

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 9 October 2023
Title:	Redesign of Systemic Anti-Cancer Therapy (SACT) delivery in Ayrshire and Arran.
Responsible Director:	Derek Lindsay, Director of Finance
Report Author:	Derek Lindsay, Director of Finance Peter Maclean, Clinical Director

1. Purpose

This is presented to the NHS 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

During the pandemic, there was a need to make changes to protect cancer patients who were immunocompromised from the dangers within a hospital environment. This led to the cancer services in Station 15 at University Hospital Ayr (UHA), which comprised inpatient beds and outpatient chemotherapy service being moved to alternative sites. The outpatient chemotherapy service was moved to Kyle unit on the Ailsa Hospital campus, Ayr site and inpatient beds on ward 3A at University Hospital Crosshouse Hospital were increased by four.

Healthcare Improvement Scotland indicated that they view these changes, which were made on an interim basis, as major service change and therefore required public consultation on making them permanent. The clinical view is that the centralisation of the inpatient ward and Tier 2 (high risk) day case at University Hospital Crosshouse (UHC) cannot be reversed for clinical safety reasons therefore this did not form part of the consultation. The consultation focused on the move of outpatient SACT delivery from Station 15 at Ayr Hospital to Kyle unit on Ailsa Hospital campus, Ayr which has been very well received by both staff and patients with improved car parking, better

accessibility and a much more spacious environment for delivery of the service. The smaller volume move of high risk outpatient services to UHC did increase journey time for some patients.

The consultation report came to the public Board meeting on 14 August 2023 and Healthcare Improvement Scotland have indicated that the consultation had taken an open and inclusive approach (Appendix 1).

This paper is now presented to Board Members to seek approval for the interim changes in regards to inpatient beds and Tier 2 higher risk SACT and the relocation of Tier 3 SACT as described above are made permanent.

2.2 Background

Over the last ten years there have been ongoing reviews of cancer services as demand increases each year by about 8%. The regional tiered model endorsed throughout West of Scotland Boards is that the Tier 1 service (highly specialised) should be delivered at the Beatson Cancer Centre in Glasgow which would service a population of 2.7 million, Tier 2 service (inpatient and high risk outpatient) would be a cancer unit serving a population of around 300,000, and multiple Tier 3 (low risk outpatient) outreach services, as required, which would allow local delivery of low risk SACT which would be a nurse led service. This model was outlined in a paper to the Board in December 2018. A working group met in Ayrshire during 2019 to examine the options for where the best site for the cancer unit would be and had agreed that this should be UHC given adjacency to other essential medical and support services. Public engagement on this commenced in early 2020, however no NHS Board approval for the implementation of this local model took place due to the onset of the pandemic.

2.3 Assessment

A paper to the January 2022 Board meeting advised on engagement which had been completed in 2020 and 2021, including feedback on changes implemented during the pandemic. However Healthcare Improvement Scotland required a three month formal consultation to be undertaken as they deemed it major service change. Following approval of a consultation plan at the January 2023 Board meeting, formal consultation took place from 23 February to 19 May 2023 with a full consultation report considered at the Board on 14 August 2023.

The Healthcare Improvement Scotland report on NHS Ayrshire & Arran's consultation on Systemic Anti-Cancer Therapy services can be read at Appendix 1.

Following the consultation process and the outcomes from this, it is proposed to make permanent the interim changes for inpatient cancer services and SACT delivery in Ayrshire and Arran.

2.3.1 Quality/patient care

The ultimate aim of the West of Scotland Strategic Review of systemic anti-cancer therapy (SACT) services was to ensure high quality, safe and sustainable SACT services across the west of Scotland.

The emerging service model aims to:

- improve patient experience and outcomes;

- 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 UHA have moved to the Kyle Unit at Ailsa and their feedback to the change is positive. If a permanent change is approved then an organisational change process will involve these staff. The designation of University Hospital Crosshouse as the Ayrshire cancer unit is because of the adjacency to other essential medical and support services.

2.3.3 Financial

In 2023/2024 revenue plan an investment of £530,000 per annum was made in additional staffing for the haematology ward.

2.3.4 Risk assessment/management

Continued development of risk assessed services to support care closer to home where safe to do so.

2.3.5 Equality and diversity, including health inequalities

The SACT service change equality impact assessment (EQIA) is attached as Appendix 2 and will continue to be reviewed and updated

2.3.6 Other impacts

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

2.3.7 Communication, involvement, engagement and consultation

Robust engagement has taken place with SACT patients and staff throughout the temporary changes. A Chemotherapy Oversight Forum and Stakeholder Reference Group were established to plan and progress all engagement and consultation activity in relation to the redesign of SACT service delivery. An extensive public consultation has been undertaken with a range of methods for people to engage and share their views. Regular communications have been circulated both internally and externally before, during and after the consultation period. The feedback, views and suggestions of people and communities that have been put forward within the scope of the consultation have been considered and used to help inform the decision-making process. A full consultation report was considered at the Board meeting on 14 August 2023.

2.3.8 Route to the meeting

The content discussed in this paper has been considered and supported by the Chemotherapy Oversight Forum and Corporate Management Team.

2.4 Recommendation

For decision. Members are asked to approve:

1. that University Hospital Crosshouse be the cancer unit for Ayrshire and Arran, hosting all inpatient beds and Tier 2 higher risk SACT;
2. the permanent relocation of Tier 3 lower risk SACT from University Hospital Ayr to the Kyle unit at Ailsa Hospital campus, Ayr.

3. List of appendices

The following appendices are included with this report:

Appendix 1 – Healthcare Improvement Scotland report
Appendix 2 - Equality Impact Assessment



A report on NHS Ayrshire & Arran's consultation on Systemic Anti- Cancer Therapy services

October 2023



Acknowledgements

Healthcare Improvement Scotland – Community Engagement & System Redesign would like to thank patients, members of the public, local communities, elected representatives, Third Sector groups and health and social care staff for generously giving us their support, feedback and views on this engagement and consultation process.

We would also like to thank the staff at NHS Ayrshire & Arran for the assistance they provided to us in reviewing the engagement process.

Healthcare Improvement Scotland – Community Engagement & System Redesign is committed to inclusive communication and to comply with the Equality Act 2010. We are happy to consider requests for other languages or formats, for example:

- Translation
- Easy Read
- BSL
- Audio
- Large Print
- Braille

Please contact our Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

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1. Executive summary

This report provides our assessment on whether NHS Ayrshire & Arran has met the requirements and expectations around public engagement set out in [national guidance](#), Planning with People, in its proposal to make permanent the temporary changes introduced to Systemic Anti-Cancer Therapy¹ (SACT) services.

In undertaking our assessment, we have:

- reviewed NHS Ayrshire & Arran’s consultation plans and information
- observed at public consultation events
- reviewed local and social media coverage, and
- asked people for their views on the consultation process through an online survey and phone interviews.

As part of their consultation, which took place from 13 February to 19 May 2023, NHS Ayrshire & Arran included a range of online and face-to-face activities and ways for people to ask questions and give their views.

Based on the findings outlined in this report, it is our view that NHS Ayrshire & Arran’s process has fully met the Planning with People guidance set out by Scottish Government and COSLA.

The proposal, to make permanent the temporary changes to these services put in place during the COVID-19 pandemic, included:

- Moving Tier 3 SACT delivery from University Hospital Ayr to a refurbished unit on the Ailsa Hospital site. Patients in the University Hospital Ayr catchment to receive their first two cycles of treatment at University Hospital Crosshouse.
- Tier 2 SACT inpatient services and high risk day case treatments moving from University Hospital Ayr and consolidated at University Hospital Crosshouse.

These changes are consistent with the West of Scotland Cancer Network (WoSCAN) model of care for SACT services.

The majority of people who responded to our public questionnaire felt that sufficient information had been given to enable them to understand the proposed changes and why NHS Ayrshire & Arran was considering making these temporary changes permanent. Most respondents felt they had the opportunity to give their views and ask questions, and that it was clear how a decision would be made.

¹ Systemic anti-cancer therapy (SACT) is a collective term for all anti-cancer drug treatments such as chemotherapy and immunotherapy.

In addition, all members of the Stakeholder Reference Group who responded to our questionnaire felt supported to take part in discussions. They felt their comments and feedback were taken into account by NHS Ayrshire & Arran and rated their experience of involvement in this work as 'very good'.

We are aware that some people continue to have concerns regarding parking, transport and travel to University Hospital Crosshouse for the first two SACT cycles and inpatient services.

During this consultation there has not been the same level of political, public or media interest as NHS Ayrshire & Arran's engagement process in 2020 when similar SACT proposals were considered. For example, at that time, a local newspaper launched a public petition to 'Save Station 15 at Ayr Hospital'. There were no public petitions and associated media coverage during this consultation in 2023.

Based on the responses to our surveys, phone interviews and observations and in line with guidance, we have made recommendations to support the points raised during the consultation and to inform NHS Ayrshire & Arran's decision-making, communication of its decision and next steps.

Recommendations for NHS Ayrshire & Arran

1. Actively consider all the views and suggestions of people and communities that have been put forward within the scope of the consultation and use this feedback to help inform the decision-making process. Board members should be open to revisit any previous planning assumptions and consider alternative suggestions that have emerged through the consultation. NHS Ayrshire & Arran should also consider how to respond to feedback and comments received out with the scope of the consultation relating to ongoing service improvement and patient experience.
2. Provide feedback to people on how their views and feedback have been taken into account as part of any recommendations to be submitted to Scottish Government Ministers for final approval.
3. Evaluate the engagement and consultation process, and consider the areas of good practice and learning points.
4. Discuss with Healthcare Improvement Scotland – Community Engagement & System Redesign how we may support any future plans for national, regional or temporary changes to services, to ensure there is meaningful, proportionate and timely engagement with local communities and groups, in line with national guidance.

If the board supports the proposal to make the current temporary changes permanent, we recommend that NHS Ayrshire & Arran:

5. Continue to co-design solutions with people, communities and partners to help mitigate adverse impacts identified through the consultation responses or patient and carer experience, for example, parking and access at University Hospital Crosshouse, increased travel times and transport.

6. Engage people, communities and Third Sector organisations on future developments of SACT services, for example, increasing the number of Tier 3 outreach facilities in other localities.
7. Continue to review and update, as appropriate, the equality impact assessment to ensure there is no disproportionate impact on certain groups or individuals.

With the aim of contributing to continual improvement in the quality of public involvement activities in NHS Scotland, we have identified points which we hope will inform future practice. These are summarised in this report as areas of good practice and learning points.

It is our view, based on the work that NHS Ayrshire and Arran has taken forward, that they have met the requirements and expectations set out in national guidance. This includes making information publicly available, consultation activities and opportunities for people to participate, and the feedback received from participants.

2. Introduction and background

Healthcare Improvement Scotland – Community Engagement & System Redesign² works with NHS boards and Integration Joint Boards to support meaningful engagement with local communities, this includes when they are considering changes to services. We are part of [Healthcare Improvement Scotland](#). We are governed by the [Scottish Health Council](#). You can find out more about how we work to ensure meaningful engagement matters on our [website](#).

