clients to allow the opportunity for them to engage in the process.</p>
2.12 Involved in criminal justice system including youth justice			✓	We have the opportunity to share the engagement materials with Clinical Team Leader at HMP Bowhouse for dissemination to allow the opportunity for the prison population to engage in the process.

2.13 Literacy			✓	<p>Whilst we recognise that a great deal of the engagement will require people to read leaflets, complete surveys and access digital platforms we are cognisant of the need to provide alternatives for those requiring additional literacy support. Consultation materials can be provided in alternative formats, including easy read and audio/video, as appropriate. Members of the consultation team will be available to speak to individuals and attend group meetings to discuss the service change proposals and gather feedback verbally.</p>
2.14 Rural Areas			✓	<p>Consultation materials will be available via our public website, as well as local channels and networks, which will be particularly helpful for those living in more rural and remote areas. Hard copies of the consultation materials will be provided in local community places and spaces and circulated via local contacts, engagement officers and third sector interfaces. We will engage with Locality Planning Groups, community groups and local Councillors to help raise awareness, share information and gather feedback. Local community events and meetings will be identified to share information on the proposals and ways to get involved and provide feedback.</p>
2.15 Staff <ul style="list-style-type: none"> • Working conditions • Knowledge, skills and learning required • Location • Any other relevant factors 			✓	<p>Staff engagement has been undertaken throughout the changes to SACT services and routinely thereafter.</p> <p>By undertaking a specific staff engagement process, all internal stakeholders will be given the opportunity to influence and know about potential changes to services. The materials used to engage with staff will reflect the same key messages as the public messaging to ensure transparency, clarity and consistency.</p>

2.16. What is the socio-economic impact of this policy / service change? (The [Fairer Scotland Duty](#) places responsibility on Health Boards to actively consider how they can reduce inequalities of outcomes caused by socio-economic disadvantage when making strategic decisions)

	Positive	Adverse	Neutral	Rationale/Evidence
Low income / poverty			✓	<p>The consultation process will have no differential impacts for people regardless of income.</p> <p>As part of NHS Ayrshire & Arran's policy, any travel expenses incurred to participate in the consultation will be reimbursed to members of the public. Access to the online materials can also be made via local libraries at no cost to the public and hard copies will be provided in a range of local community settings to ensure visibility and accessibility for all.</p> <p>As part of the consultation process, someone from the consultation team will be available to attend community groups to provide information. Engaging with local authority, Health & Social Care Partnership and third sector partners will be crucial in identifying local hubs where we can provide information and local networks to share information.</p> <p>A freephone number will also be provided to share views and feedback or request information.</p>
Living in deprived areas			✓	As above
Living in deprived communities of interest			✓	As above
Employment (paid or unpaid)			✓	As above

2.17. What is the impact of this policy / service change on infants, children and young people (IC&YP)? (The [United Nations Convention on the Rights of the Child \(UNCRC\)](#) places a compatibility duty on public authorities to ensure the rights of children are protected and promoted in all areas of their life). [Kathleen Winter](#) or [Ruth Mellor](#) can be contacted for further support.

	Yes	No	Not applicable	Rationale/Evidence
Will this policy impact on the best interests of IC&YP?			✓	Paediatric patients are treated in Glasgow and will not be affected by the service change proposals or consultation process.
Will this policy impact on the developmental needs of the IC&YP?			✓	
Will this policy impact on IC&YP being able to express their views in relation to the service and have that view taken into account?		✓		The consultation is open to all via the range of consultation information and feedback mechanisms provided, including online and paper survey, focus groups, email, telephone and community based meetings, as appropriate.
Will the policy have any direct or indirect impacts on IC&YP?		✓		
Have you considered the impact of the policy across the wide range of IC&YP, e.g. preschool children; children in			✓	

hospital; children with additional support needs; care experienced children; children living in poverty?				
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SECTION THREE CROSSCUTTING ISSUES				
What impact will the proposal have on lifestyles? For example, will the changes affect:				
	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
3.1 Diet and nutrition?			✓	The consultation process will have no impact on diet and nutrition.
3.2 Exercise and physical activity?			✓	The consultation process will have no impact on exercise and physical activity.
3.3 Substance use: tobacco, alcohol or drugs?			✓	The consultation process will have no impact on substance use.
3.4 Risk taking behaviour?			✓	The consultation process will have no impact on risk taking behaviour.

SECTION FOUR CROSSCUTTING ISSUES				
Will the proposal have an impact on the physical environment? For example, will there be impacts on:				
	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
4.1 Living conditions?			✓	The consultation process will have no impact on risk taking behaviour.
4.2 Working conditions?			✓	The consultation process will have no impact on working conditions.
4.3 Pollution or climate change?			✓	The consultation process will have no impact on pollution or climate change.
Will the proposal affect access to and experience of services? For example:				
	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
Health care	✓			Through the consultation process we will gather views and feedback of service users, staff and the public along with key stakeholders. Feedback gathered will be collated and used to inform the decision making process and future service planning.
Social Services	✓			Ensuring engagement with local authority and third sector organisations as part of the consultation process will raise awareness of SACT service provision in Ayrshire and Arran, support the consultation process and ensure collaboration across the whole system when planning future service provision.
Education			✓	The consultation process will have no impact on education services.

Transport	✓			<p>During the previous phase of patient engagement in Oct / Nov 2021 we asked how service users normally travelled to hospital appointments – more than 100 patient questionnaires were completed. Feedback showed that the majority travelled by car, with a small percentage using patient transport and a very small number using public transport. Further questions around transport and travel will be included with the consultation patient questionnaire for current patients.</p> <p>Transportation / travel has been considered within this consultation and the patient questionnaire used in the consult period will provide specific information on transport and travel to highlight any areas of concern or benefit.</p>
Housing			✓	<p>The consultation process will have no impact on housing services. However, please see Low income / poverty for linked data.</p>

SECTION FIVE	MONITORING
<p>How will the outcomes be monitored?</p> <p>Minutes of meetings, feedback from public and staff engagement whether face to face or via surveys, overarching action plan, public engagement plan, and equality impact assessment.</p>	
<p>What monitoring arrangements are in place?</p> <p>An engagement action plan has been developed and is overseen by the Chemotherapy Oncology Planning Oversight Group.</p>	
<p>Who will monitor?</p> <p>The Engagement Team and Clinical Leads for the SACT Consultation will monitor the consultation and EQIA outcomes and report to the Chemotherapy Oncology Planning Oversight Group.</p>	

What criteria will you use to measure progress towards the outcomes?

The actions are monitored and measured using RAG methodology. We will also measure progress through the volume of feedback gathered, analysis of the demographic information of those participating, requests for additional information or meetings and the mechanisms used to provide feedback.

PUBLICATION

Public bodies covered by equalities legislation must be able to show that they have paid due regard to meeting the Public Sector Equality Duty (PSED). This should be set out clearly and accessibly, and signed off by an appropriate member of the organisation.

Once completed, send this completed EQIA to the **Equality & Diversity Adviser**

Authorised by

Title

Signature

Date