The national guidance, '[Planning with People: Community engagement and participation guidance](#)', outlines the process NHS boards and Integration Joint Boards should follow to involve people in decisions about local services. When a proposal is considered to be a 'major service change', we provide external assurance that people and communities have been effectively involved in line with the guidance. For more information on how we quality assure meaningful engagement in line with national guidance, please see [Appendix A](#).

For those service changes that are considered major, ministerial approval on the NHS board's decision is required.

Scottish Government guidance for public engagement and consultation has changed over the duration of NHS Ayrshire & Arran's SACT review. Engagement with people and communities was initially undertaken in line with guidance issued in 2010, outlined in '[Informing, Engaging and Consulting People in Developing Health and Community Care Services](#)'. This was replaced in March 2021 by interim guidance, 'Planning with People', which was in place when the consultation began on 13 February 2023. The interim guidance was reviewed and updated by the Scottish Government and COSLA in April 2023. We have taken these changes in guidance for engagement into account in our assessment.

In 2020, Healthcare Improvement Scotland – Community Engagement & System Redesign gave its view that the initial proposals engaged on by NHS Ayrshire & Arran met the threshold of major service change (see letter in [Appendix B](#)). Proposed changes were:

- Tier 3 SACT services³ would continue to be provided at University Hospital Ayr following initial assessment and the first two SACT treatments at University Hospital Crosshouse

² In August 2023, system redesign was added to Healthcare Improvement Scotland – Community Engagement to build on our work in strategic planning and people led care. We therefore refer to this new arrangement as 'Healthcare Improvement Scotland – Community Engagement & System Redesign' throughout this report.

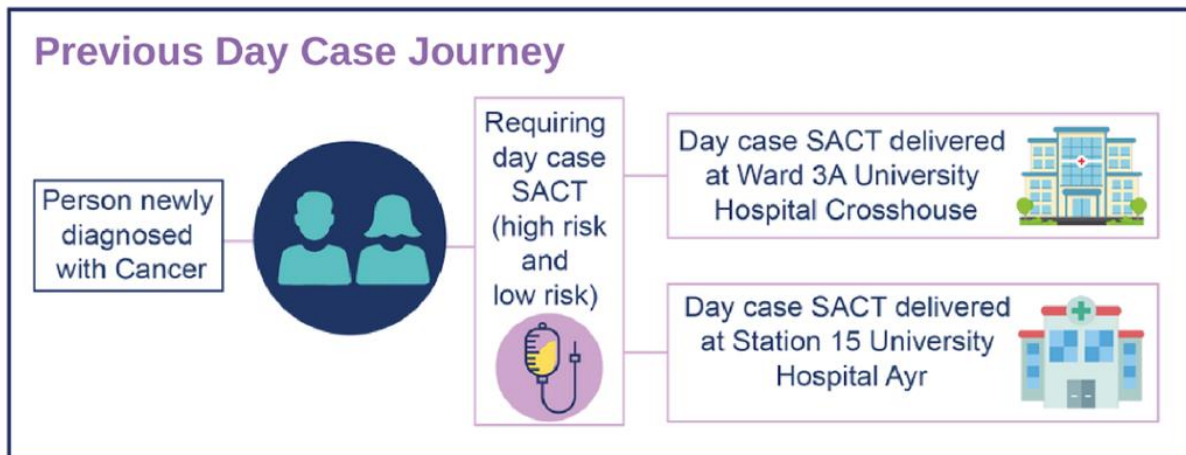
³ Tier 3 SACT services are described as small-medium sized facilities delivering day case treatments to patients assessed and prescribed in a cancer unit/centre. Services would include simple short infusions; subcutaneous (injection in the fatty tissue, just under the skin) treatments; supportive medicines; and be Chemotherapy Specialist Nurse-led delivery. This information is from 'Systemic Anti Cancer Therapy Future Service Strategic Review and Emerging Future Service Model', West of Scotland Cancer Network, 2018, <https://www.woscan.scot.nhs.uk/wp-content/uploads/SACT-Future-Service-Strategic-Review-FOR-WEBSITE-1-v2.0-170418.pdf>

- to consolidate the Tier 2 cancer unit and move eight inpatient Chemotherapy beds from University Hospital Ayr to University Hospital Crosshouse.

However, NHS Ayrshire & Arran was required to make a number of temporary changes to the delivery of the SACT service in response to the COVID-19 pandemic. These temporary changes, which were not subject to consultation at the time⁴, were in line with the proposals they had previously engaged with people on in 2020. In January 2023, NHS Ayrshire & Arran agreed to consult with people on making these temporary changes permanent. The proposal covers day case services (the person receives treatment and leaves the unit on the same day) and inpatients (the person is required to stay in hospital overnight for their treatment and care). The graphics below (developed by NHS Ayrshire & Arran) illustrate how the services have changed from the previous arrangements (in early 2020) to the current/proposed model.

Proposed changes to patient pathway and service delivery for SACT services

Day case



⁴ Engagement and participation in service change and redesign in response to COVID-19, Healthcare Improvement Scotland – Community Engagement & System Redesign, 2021. Available from www.hisengage.scot/service-change/service-change-during-covid-19/

Current / Proposed Day Case Journey

Patient may be assessed for SACT at a face to face appointment or by telephone



Person newly diagnosed with Cancer



Requiring day case SACT



Generally, the first 2 cycles of SACT are delivered at University Hospital Crosshouse when the risk of reaction is highest



Remaining SACT is delivered at University Hospital Crosshouse or Kyle Unit (Ayr) (closest outreach facility to your home address)



Inpatient care

Previous Inpatient Journey

Person newly diagnosed with Cancer



Requiring inpatient SACT (intensive and non intensive)



Inpatient SACT delivered at Ward 3A University Hospital Crosshouse



Inpatient SACT delivered at Station 15 University Hospital Ayr



Current / Proposed Inpatient Journey

Patient may be assessed for SACT in the ward, at a face to face appointment or by telephone



Person newly diagnosed with Cancer



Requiring inpatient SACT (intensive and non intensive)



Inpatient SACT delivered at Ward 3A University Hospital Crosshouse



Background to this service change

Previous service reviews

NHS Ayrshire & Arran has considered a range of service configurations for SACT services over the past ten years. The reasons for these reviews include:

- an increase in the number of patients
- an increase in the volume and complexity of available chemotherapy treatments
- service sustainability, and
- technological developments.

In 2015-16 NHS Ayrshire & Arran undertook an option appraisal for a proposed new model with stakeholders (including patient and public representatives) and prepared a detailed transport impact assessment.

This was superseded in 2017-18 by the WoSCAN, who did a strategic review and developed a regional service model for SACT, based on three distinct tiers of cancer treatment⁵. The board of NHS Ayrshire & Arran endorsed in principle the West of Scotland service model in December 2018 and requested more detailed proposals for future discussion.

The regional service model is described in NHS Ayrshire & Arran's consultation material as:

- Tier 1: Highly specialised treatments that would be delivered in the Beatson Cancer Centre in Glasgow.
- Tier 2: Support for patients with a higher risk of adverse reactions. Patients would normally receive at least two cycles of treatment on an acute hospital site so there is fast access to any medical support that would be needed.
- Tier 3: Support for patients needing lower-risk treatments, which can be delivered with more limited clinical support.

NHS Ayrshire & Arran shows in the diagram below how its proposals to make the current temporary changes permanent would enable the regional 'tiered' SACT service to be developed locally.

⁵ Systemic Anti-Cancer Therapy Future Service Strategic Review and Emerging Future Service Model, West of Scotland Cancer Network, 2018 <https://www.woscan.scot.nhs.uk/regional-work-streams/sact-future-service-delivery-2/>



The regional model was, in part, informed by responses to a patient experience survey (2017) and further engagement activity on this emerging regional model was undertaken (2018) with service users and family members in each of the WoSCAN board areas via six focus groups.

Changes during the COVID-19 pandemic

To help reduce the risk of infection for this vulnerable patient group and staff during the COVID-19 pandemic, a number of changes were made to SACT service delivery at University Hospital Crosshouse and University Hospital Ayr during 2020 and 2021. These included:

- redesigning patient pathways
- moving Tier 3 day case patients from Station 15 in University Hospital Ayr (an acute site) to a fully-refurbished unit at Ailsa Hospital
- consolidating Tier 2 day case and inpatient services at University Hospital Crosshouse
- chemotherapy prescribing units were moved from University Hospital Ayr to the refurbished unit at Ailsa Hospital
- introducing telephone and video appointments, and
- transferring all paper-based patient records onto an electronic system.

Emergency care was not affected by these changes and continued to be provided at the closest hospital for the patient. During these temporary changes, NHS Ayrshire & Arran sought feedback from patients, carers and staff and received over 300 patient responses (from across the day case and inpatient sites) and 84 staff responses. The majority of this feedback was very positive⁶.

NHS Ayrshire & Arran now proposes making these temporary changes permanent. The NHS board asked for patient and public views on these proposed developments and how they might affect people. They also wanted to identify whether there were any further considerations that may still need to be addressed.

NHS Ayrshire & Arran expressed its view that there are aspects of the service model that cannot be influenced through people's participation due to clinical and safety factors, for example location of Tier 2 and inpatient services at University Hospital Crosshouse.

⁶ This information can be found in NHS Ayrshire & Arran's SACT Previous Patient Feedback Summary Report, which is available on their Engagement Hub webpage <https://jointheconversation-nhsaaa.co.uk/sact-public-consultation-2>

Healthcare Improvement Scotland – Community Engagement & System Redesign does not comment on clinical issues. We advised NHS Ayrshire & Arran that if they believed there were any constraints on what could be influenced, this should be clearly explained in the consultation material, with evidence to support this position if required. It should also be clear where people may offer solutions or views on how the service may operate moving forward. This is in line with Planning with People guidance, which states that for consultation “the scope for stakeholder input and influence should be clearly stated”, and

“If there are areas that the engaging organisation believes cannot be influenced, for instance safety, working practices, national policy decisions or budgetary restraints, they must be clearly explained. Any such limitations should be evidenced, and organisations receptive to challenge over scope. It is important to be ready to revisit assumptions or decisions following discussions with the community, or the emergence of new evidence”.

3. NHS Ayrshire & Arran’s consultation activities and our findings

In this section we outline what NHS Ayrshire & Arran did to follow the guidance on consulting with people and communities during major service change. We have assessed the consultation process through:

- our observations at NHS Ayrshire & Arran’s public drop-in events and online public meeting
- people’s feedback via Healthcare Improvement Scotland – Community Engagement & System Redesign’s questionnaire and phone interviews
- review of local and social media reviews
- NHS Ayrshire & Arran’s consultation material.

NHS Ayrshire & Arran has maintained regular contact with Healthcare Improvement Scotland – Community Engagement & System Redesign throughout, from its initial review of chemotherapy services (2015) to the consultation process. We have provided a visual timeline of NHS Ayrshire & Arran’s review of SACT services and engagement with people and communities in [Appendix C](#). More detailed information at each of these stages is provided below.

Engagement

In 2015 NHS Ayrshire & Arran had already started a full review of its chemotherapy services. As part of this review, engagement was undertaken with patients, their families, the wider public and staff to gather their views and feedback on their experiences of the service. Responses were received from across East, North and South Ayrshire.

120 people took part in the survey

- 69.2% of respondents were cancer patients
- 17.5% were patient’s family member
- 0.8% were carers
- 5.8% were members of the public
- 1.7% didn’t wish to say how they were responding, and
- 5% responded as ‘other’

Feedback was taken into account in the development of options for future service delivery. A preferred option was agreed by the Chemotherapy Review Programme Board in September 2015 and NHS Ayrshire & Arran completed a detailed transport impact assessment in 2016.

In 2017-18, the WoSCAN began to develop proposals for a safe, sustainable and high quality SACT service model. As part of this work they developed a Stakeholder Engagement Plan, which included:

- A patient experience survey across all the units delivering SACT in West of Scotland.
- A Stakeholder Reference Group, made up of patients, carers and representatives of cancer charities. Members of the Stakeholder Reference Group offered their perspectives on how to inform and engage with patients, carers and the public on the emerging service model.
- Patient and carer focus groups – six sessions were held across the West of Scotland. These were designed to offer interested people who had used SACT services, and their family members or carers, the opportunity to contribute their views and opinions on the emerging service model.

In 2018 NHS Ayrshire & Arran set up a Patient and Public Reference Group, which included patients who were receiving cancer treatment, or had in the past, and carers. Membership of this group was further refreshed in 2019. Some members, together with Ayrshire Cancer Support, also became core members of the Chemotherapy Review Programme Board, which was re-established in 2018. A representative from Healthcare Improvement Scotland – Community Engagement & System Redesign was also invited to attend to offer advice on the engagement process. The Chemotherapy Review Programme Board considered how the regional service model may be implemented in the board area. As part of this work it considered the criteria from the previous option appraisal (2015) and completed a full equality impact assessment.

In December 2018, the board of NHS Ayrshire & Arran endorsed in principle the West of Scotland service model and noted the need for broad communication and engagement with the public to develop detailed proposals for discussion at a future meeting.

From January to March 2020 NHS Ayrshire & Arran engaged with people and communities on their preferred option, which involved consolidating all inpatient and longer stay infusions (Tier 2) at University Hospital Crosshouse. University Hospital Crosshouse and University Hospital Ayr would provide Tier 3 (lower-risk) treatments to their local catchment populations.

NHS Ayrshire & Arran received 672 responses to its engagement survey on proposals for implementing the regional model. The main themes identified for further consideration were: travel, parking, inpatient beds for chemotherapy and symptom management of end of life care and communication.

Consultation 2023

NHS Ayrshire & Arran carried out a three month public consultation from 13 February to 19 May 2023.

As part of our quality assurance we wanted to know if NHS Ayrshire & Arran was giving people the information they needed, in plain language, to help form a view on making the

temporary changes to SACT services, permanent. We also wanted to know if people had the chance to discuss this information and give their views and feedback.

In October 2022 NHS Ayrshire & Arran set up a Stakeholder Reference Group with patients and carers from across East, North and South Ayrshire to help plan the consultation and review the public information to ensure it was written in plain language and clearly laid out. They also provided feedback on the draft equality impact assessments.

Members of the previous Public Reference Group, involved in the 2020 engagement process, were invited to take part in the Stakeholder Reference Group, with ten people registering their interest in joining. A range of approaches were used to recruit more people to the Stakeholder Reference Group, including invitation via the Ayrshire Cancer Forum at its meeting in October 2022 (attended by members of local cancer groups), posters in hospitals and community settings, and plans to hold two public sessions on the opportunity to be involved, promoted via social media. Unfortunately there were no further expressions of interest received.

Healthcare Improvement Scotland – Community Engagement & System Redesign attended two meetings of the Stakeholder Reference Group at Kyle Unit, Ayr and met with NHS Ayrshire & Arran’s engagement team to provide advice and share good practice.

As part of our assessment we prepared and sent a questionnaire to members of the Stakeholder Reference Group to reflect their work in supporting NHS Ayrshire & Arran in planning the consultation process. This could be completed online or by phone. We received five responses to our questionnaire from the Stakeholder Reference Group.

All information relating to the consultation was contained on a dedicated webpage (also referenced as the Join the Conversation [Engagement Hub](#)):

- Consultation summary document
- Survey links (online and downloadable copy)
- Frequently asked questions
- Patient feedback on the changes that were initially put in place on a temporary basis
- Equality impacts assessments for the proposal and process – these were kept ‘live’ so they could be updated to reflect people’s feedback to the consultation
- Background and supporting information
- Details on how to get involved

The Engagement Hub webpage had a number of interactive features, which included a poll for people to say how they had heard about the proposals, ‘ask a question’ and ‘tell a story’.

NHS Ayrshire & Arran offered to provide, on request, information in an easy read version or in alternative languages or formats. They offered people assistance, if required, to respond to the consultation. Information on the proposal was sent to targeted groups and contacts, for

example the Pan Ayrshire Equalities Group, Gypsy/Traveller Integration and Engagement Officer, Chinese Community Association and local housing teams.

A snapshot of NHS Ayrshire & Arran’s consultation activity can be found in [Appendix D](#).

The table below outlines some of NHS Ayrshire & Arran’s activity to raise awareness and engage with people during the consultation and what Healthcare Improvement Scotland – Community Engagement & System Redesign did to assess this activity.

What NHS Ayrshire & Arran did to raise awareness of the consultation and engage with people and communities	What Healthcare Improvement Scotland – Community Engagement & System Redesign did as part of our assessment
Prepared a consultation plan and dissemination list which detailed who would receive consultation material and in which format.	Reviewed NHS Ayrshire & Arran’s draft consultation plan and dissemination list and provided comment.
Seven press releases were issued to local and national media outlets at the start of the consultation and at key points during the three month consultation period	Reviewed local press coverage for published articles, discussions or issues raised.
Community briefing papers were sent to all community contacts, including community councils, councillors, elected members, GPs, pharmacies, dental practices, and partnership agencies	We emailed information about the consultation and our quality assurance questionnaire to MSPs (10), MPs (4), councillors (93), community councils (40 directly and 22 via a central mailing address) and community groups (13) – a reminder was sent four weeks after the initial email.
Direct mailing to key community contacts, for example, local cancer charities and people who had signed up to databases	
Briefing and consultation materials were sent to Health and Social Care Partnership chief officers/ Integration Joint Boards’ and local authorities’ communications teams	We wrote to Health and Social Care Partnerships, locality and engagement groups and asked them to disseminate our questionnaire to their networks.
Social media activity throughout the process e.g. Twitter and Facebook, to encourage people to provide their views and raise awareness of updates	Reviewed social media coverage for articles, discussions or issues raised.
Posters, the consultation document and paper copies of the survey were sent to	We looked out for visibility of the consultation in some public areas, for

public libraries, health and care facilities, and community settings	example public libraries, health and care facilities.
Printed information was made available at public drop-in events, sent to public libraries and an offer was made to provide this to people on request.	We saw consultation information in more than half the venues we visited.
Three public drop-in events to share information and gather people's views at the Corn Exchange, Ayr; Fullerton ConneXions, Irvine; and, Ayrshire Cancer Support, Kilmarnock (daytime)	We observed at the three public drop-in events in Ayr, Irvine and Kilmarnock.
An online public meeting (evening)	We observed at the online public meeting and posted a link to our questionnaire in the 'chat box'.
Staff briefing issued with updates on the programme and informing about engagement events	The effectiveness of an organisation's engagement with its own staff is beyond our scope for comment or assessment.
Responded to requests for additional meetings: <ul style="list-style-type: none"> • Girvan and South Carrick Villages Locality Planning Partnerships, and • Troon and Villages Locality Planning Partnership 	We did not attend the additional meetings that were scheduled on request from local groups. However, one person who took part in our phone interview commented: "I knew they (NHS Ayrshire & Arran) would come to locality and community meetings if invited and that they were having the public events".
Engaged with the local Third Sector interface and local community groups to support people's inclusion in the consultation (for example, Ayrshire Deaf Club)	NHS Ayrshire & Arran received feedback via the online Engagement Hub from a person with a sensory impairment. A focus group was subsequently arranged with the Ayrshire Deaf Club, supported by an additional BSL interpreter, and 16 group members attended.
Online and paper surveys (one general and one for patients who were accessing SACT treatments).	We developed a quality assurance questionnaire for Healthcare Improvement Scotland – Community Engagement & System Redesign seeking people's feedback on their experience of being involved in the

	<p>consultation process. We received a total of 12 full responses.</p> <p>We prepared posters and postcards to help promote our questionnaire (with a web link and QR code) and these were made available at the public drop-in events and NHS Ayrshire & Arran agreed to make these available in SACT patient areas. A post to raise awareness of the survey was put on our webpage and NHS Ayrshire & Arran’s online Engagement Hub webpage.</p>
<p>Freephone number and dedicated email address for people to request paper copies of the consultation material or support in completing the survey</p>	<p>Healthcare Improvement Scotland – Community Engagement & System Redesign questionnaires could be completed online, emailed or sent to our Freepost address.</p>

What we found

- Local, voluntary and community groups, for example, Ayrshire Cancer Support, Voluntary Action South Ayrshire, The Ayrshire Community Trust, and some community councils used social media to raise awareness of the consultation and encourage people to be involved.
- Partnership public bodies communicated information about the consultation via their social media networks, for example East, North and South Ayrshire Health and Social Care Partnerships, North Ayrshire Community Planning Partnership.
- NHS Ayrshire & Arran used different visuals and approaches on social media posts to provide information on the consultation, sustain interest and encourage people to get involved through different methods.
- There was local media coverage, including Ayrshire Live (Daily Record), Irvine Times, Ayr Advertiser, Cumnock Chronicle, Ardrossan Herald and West FM/Planet Radio. Media coverage tended to be neutral in tone and content.
- Posters and information were displayed in some public libraries, for example, Troon, Prestwick, Forehill Branch Library (Ayr), Carnegie Library and the Dick Institute. We also saw posters in acute and primary health settings including University Hospital Ayr, University Hospital Crosshouse and Station Road Medical Centre, Prestwick. Some practices uploaded information about the consultation onto their websites, for example, Dalry Medical Practice.
- Public attendance at the drop-in events ranged from 47 attendees at the Corn Exchange in Ayr (36 people actively engaged in discussions on the consultation), to two people at

Ayrshire Cancer Support, Kilmarnock and no attendees at Fullerton ConneXions, Irvine. The venues selected for the public drop-in events were central and accessible.

- Eight members of the public and six staff attended the online public meeting, where a presentation on the proposal was given by the Macmillan Nurse Specialist and Clinical Director Cancer, and people were invited to ask questions and share their views. A copy of the presentation was emailed to attendees after the meeting. From our observations, NHS Ayrshire & Arran staff responded in a constructive and supportive manner to all questions and comments from attendees.
- NHS Ayrshire & Arran received a total of 410 responses to the public consultation. This included 190 responses from current service users on their experience of the Tier 2 and Tier 3 pathways, environment and access. There were 166 responses from members of the public and 54 from staff members.

What people told us

a. Stakeholder Reference Group questionnaire

We received feedback (online and by phone) from five members of the Stakeholder Reference Group. We understand that 10 people registered an interest in joining the Stakeholder Reference Group and so this represents a 50% response rate. All members of the Stakeholder Reference Group who responded to our questionnaire felt supported to take part in discussions. They said they had enough time to read and comment on draft information, for example, survey questions. They also felt their comments and feedback were taken into account by NHS Ayrshire & Arran.

All respondents felt their involvement in the Stakeholder Reference Group had genuinely helped to shape the consultation and rated their experience of involvement in this work as 'very good'. In terms of planning the consultation they all agreed they had been given the opportunity to:

- consider and identify who may have an interest in or be affected by the proposal
- influence the range of methods and tools used for engagement, for example, questionnaires, meetings, social media
- contribute to the impact assessment to ensure the consultation process was inclusive and accessible

Generally, people felt the membership on the Stakeholder Reference Group was appropriate, however some members noted:

- there weren't many young people
- it wasn't ethnically diverse
- more recognition that others, in addition to the patient and clinical staff, are involved in cancer care.

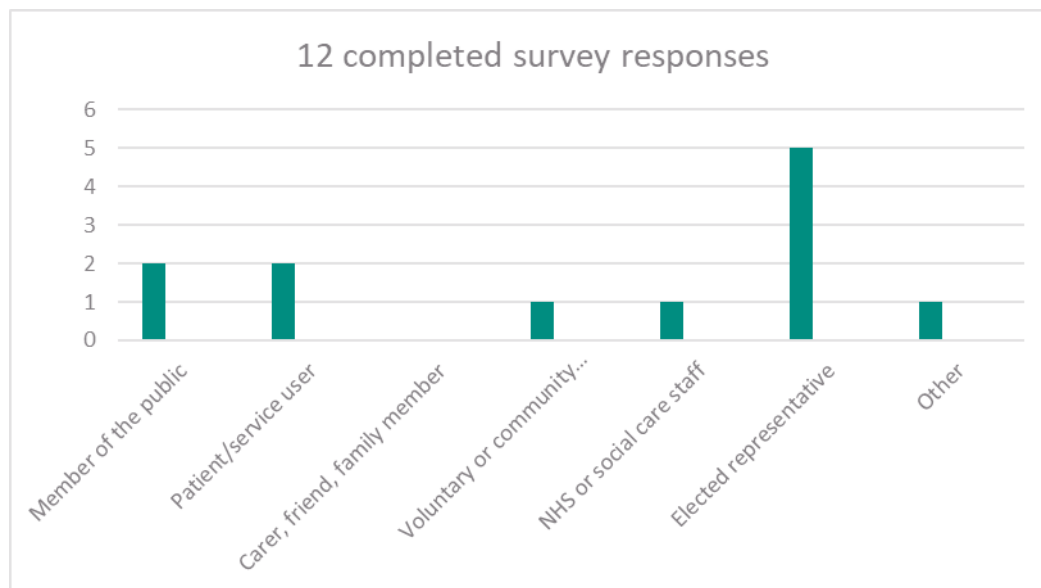
Some comments from the Stakeholder Reference Group members

“Almost a whole meeting was devoted to the ways people could be reached to learn about the proposals. No suggestion was ignored.”

“The group looked at how the proposals could be known through Ayrshire and Arran. That done, extensive thought in groups, and community organisations were identified to provide information and planned meetings were also agreed to provide chance for people to come and talk about the proposals.”

b. Public questionnaire

We received a total of 12 fully completed questionnaires. We also received 11 partially completed questionnaires, four of which did not contain any data. Seven of the partially completed questionnaires included varying degrees of data, including postcodes, which showed a level of awareness of our questionnaire across the three local authority areas. Our findings outlined in this report are based on the 12 fully completed questionnaires.



We acknowledge the low response rate to our questionnaire. This may be, in part, an indication that NHS Ayrshire & Arran has given people and communities the information and opportunities they need to be involved in the consultation. The findings from our questionnaire, outlined in this report, are in line with our observations at NHS Ayrshire & Arran’s drop-in events and public meeting, which support the validity of our findings. Looking at our findings alongside feedback that NHS Ayrshire & Arran received to equivalent questions in their consultation survey, for example on clarity of information on why changes were made during the COVID-19 pandemic, how the regional ‘tiered’ model was developed locally and the consultation proposal, responses are similar and support our findings.

All 12 respondents felt that the consultation document gave them enough information to understand the proposed changes and eight of them had completed NHS Ayrshire & Arran's consultation survey. One person commented that the language could have been simpler, for example, describing this as "a consultation on local chemotherapy services" rather than SACT services.

Eleven respondents felt that NHS Ayrshire & Arran had clearly explained how the proposal had been developed from the regional 'tiered' model and how a decision on whether to make the temporary changes permanent will be made. Nine people felt that the reasons for considering making the temporary arrangement permanent were clearly explained. Eleven respondents felt they had the opportunity to give their views on the proposal and the majority (eight) felt they had the opportunity to ask questions.

Five people felt their views were listened to, with two people feeling their views were not listened to and four people being unsure. Six people felt their questions were answered, with one person feeling their questions were not answered and four people being unsure. When asked to 'tell us why you feel this way' in responding to the latter two questions, we received further information from four of the 12 respondents. One person who responded 'no' to both questions felt that "NHS Ayrshire & Arran is determined to do their own thing and the consultation is a box ticking exercise only". One person who responded 'yes' to both questions felt that "the service is always thorough" and two people who responded 'unsure' noted "I didn't submit any views or ask any questions" and "not applicable".

The infographic below illustrates some of the key findings from the 12 fully completed questionnaires.

What people told us...

12

responses to our questionnaire



3

top ways people heard about the consultation

1. community council/local group
2. email from partners/networks
3. received information from NHS Ayrshire and Arran

Feedback to our survey

12

felt enough information was given to understand the proposed change

11

felt they had the opportunity to give their views

9

felt the reasons for making the temporary changes permanent were clearly explained

8

felt they had the opportunity to ask questions

11

felt that how the proposal has been developed from the regional model was clearly explained

11

felt that how a decision will be made was clearly explained

What people told us...

Comments we received from people included the following:



It is difficult to appreciate the impact that these changes will have, not having had personal (or close family/friend) experience with the service. Hopefully the people who required these services will respond with their views.



I chose not to respond to the consultation at this time.



Consider how to make the changes more relatable to people. Bring everything back to the level and way people live.



I feel this consultation is a complete waste of time as NHS A&A have already made its mind up.



c. Phone interviews

We asked people who completed our questionnaire if they would be willing to take part in a phone interview to provide more information. Four of the six people who originally indicated they would be willing to take part, participated in a phone interview at the end of May and June.

Generally, participants felt the consultation had been well publicised. There was recognition that, following the COVID-19 pandemic, there may be lesser public footfall in some areas, for example, GP surgeries. One person felt that, while social media may reach large numbers of people, it may not be helpful in providing a balanced view or be accessible to some

communities, for example, “a generation thing”. An observation was made on how social media is used, and the need to break information down into smaller ‘chunks’ to make it accessible to people. There was also a concern that some people may be ‘missed’, for example, those who don’t typically engage with health services and refugees whose first language isn’t English. One person was “mindful that everyone reads everything in a different way. Feel it was good information included visuals”.

People suggested the methods of engagement be evaluated to consider how effective these had been. There was support for both online and in-person engagement to build relationships, and share the most current information. Some quotes from participants are given below:

“By and large the consultation meeting was well organised and it’s hard to see how it could be run any better.”

“Look carefully at the language in communications and letters; use of jargon and ‘customer’ friendly.”

“Generally things develop over time and changes in treatments mean that services will need to change. People’s information can become ‘old hat’ so to speak, and it’s important to bring people and services up-to-date.”

“Continue to assess the service and listen to what patients are saying. They are the most affected.”

“What [NHS Ayrshire & Arran] have been doing is good and carry on in the same vein.”

4. Conclusions

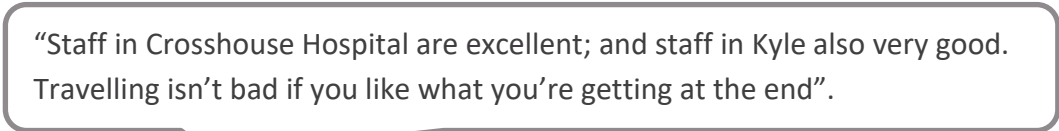
Based on the findings in this report, Healthcare Improvement Scotland – Community Engagement & System Redesign confirms that NHS Ayrshire & Arran’s engagement and consultation on proposals for SACT delivery has met the national guidance set out by the Scottish Government and COSLA.

The majority of the feedback we collected was positive about the consultation process, which is in agreement with our observations and review of the materials and activities developed. When questions and concerns were raised by patients and members of the public at public events, these were actively listened to by NHS Ayrshire & Arran and appropriately responded to.

From our observations and the feedback received through our activity outlined in the section above, NHS Ayrshire & Arran has clearly explained to people and communities the changes, how they were developed and why it was considering making the current temporary changes permanent.

We feel that NHS Ayrshire & Arran has taken an open and transparent approach to sharing information with people and communities on its Engagement Hub webpage. We also note the approach they took to encourage some interaction with visitors to the Engagement Hub, for example, features to complete a poll (66 people responded to a question on how they found out about the SACT consultation, with 64% saying from social media), ‘ask a question’ and ‘tell a story’ sections.

NHS Ayrshire & Arran has carefully considered the feedback it received from its engagement activity in early 2020 to further develop proposals. At that time, concerns were raised around increased travel times, transport and access. Patient pathways have since been further developed to ensure that, where clinically safe, people can be treated as close to home as possible. At the online public meeting, one participant commented they had attended cancer services for a long time, and:



“Staff in Crosshouse Hospital are excellent; and staff in Kyle also very good. Travelling isn’t bad if you like what you’re getting at the end”.

In addition, in response to concerns raised in the feedback to the 2020 engagement on how information would be shared across the two hospital sites, a new ‘paper lite’ system (where all paper-based patient records was transferred onto an electronic system) was set up – meaning that information is now more securely and speedily accessed by staff.

People’s feedback to the 2020 engagement activity highlighted concerns that Station 15 at University Hospital Ayr may close – this was not part of the plans at that time. However,

measures put in place in response to the COVID-19 pandemic, meant that, to ensure safe treatment and care for these clinically vulnerable patients, SACT delivery was temporarily moved from Station 15 to the newly refurbished Kyle Unit on the Ailsa Hospital site. This was explained in the consultation material and at the online public event and the move was supported by those patients present.

From our observations at the Stakeholder Reference Group meetings, the public drop-in events and the online public meeting, NHS Ayrshire & Arran staff encouraged people to participate by listening to and responding fully to questions, for example, repeating questions to ensure shared understanding and then checking-back that the person was satisfied with the response before moving on.

We support NHS Ayrshire & Arran's approach to using both digital and face-to-face methods to share information and engage with people. However, while a variety of methods and media were used to promote the consultation, we are aware, from our attendance at the online public meeting and public drop-in events, that attendance was fairly low. Similarly, the number of responses to NHS Ayrshire & Arran's consultation survey is lower than that received to the engagement in 2020 i.e. 672 responses compared with 420 responses (2023). This may have been influenced by a number of factors:

- The temporary model has been in place for over two years and people (patients and staff from the Kyle Unit, Ayr and University Hospital Crosshouse) have provided mainly positive feedback on their experiences.
- Feedback from the engagement activity (January – March 2020) has been considered in the temporary arrangements put in place. For example, in response to concerns about increased travel times, patient pathways have been redesigned and the introduction of phone consultations (where clinically safe) has helped reduce travel for many patients. There has also been increased Tier 3 SACT activity at University Hospital Ayr.
- Local and social media coverage has been more focussed on reporting on the proposal itself, with elected representatives encouraging people to take part in the consultation. We are unaware of any opposing opinions to the model being expressed by elected representatives.

This is the first public consultation for a major service change in Scotland since the COVID-19 pandemic and, while the core principles of engagement remain the same, there is inevitable learning and changes in practice for public bodies, people and communities on how participation will look moving forward. People who took part in our phone interviews felt the use of social media should be used alongside other methods to ensure the process was inclusive for all. They also felt that, while information may be available to the wider community, people may not be sufficiently aware of, or motivated to participate, if they do not feel the changes affect them directly. Therefore, it is important to consider how to make the information and language more relatable.

In line with the guidance, NHS Ayrshire & Arran undertook ongoing evaluation of its consultation process, and this included a mid-term review with input from Healthcare

Improvement Scotland – Community Engagement & System Redesign and the Stakeholder Reference Group. This enabled them to consider the responses to their consultation and interactions and identify any improvements that could be made during the process. For example, they updated the Frequently Asked Questions document, reviewed visibility of documents on the online Engagement Hub and reviewed the survey responses to target some proactive posts.

The engagement undertaken in early 2020 highlighted initial patient and public concern and a lack of public assurance about aspects of the proposed changes to SACT services. As has been suggested above, the temporary arrangements have been helpful in providing patients, staff and the public with a better understanding of the changes and their impacts.

NHS Ayrshire & Arran should note the changes in the updated Planning with People guidance in relation to expectations of engagement in relation to temporary and regional changes for future service review.

5. Areas of good practice and learning points

With the aim of contributing to continual improvement in the quality of public involvement activities in the NHS in Scotland, we have identified the following points which we hope will inform future practice. These are summarised as areas of good practice and learning points.

Areas of good practice identified by Healthcare Improvement Scotland – Community Engagement & System Redesign

- We feel the process has benefited from the way in which NHS Ayrshire & Arran has clearly described how people's feedback at each stage in the process has helped to inform the next. For example, the Chemotherapy Review Programme Board considered the criteria used from the previous option appraisal to inform its preferred option. Feedback from the 2020 engagement was considered in the development of the temporary service model.
- The consistent involvement of clinical leads in the engagement and consultation process and at public (face-to-face and online) and community events to fully respond to people's questions and provide assurance.
- As well as providing information online and using face-to-face methods, NHS Ayrshire & Arran has started to develop interactive methods of dialogue with people and communities via its Engagement Hub webpage e.g. ask a question, complete a poll.
- NHS Ayrshire & Arran successfully used a range of graphics in its social media postings to convey different information about the service and to actively encourage people to participate in the consultation.
- The range of activities undertaken to make people aware of the opportunity to self-nominate to take part in the Stakeholder Reference Group demonstrates genuine openness to work with a range of people.
- The use of diagrams to supplement the consultation information, illustrating the differences between the previous and current/proposed patient journeys, was helpful and supported clarity and understanding.
- NHS Ayrshire & Arran has been proactive in responding to requests to attend local meetings.

Learning points identified by Healthcare Improvement Scotland – Community Engagement for future processes

- As well as providing people with the opportunity to self-nominate to take part on Stakeholder Reference Groups or planning groups, consider whether membership may also benefit by targeting representatives from other parts of the patient journey, communities (geographic or interest) or the Third Sector.
- Consider how information and communications can be made more direct and relatable to people, to encourage greater awareness and participation, through the use of more common language.
- Given the increasing use of digital communication, continue to evaluate digital and face-to-face methods to gauge their effectiveness in information sharing, building relationships and trust with communities, and supporting 'live' dialogue. In particular, ensure methods (both digital and traditional) support engagement with people with different communication needs and preferences and from diverse backgrounds.

6. Recommendations

We have made the following recommendations to support the points raised during the consultation and to inform decision-making, communication of any decision and next steps.

Recommendations for NHS Ayrshire & Arran

1. Actively consider all the views and suggestions of people and communities that have been put forward within the scope of the consultation and use this feedback to help inform the decision-making process. Board members should be open to revisit any previous planning assumptions and consider alternative suggestions that have emerged through the consultation. NHS Ayrshire & Arran should also consider how to respond to feedback and comments received out with the scope of the consultation relating to ongoing service improvement and patient experience.
2. Provide feedback to people on how their views and feedback have been taken into account as part of any recommendations to be submitted to Scottish Government Ministers for final approval.
3. Evaluate the engagement and consultation process, and consider the areas of good practice and learning points.
4. Discuss with Healthcare Improvement Scotland – Community Engagement & System Redesign how we may support any future plans for national, regional or temporary changes to services, to ensure there is meaningful, proportionate and timely engagement with local communities and groups, in line with updated national guidance.

If the board supports the recommendation to make the current temporary changes permanent, we recommend that NHS Ayrshire & Arran:

5. Continue to co-design solutions with people, communities and partners to help mitigate any adverse impacts identified through the consultation responses or patient and carer experience, for example parking and access at University Hospital Crosshouse, increased travel times and transport.
6. Engage people, communities and Third Sector organisations on future developments of SACT services, for example increasing the number of Tier 3 outreach facilities in other localities.
7. Continue to review and update, as appropriate, the equality impact assessment to ensure there is no disproportionate impact on certain groups or individuals.

Appendix A

The table below shows how we quality assure meaningful engagement in line with national guidance, Planning with People.

<p>Identifying the issue (need for change), stakeholders and planning communication and engagement</p>
<p>Planning:</p> <ul style="list-style-type: none"> • Develop information detailing the rationale for change, any known timescales, the reasons for engagement and shared understanding of objectives. • Develop an Equality Impact Assessment (EQIA) of the engagement and consider whether a Fairer Scotland Duty assessment may be appropriate. • Identify stakeholders and establish an engagement planning team. Involve community representatives at the earliest stage to oversee process for service change. • Evaluation of engagement activity should be continuous. • Work collaboratively with partner organisations to draw on existing collective knowledge, experience and infrastructures to support community engagement. <p>Information:</p> <ul style="list-style-type: none"> • Share information with stakeholders who may potentially be affected by any change proposal. • Ensure access to accurate information in order to engage effectively. • Be clear if there are areas that cannot be influenced, for example, safety, working practices or budgetary restraints, and explain and provide evidence of this (if requested). • Provide regular updates and feedback to participants as part of the engagement activity. All information should be co-produced, presented clearly and made widely available.
<p>Engage with those potentially affected (engagement) and evaluation</p>
<p>Planning:</p> <ul style="list-style-type: none"> • Identify the best approaches to reach the people whose views need to be shared and heard. • Be open to hearing new ideas and understand all the issues for communities. <p>Engage with those potentially affected:</p> <ul style="list-style-type: none"> • Routinely assess the impact of engagement activity to ensure the right people are being involved, and their experience is monitored.

- Local people should be involved in developing options to be taken forward that are robust, evidence-based and person-centred.
- Undertake EQIA of policy or service redesign proposals.
- Be ready to revisit assumptions or decisions following discussions with the community, or the emergence of new evidence.

Engage with those potentially affected (consultation) and evaluation

Specific considerations for public consultations:

- No final decision must have been reached.
- The information provided must relate to the consultation and must be available, accessible and easy to interpret to enable affected people to provide an informed response.
- There must be sufficient time and opportunity for affected people to participate.
- Decision-makers must be able to provide evidence that they took consultation responses into account.

Specific considerations for major service change:

- Proposals for major service change must be subject to at least three months of public consultation and, ultimately, Ministerial approval.

Decision-making and feedback

Feedback:

- Keeping participants informed about the progress of engagement is an important part of the process and should take place throughout.

Appendix B

Letter from Healthcare Improvement Scotland – Community Engagement & System Redesign to NHS Ayrshire & Arran on its engagement process, 12 May 2020.



**Community
Engagement**

Glasgow office

Delta House

50 West Nile Street
Glasgow

Date: 12/05/2020

Professor Hazel Borland
Nurse Director
Interim Deputy Chief Executive
NHS Ayrshire and Arran,
Eglinton House,
Ailsa Hospital
Dalmellington Road,
Ayr
KA6 6AB

Dear Hazel

NHS Ayrshire & Arran – Chemotherapy Services Review

Thank you for submitting information on proposed changes to chemotherapy services in NHS Ayrshire & Arran.

Healthcare Improvement Scotland – Community Engagement recognises that this proposal has been developed from the emerging West of Scotland Cancer Network tiered model. It is our understanding that proposed changes to regional or national services should follow the principles set out in the Scottish Government's guidance, CEL4 (2010)¹.

As part of the regional model, Tier 1 services will be provided at the Beatson Cancer Centre in Glasgow, with NHS Ayrshire & Arran's proposed change including the provision of:

- The Tier 2 cancer unit at University Hospital Crosshouse (also serving as an outreach facility for its local catchment area)
- Tier 3 outreach facility provided at University Hospital Ayr
- Eight inpatient chemotherapy beds transferred from University Hospital Ayr and consolidated at University Hospital Crosshouse
- Some specialist services and treatments may be repatriated from the Tier 1 regional cancer centre (in Glasgow) to NHS Ayrshire & Arran.

This proposal would mean that all patients currently attending University Hospital Ayr would go to University Hospital Crosshouse for their initial assessment and first chemotherapy treatment.

¹ https://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf



Following the initial assessment and treatment, it is anticipated that around 75% of treatments would continue to be delivered from University Hospital Ayr for those patients that would currently access their care there.

View on status of proposal

Based on the information you have shared with us, we have considered whether this proposed change would likely meet the general threshold for 'major service change'.

We feel the proposal meets the threshold for major service change on the basis that:

- Patients who are already vulnerable due to their illness may have to travel further for the initial assessment and first treatment, with a proportion also requiring to do this for further treatment appointments.
- It is unclear from the information available how many people currently attend University Hospital Ayr for their first consultant assessment appointment and first treatment.
- There has been significant public and political interest to the proposed changes with two online petitions (attracting over 13,900 signatories) – The Ayrshire Post, 'Save Station 15 at Ayr Hospital'² and a local councillor petition 'Save Station 15 – Retention of services in Station 15 Ayr Hospital'³
- Proposed change will support the implementation of the emerging West of Scotland tiered model. We are aware that engagement with some service users and carers took place early in the process. However, it is unclear to *Healthcare Improvement Scotland – Community Engagement* how information on this emerging regional model has been made publicly available and what further opportunities people and communities have had to provide their views on it.

In our considerations, we note that NHS Ayrshire & Arran refers to existing operational challenges and potential benefits of the proposal, which include enhanced safety, sustainability of the service and access for patients.

Next steps

We believe that the engagement activities undertaken to date, the increased level of public awareness and the feedback received from patients and the public will be valuable in moving forward to consultation. The public consultation should meet the requirements as set out in CEL 4 (2010) guidance.

The engagement undertaken by NHS Ayrshire & Arran from January to March 2020 included focus groups, public information, discussions with patients and carers in clinical settings, local media coverage and an engagement survey. In particular, the *Community Engagement Directorate* highlights the significant number of people who were made aware of the proposal through the range of approaches used by NHS Ayrshire & Arran. In addition, the engagement survey achieved a good return of 671 responses from geographic areas across NHS Ayrshire & Arran with 69% of respondents being members of the public or patients. The feedback from this exercise has enabled you to identify a number of themes that people felt required further consideration, including:

- Additional travel times for some patients and parking challenges
- Poor public transport links, rurality and increased cost of travel

² <https://www.change.org/p/jeane-freeman-msp-ayrshire-post-save-station-15-at-ayr-hospital> (29.04.20)

³ <https://www.change.org/p/nhs-ayrshire-and-arran-retention-of-services-in-station-15-ayr-hospital> (29.04.20)

- Consolidation of inpatient beds for chemotherapy and symptom management/end of life care
- Relationships with clinical and nursing staff and continuity of care

The consultation offers an opportunity to further understand the concerns and issues that people have raised so far and what considerations could be taken to respond to these points. With transport and access identified by approximately 70% of the 671 respondents, a focus of the engagement during this consultation should be targeted to understand what the concerns are from the geographic areas; what potential mitigating steps are possible; and, how these could potentially be delivered in any future model.

We are aware that some people did not appear to fully understand the proposals when made public, with perceptions that Station 15 at University Hospital Ayr may close. The consultation materials will offer an opportunity to further articulate the reasons for change and describe the proposed model. We are aware that some materials were produced in the latter parts of the recent engagement to support these. It will be important to use this type of material and build on it.

In proceeding to public consultation, NHS Ayrshire & Arran should clearly articulate which aspects of the Chemotherapy Services Review proposal people can influence through their involvement and where there are constraints that may limit choice, ensure the reasons for this are shared. For example, if the West of Scotland regional model places constraints on how chemotherapy services may be delivered within NHS Ayrshire & Arran, this should be clearly explained. However, the Board should be informed of, and give genuine consideration, to any alternative suggestions that are put forward as a result of the consultation.

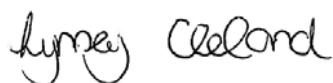
The priority and focus of both the public and the NHS is currently in responding to the COVID-19 pandemic and we recommend careful consideration be given to the most appropriate time to take this consultation forward. We would welcome the opportunity to discuss the practicalities of this with you.

If the proposal changes I would ask that you contact us at the earliest opportunity as it may be necessary to review this position.

Whilst the points raised represent the view of *Healthcare Improvement Scotland – Community Engagement*, the decision on whether a change to services should be designated as 'major' rests with the Scottish Government.

Please contact me if you wish to clarify any of the above points.

Yours sincerely

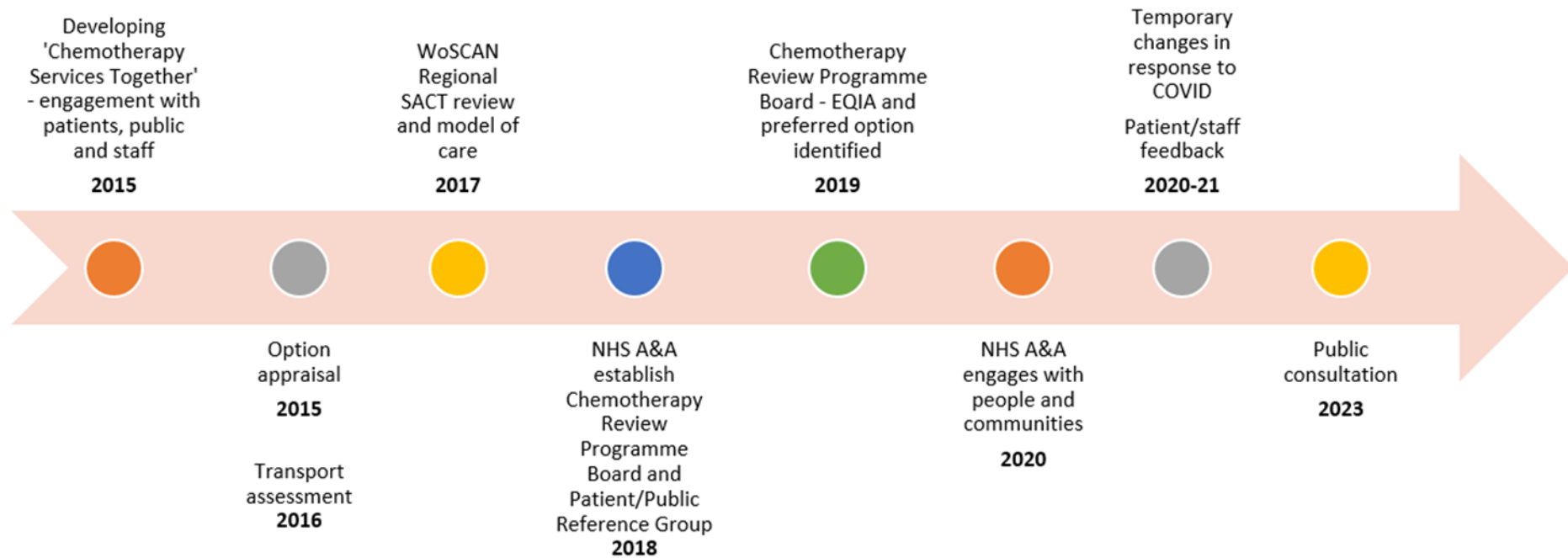


Lynsey Cleland
Director of Community
Engagement Healthcare
Improvement Scotland

Lynsey.cleland@nhs.net

Appendix C

The timeline for the review and development of proposals for SACT services in NHS Ayrshire & Arran



Appendix D

NHS Ayrshire & Arran’s snapshot of the consultation activity it has done from 13 February to 19 May 2023



Published October 2023

You can read and download this document from our website.

We are happy to consider requests for other languages or formats.

Please contact our Equality and Diversity Advisor on 0141 225 6999

or email his.contactpublicinvolvement@nhs.scot

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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	NHS Ayrshire & Arran redesign of Systemic Anti-Cancer Therapy (SACT) delivery.		
Names and role of Review Team:	Peter MacLean, Clinical Director - Cancer Services / Consultant Haematologist Caroline Rennie, Macmillan Nurse Consultant Nicky Batty, MacMillan Practice Development Facilitator - Acute Cancer Elaine Savory, Equality and Diversity Adviser	Date(s) of assessment:	Initial assessment - 21/10/21 To be updated on an ongoing basis. Reviewed January 2023 Reviewed March 2023 Reviewed August 2023

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

1.2. What is the scope of this EQIA?

NHS A&A wide Service specific Discipline specific Other (please detail)

1.3a. What is the aim?

The temporary changes to the service were made to safeguard patients receiving Systemic Anti-Cancer Therapy treatment and oncology staff during the COVID-19 pandemic.

The aim of the proposed service change is to provide a safe, sustainable, accessible and equitable SACT service for the population of Ayrshire and Arran.

1.3b. What is the objective?

During the initial pandemic response 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. At this time the Lead Cancer Team were asked to review the delivery of Systemic Anti-Cancer Therapy (SACT) and consider whether there were any alternative options that would ensure a high quality, risk stratified and safe service - and additionally to release in-patient bed space to be used for dedicated COVID-19 wards.

Following this review a series of environmental moves were implemented across Oncology services to both protect the vulnerable patient group and to support wider site / divisional COVID-19 plans. As a result, in a series of steps over several months, all inpatient activity and high risk (Tier 2) outpatient chemotherapy (*for the first 2 cycles, if no reactions they can continue at the patients local oncology unit i.e. Kyle Unit or ward 5E*) was moved from University Hospital Ayr (UHA) to University Hospital Crosshouse (UHC). Within UHC outpatient chemotherapy moved from ward 3C to ward 5E. With regard to UHA low risk (Tier 3) outpatient chemotherapy relocated from Station 15 (UHA) to Kyle Unit, Ailsa Hospital campus Ayr, while high risk outpatient chemotherapy (Tier2) was initially hosted within the Medical Day Unit (UHA) prior to transfer to ward 5E (UHC). (*Appendix one - relocations summary table*)

Within cancer services there are 3 tiers of treatment, as well as provision of inpatient service:

Tier 1: Highly specialised treatments for rare/less common cancers that are provided on West of Scotland basis at the Beatson West of Scotland Cancer Centre

Tier 2: Higher risk of patient having adverse reaction, and in some cases longer duration of treatment. A typical regime is often Tier 2 for the first 2 cycles when the risk of reaction is highest. Tier 2 treatments are delivered on an acute hospital site with access to the full range or resuscitation and medical support services.

Tier 3: 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 regime 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 West of Scotland Cancer Network (WoSCAN) SACT future service delivery plan was endorsed by Boards within the network, including NHS Ayrshire and Arran. 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. The plan is based upon a tiered model of care with one Tier 1 centre for the whole of West of Scotland region, Beatson West of Scotland Cancer Centre, one Tier 2 site within Ayrshire and Arran and as many Tier 3 sites as needed.

Although the Chemotherapy Service Review for future service delivery had been undertaken in 2019, the urgent temporary changes to SACT services took place as a direct result of COVID-19 and as such are categorised as: "Changes that were introduced on a temporary basis and are now being considered as a longer term or permanent model for service delivery" <https://www.hisengage.scot/service-change/service->

[change-during-covid-19/](#). Any further developments or recommendations that had emerged from the review were paused due to the onset of the pandemic.

1.3c. What are the intended outcomes?

The intended outcome is to deliver the most appropriate, safe, sustainable, accessible and equitable service model for SACT delivery in Ayrshire and Arran.

- To develop a pathway of care for managing patients with COVID-19 alongside maintaining a level of service for other patients.
- To assess the impact and benefits of the service changes that have had to be implemented due to the COVID-19 pandemic.
- To continue to treat as many patients as possible as close to home as possible, where this can be done safely.
- A single dedicated inpatient ward delivering all inpatient chemotherapy - specialist oncology/haematology medical, nursing and pharmacy support.
- To consider making these temporary service changes, brought about by the pandemic, our permanent model for service delivery.
 - This should be applied in a proportionate and realistic way, recognising that temporary models may not always reflect the previous 'status quo' for the service and therefore there is a 'new starting position'.

During Covid-19 Phase 1, cancer services were reviewed based on the evidence around clinical risk within each area. Telephone consultations were introduced and are now the new norm, with face to face appointments in selected cases. Enhanced senior referral vetting was introduced to establish which patients required face to face review, with telephone consultations being the norm. Pre SACT clinical assessments were mostly transferred to telephone assessment, but where face to face review was needed this is still delivered on the Hospital site closest for the patient. Most chemotherapy and radiotherapy continued with enhanced precautions for vulnerable, shielding patients.

Current context

- Pre SACT assessment by phone or at closest Hospital site except where the pre-existing service was delivered from a single site.
- All Inpatient SACT delivered at UHC - Ward 3A.
- First 2 cycles of most SACT regimens delivered from one dedicated Tier 2 site at Ward 5E, UHC. If no reactions the patients can then be treated at their local oncology unit i.e. Kyle Unit or Ward 5E.
- Tier 3 outpatient SACT delivered from an upgraded unit (Kyle) at Ailsa Hospital campus, Ayr.
- Continue to deliver some Tier 3 in ward 5E (UHC) - for those for whom travel to Kyle Ward may be more difficult or impractical, for example:
 - patients from Arran who travel by ferry to and from treatment in the same day
 - those living closer to UHC who would need to travel further to go to Kyle Ward, Ayr
- Patients who are equidistant between Ailsa Hospital and University Hospital Crosshouse will be offered the opportunity to attend Kyle Chemotherapy Day Case Unit.
- Telephone assessment and online electronic assessment ([My Clinical Outcomes](#)) are currently being used where appropriate to minimise travel for assessment - from the period May 2018 - June 2021, 116 haematology patients have completed 1,384 electronic assessments.
- Patient pathways, including the use of [Near Me / Attend Anywhere](#), have been redesigned to minimise clinical risk (*Near Me / Attend Anywhere is a safe and secure video calling platform that helps us to offer patients video call access to our services from wherever they are,*

without the need for travel). From the period May 2020 to May 2021, 163 Oncology Services Near Me appointments were undertaken with patients.

- Information sharing has been improved for SACT patients with the introduction of 'paper lite' working. This has removed the need for case notes to be transported between sites, reducing potential delays. It supports communication between multi-disciplinary teams to improve treatment assessment and delivery.
- Prescribing staff can perform clinics from anywhere due to remote access to clinical systems which have increased service efficiency.

1.4. Who is this policy intended to benefit or affect? In what way? Who are the stakeholders?

Patients and their carers/families

Staff (Medical, Nursing, Pharmacy)

Laboratory Services

Supporting clinical services (Radiology, Cardiology, Renal, etc.)

Third Sector / Voluntary Organisations, for example Ayrshire Cancer Support

Supporting clinical services

The following information illustrates the number of patients impacted by these changes.

SACT data 01 January - 30 September 2021

- In the first 9 months of 2021 a total of **817** patients received at least one cycle of parenteral chemotherapy – that is either intravenous or subcutaneous – within a day unit in NHS Ayrshire and Arran. Collectively, these patients received 5978 episodes of treatment - an average of 7.3 each.
- Of the **276** patients from the catchment of Ayr Hospital, **81 (30%)** had at least one treatment at UHC over this period. Of the 1788 treatment episodes provided to these Ayr catchment patients however only **172 (10%)** were delivered at UHC. **This equates to just over 2 treatments at UHC for each Ayr catchment patient for whom this applies.**
- At the same time **132** patients from the UHC catchment area, had at least one treatment delivered at Ayr, with an average of 14% of treatment episodes for UHC catchment patients delivered at Ayr.
- For those **33** patients living equidistant between the 2 hospital sites, 80% of treatment episodes were delivered on the UHA site.

The above data confirms that prior to the transfer of Tier 2 chemo from UHA to UHC in October 2021, there was a significant pre-existing cross site transfer of SACT activity.

Over this period **39** patients received Tier 2 treatment within the Medical Day Unit at UHA, this would swell the number of patients potentially having treatment diverted to UHC from **81 to 120**, roughly a 50% increase.

From this data we would anticipate approximately **150 - 160** patients from the Ayr catchment will require to travel to UHC for SACT per year, with each patient requiring on average 2 such trips over the course of their treatment. This would account for approximately 15% of the total treatments delivered to this patient group.

There are on average **3 - 4** patients per day within the Haematology/Oncology in-patient ward at University Hospital Crosshouse who would previously have been treated within the Haematology/Oncology in-patient ward at University Hospital Ayr.

Of the total activity in 2021 58% of the overall treatment episodes are delivered in UHC and 41% in UHA. This is in keeping with the overall NHS Ayrshire and Arran population split.

Tier 2 and Tier 3 Risk Stratification

The Christie Model of SACT delivery (<https://www.christie.nhs.uk/about-us/our-future/innovative-models-of-care>) 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 review group used the guidelines from the Christie model and expanded on these to include haematology regimens following the risk stratification principles when considering what might be possible for Tier 3 SACT delivery within Ayrshire and Arran context and available sites. It was agreed that Kyle ward, Ailsa campus Ayr would be a suitable Tier 3 site and that the Christie Model of SACT would be used initially with new SACT regimens added following risk assessment. Currently 37% of Oncology and 20% of Haematology SACT regimes are delivered from Tier 3 from the first cycle and 40% of Haematology SACT regimens are delivered from Tier 3 from the second cycle. Clinical teams can request review of risk stratification of regimens so that they can be delivered at Tier 3 from the first or second cycle, where it is considered safe to do so.

Key benefits of the Tier 2 relocation to Ward 5E (UHC)

- High risk chemotherapy regimens administered on an acute site with easy access to the oncology in-patient ward (ward 5E) where appropriate.
- Patients easily transferred to oncology in-patient ward or appropriate other ward where medical care required.
- Ward 5E separated from haematology out-patient area resulting in reduced footfall compared to the previous 3C location.
- Provides a spacious environment with access to multi-disciplinary team members.

Key benefits of the Tier 3 relocation to Kyle Unit

- Kyle unit provides a spacious environment with areas for multi-disciplinary team members and adjacent out-patient appointment facilities.
- Haematology and Oncology out-patients operating throughout the week.
- Bright, homely environment – less clinical.
- Situated out with the acute hospital environment - safer for patients and staff during the pandemic by not having to enter an acute hospital.

- Good parking and accessibility - e.g. easier for those patients for whom walking across a carpark or through a large hospital building is a challenge.
- Patients easily transferred to UHA if they react to treatment or require medical care.
- Patients who are equidistant between Ailsa Hospital and University Hospital Crosshouse will be offered the opportunity to attend Kyle Unit in Ailsa Hospital.

1.5. How have the stakeholders been involved in the development of this policy?

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 NHS Ayrshire and Arran to undertake the previous Service Review EQIA which has helped inform service developments to date.

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 ongoing service developments.

- Internal engagement steering group has been established to co-ordinate engagement activity - to seek views and feedback on the changes and impact
- Patient and staff engagement took place during the temporary 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.
- A further engagement exercise with patients and staff took place (*Oct 2021*) to gather views and seek feedback to help inform NHS Ayrshire and Arran Board when considering the proposed service model.
- Engagement has taken place with third sector organisations who provide patient support and transport, to ensure that they are informed and involved in service planning and engagement.
- Extensive engagement with staff, patients, service users and the population of NHS Ayrshire & Arran took place January - March 2020 as part of the Chemotherapy Service Review for future service delivery - the outputs from this engagement exercise have been used to inform service planning and further engagement activity.

In February 2022, following interim arrangements put in place in response to the COVID pandemic, Healthcare Improvement Scotland – Community Engagement (HIS-CE) advised NHS Ayrshire and Arran that the proposed changes represented major service change. There is a specific requirement for NHS Boards to formally consult on issues which are considered major service change, as set out in [Planning with](#)

People guidance. The NHS Ayrshire and Arran Board agreed to proceed to public consultation on its proposals. Planning with People was used as the framework to plan our consultation process. The purpose of the public consultation was to explain the changes that have taken place within NHS Ayrshire and Arran Systemic Anti-Cancer Therapy during the pandemic and seek views and feedback from people on the proposal to maintain this service model, in line with the regional West of Scotland service delivery plan. In October 2022, a Stakeholder Reference Group (SRG) was established to support, inform and guide the SACT consultation process. 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. The SRG has been pivotal in planning the consultation process.

- The consultation ran from 13 Feb 2023 – 19 May 2023.
- 410 feedback surveys were completed – 190 patient surveys, 166 public survey and 54 staff surveys.
- In person and online engagement opportunities took place.
- The feedback gathered will be used to help NHS Ayrshire and Arran Board Members to understand if there are any negative impacts that would still need to be addressed and consider the impact of the changes for people.

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.)

The decision to implement this service change has been driven by the need to provide a safe, high quality and risk stratified service for SACT delivery in Ayrshire and Arran in line with the impact of the COVID-19 pandemic. Consideration has also had to be given to ensuring appropriate accommodation provision for patients who are immune-compromised and therefore at a higher risk of implications of COVID-19.

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

Extensive engagement has taken place prior to the changes, throughout the temporary changes and during the three month public consultation. This engagement has enabled us to gather a range of feedback from patients, public, service users, staff and other stakeholders. There has been much support for the new Kyle unit at Ailsa Hospital campus Ayr, with recognition of improved accessibility, better parking, good environment and much more space. Feedback was gathered in relation to the introduction of telephone consultations – much of this feedback was positive and evidences the positive impact it has had on reducing travel and freeing up parking space. Although there has been feedback on the negative impact of travelling further to University Crosshouse (from some areas within South Ayrshire) for some people, for first two higher risk treatments, overall the positive feedback reflects acknowledgement of receiving treatment in the safest environment with access to the necessary support services that may be required. Information on engagement activity to date can be found on NHS Ayrshire and Arran's digital engagement platform via this link: <https://jointheconversation-nhsaaa.co.uk/sact-public-consultation-2>

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

- 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.
- Recovery and Redesign; An action Plan for Cancer Services (2020). The link is: [Recovery and redesign: cancer services - action plan - gov.scot \(www.gov.scot\)](#)

1.7. What resource implications are linked to this policy?

A service delivery and workforce resource paper is in the process of being finalised for discussion at the Health Board level' with 'New investment of £530,000 recurring was made in 2023/24 into additional Haematology staffing. No further resource implications have been identified.

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
2.0 All patients during Covid-19	X	X		<p>As a result of the pandemic, changes had to be made to the existing delivery of Chemotherapy services to ensure safe, person-centred care. All inpatient chemotherapy has been transferred to Ward 3A at University Hospital Crosshouse.</p> <p>The first 2 cycles of chemotherapy regimens are generally delivered in ward 5E (Tier 2) at UHC. Following this if there have been no reactions the rest of the treatment can be delivered at the patient's local oncology unit i.e. Kyle Unit or Ward 5E.</p> <p>Whilst this may require extra travel for some families or carers, for others it does not.</p>

<p>2.1. Age</p> <ul style="list-style-type: none"> Children and young people Adults Older People 	<p>X</p>	<p>X</p>	<p>X</p> <p>X</p> <p>X</p>	<p>Young people under the age of 16 will not be affected by this service change.</p> <p>Young people 16-25 will be given the choice of whether to attend Glasgow or local Tier 2 or Tier 3. Depending on the diagnosis, young people may require to continue to attend Glasgow. For those who have a choice, we would encourage the young acute leukemic patients to attend Glasgow for treatment. The centre is purpose built for teenage/young adult with targeted support groups and activities.</p> <p>The first 2 cycles of chemotherapy regimens are generally delivered from from UHC (Tier 2). Following this if there have been no reactions the rest of the treatment can be delivered at the patient's local oncology unit i.e. Kyle Unit or Ward 5E. This will have an adverse impact on travel and transport for those adults who live further away but not so for those within the UHC catchment. Those patients living in the remoter parts of the UHA catchment will be most impacted, as this will involve longer travel times.</p> <p>It is important to recognise that the primary purpose of designating a treatment Tier 3 is to allow treatment closer to home, however we do have to note that we are constrained in choice of location and that clinical safety must take priority over convenience.</p> <p>As Tier 3 is currently delivered from both hospital sites, there is scope for some patients to be given the opportunity to attend Kyle Unit or Crosshouse, if this is equidistant for the patient, clinically appropriate and patient preference - thus mitigating adverse impact of further travel.</p> <p>For some older people, travelling for treatment could potentially result in individuals having to be transported using a local cancer charity/transport support provider. Volunteer drivers have returned to taking more than one person in the car, which enables scope for families/carers to attend with the individual. However for some older patients who are able to transport themselves or live close to the relevant site, the impact remains neutral.</p>
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<p>2.2. Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health)</p>		X		<p>Patients with a physical disability who require travel support would need to use the Patient Transport service (provided by Scottish Ambulance Service). The service provided by Third Sector Cancer Support organisations cannot accommodate patients who require assistance to get in and out of the car, as this service is provided by volunteers. This could potentially increase the impact on the patient transport service in terms of travel time and capacity.</p> <p>Additionally due to the pandemic volunteer drivers are only allowed to transport one person in the vehicle per journey - so carers and family members would not be able to travel together with the patient.</p> <p>Telephone assessment and online electronic assessment (<i>My Clinical Outcomes</i>) and the use of Near Me / Attend Anywhere are currently being used where appropriate to minimise travel for assessment. However, it is recognised that patients with sensory or cognitive needs may not be able to utilise these services. Additionally this is also relies on patients having access to digital methods and appropriate Wi-Fi connection.</p> <p>Existing service provision for patients requiring communication support remains the same.</p>
<p>2.3. Gender Reassignment</p>			X	<p>The impact on gender reassignment patients is neutral.</p>
<p>2.4. Marriage and Civil partnership</p>			X	<p>The impact on marriage and civil partnership patients is neutral.</p>
<p>2.5. Pregnancy and Maternity</p>	X		X	<p>For patients who are pregnant / have very young babies there may be positive impact, as all Tier 2 is now delivered at UHC, where the Ayrshire Maternity Unit (AMU) and Inpatient Paediatric Unit (IPU) are also based. As described above (2.1) there is some choice of attending either acute site for Tier 3 treatment, so the impact would remain neutral.</p>
<p>2.6 Race/Ethnicity</p>			X	<p>The change to this service provision will have no differential impact on someone's race or ethnicity. Existing processes for supporting patients whose first language is not English would still be followed.</p>

2.7 Religion/Faith			X	The change to this service provision will have no differential impact on someone's religious or faith beliefs. Chaplaincy services are available at both sites should any patients require access or support.
2.8 Sex (male/female)		X		<p>A person's sex would have no specific impact due to the proposed service model however the impact on sex for the chemotherapy service provision falls in line with travel and transport implications.</p> <p>According to the 2019 Scottish Transport Statistics, 71% of households had a car or other motor vehicle. Car ownership is more common in:</p> <ul style="list-style-type: none"> • Higher income households • Remote and rural areas (regardless of income) • Households with more people (e.g. families with children) <p>However, driving is gendered. Simply having a car in a household does not mean that men and women use the car equally, even if both have a driving license. Only 64% of women (compared to 76% of men) have a full driving license.</p> <p>This means that women are more reliant on other modes of transport, particularly public transport. Therefore, there is the potential for travel to be more challenging for women.</p> <p>Mitigating actions are outlined in the provision of transport at section 5?</p>
2.9 Sexual Orientation			X	The change to this service provision will have no differential impact on someone's sexual orientation.
<ul style="list-style-type: none"> • Lesbians • Gay men • Bisexuals 				
2.10 Carers		X		<p>Staff as carers could potentially be impacted upon in terms of caring responsibilities however this is not specifically due to the service changes.</p> <p>Carers could be adversely impacted if the patient needs to use volunteer transport, as they can only be provided with transport when the patient is attending for treatment/scan discussions.</p>
2.10 Homeless			X	The impact of someone being homeless would be neutral.

2.12 Involved in criminal justice system	X			The local HMP is based on the outskirts of Kilmarnock and therefore, Crosshouse is closer should anyone within the prison require to undergo any treatment. If the individual is still undergoing treatment when they are liberated, travel to the relevant site may be required. However, this will depend on the need for Tier 2 or Tier 3 treatment.
2.13 Literacy			X	The impact of someone's literacy ability would be considered to ensure their understanding of the changes. Existing processes for supporting individuals would be followed.
2.14 Rural Areas	X	X	X	<p>Rurality as a whole will have an impact on patient transport and travel time, as some parts of Ayrshire are remote and rural.</p> <p>Rurality affects all parts of Ayrshire with the proportion of the population defined as remote greatest in East Ayrshire and the only significant 'very remote' population being on Arran - therefore the proposal to deliver the first 2 cycles of tier 2 chemotherapy from UHC will have a positive impact for patients living within these locations. Following the first 2 cycles of treatment if there have been no reactions the rest of the treatment can be delivered at the patient's local oncology unit i.e. Kyle Unit or Ward 5E.</p> <p>For patients living in the south of South Ayrshire there will be additional travel required to access Tier 2 treatment at Crosshouse - (Ballantrae to Crosshouse is 48.8 miles which is an additional 15 miles from Ayr). However for other geographical areas, Crosshouse is a closer to home option - for example, patients travelling from the Isle of Arran.</p> <p>For Tier 3 treatment, equidistant patients have an opportunity to select the location closest to home.</p> <p>Emergency care continues to be provided at the closest hospital for the patient.</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		X		<p>We know that women and disabled people are particularly likely to experience poverty (Scottish Government, 2019), and that women and disabled people are less likely to drive and more likely to use buses (Transport Scotland, 2018). Approximately 10% of patients attending chemotherapy services travel by public transport and these patients could be disproportionately disadvantaged in terms of increased travel to either site depending on where they live. To assist with chemotherapy patient access for chemotherapy in-patient care or Tier 2 day case and to help mitigate against additional patient travel, NHS Ayrshire & Arran is committed to:</p> <ul style="list-style-type: none"> • Ensuring patients are given information about access to Ayrshire Cancer charities that are committed to providing transport locally for people to attend appointments and treatment at both hospitals. • Clinical teams can request review of risk stratification of regimens so that they can be delivered at Tier 3 from cycle 1 or 2, where it is safe to do so. <p>Patients can claim for reasonable travel expenses for attendance at hospital through the Non - Discretionary Statutory Scheme. This is a means tested scheme. Patients will in most cases be able to reclaim travel costs direct from the hospital attended. To be eligible, patients must be in receipt of certain benefits and be able to provide supporting documentary evidence to the hospital cashier. More information can be found on this scheme on the NHS Ayrshire and Arran website - Financial Information - NHS Ayrshire & Arran (nhsaaa.net)</p>
Living in deprived areas		X		
Living in deprived communities of interest		X		
Employment (paid or unpaid)		X		

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?			X	The change to this service provision will have no differential impact on exercise and physical activity.
3.2 Exercise and physical activity?			X	The change to this service provision will have no differential impact on substance use.
3.3 Substance use: tobacco, alcohol or drugs?			X	The change to this service provision will have no differential impact on risk taking behaviour.
3.4 Risk taking behaviour?			X	The change to this service provision will have no differential 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?			X	The change to this service provision will have no differential impact on an individual's living conditions.
4.2 Working conditions?	X			It is anticipated that working conditions will improve for staff as the aim is to provide specialist oncology/haematology medical, nursing and pharmacy support in the right place at the right time, and thus providing safe and effective care for patients.

4.3 Pollution or climate change?	X		X	<p>There is limited impact on pollution or climate change for this proposal. For some people the travel distance will be reduced, whilst for others there may be additional travel.</p> <p>However, increased telephone assessment, online electronic assessment (My Clinical Outcomes) and Attend Anywhere helps mitigate against this for some patients.</p>
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	X	X		<p>Having a single in-patient chemotherapy unit at UHC and the first two cycles of Tier 2 chemotherapy, has demonstrable advantages, such as:</p> <ul style="list-style-type: none"> Confidence and familiarity with new therapies <p>Co-located services and adjacencies may have an adverse or positive impact:</p> <ul style="list-style-type: none"> Inpatient renal services available only on Crosshouse site. 24 hour laboratory services including blood transfusion only available on Crosshouse site. Ayr has reduced hours to access this service. Interventional radiology is currently only provided on Ayr site.
Social Services		X	X	<p>The current support provided by social services has the potential to affect some patients care packages should they require to travel additional distances for care. However, telephone assessment and online electronic assessment (My Clinical Outcomes) can mitigate against this for some patients. We are also mindful that across Ayrshire Wi-Fi connection is variable and therefore, this service may not be available for all. Also see narrative at section 1.2 in relation to ongoing improvement works across Ayrshire.</p>
Education			X	<p>There is no differential impact on education services for this service change.</p>

<p>Transport</p>				<p>This proposal may have an impact on transport needs dependent on the level of care and treatment required by individuals.</p> <p>It is anticipated that some of the impacts of transport will be mitigated through:</p> <ul style="list-style-type: none"> • better education of the public of what support services are available • use of Tier 3 sites providing closer to home treatment • remote technology <p>To assist with chemotherapy patient access to chemotherapy services and to help mitigate against additional patient travel, NHS Ayrshire & Arran is committed to:</p> <ul style="list-style-type: none"> • Ensuring patients are given information about access to Ayrshire cancer charities that are committed to providing transport locally for people to attend appointments and treatment at both hospitals. • Ensuring that public transport information is available from chemotherapy service reception areas. <p>The adverse impact of using public transport was a key aspect of the previous Chemotherapy Service Review feedback in 2020. However the feedback gathered during the 2023 public consultation on how people travel to and from hospital appointments highlights that only 3 patients, out of the 187 who responded to the transport question, said that they used public transport.</p> <p>Although there will be increased parking at UHC for treatment delivery, there will be reduced parking requirements overall due to the number of pre-treatment telephone consultations performed.</p> <p>Improved service organisation allows people to plan their time better which may have an impact on travel arrangements locally for family/friends.</p> <p>Through the engagement work, transport and travel for families and carers is a recurring theme and if we move forward with this new model of care, we will consider what solutions can be put in place to minimise this impact.</p>
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				Patient transport is provided by local community organisations. Their volunteer drivers can take patients to and from hospital for treatment and other cancer related appointments. Hospital patient transport can also be provided by Scottish Ambulance Service. Patients are given this information before treatment. Previous feedback indicates that the majority of patients are driven by friends or family or drive themselves.
Housing			X	There is no differential impact on housing services for this service change.

SECTION FIVE	MONITORING
How will the outcomes be monitored? The outcomes will be monitored by the Chemotherapy Oversight Forum and the EQIA Review Team.	
What monitoring arrangements are in place? Ongoing throughout the temporary service changes and consultation period.	
Who will monitor? SACT Service Leads and EQIA review Team	
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

Changes to Chemotherapy Services on University Hospital Ayr site due to COVID-19**January 2020** – status quo

Intensive Inpatient Chemotherapy	Non-Intensive Inpatient Chemotherapy	Tier 2 (High Risk) Day case Chemotherapy	Tier 3 (Low risk) Day case Chemotherapy	Chemotherapy Prescribing Clinics (Haematology)	Chemotherapy Prescribing Clinics (Oncology)
Station 15(IP)	Station 15(IP)	Station 15(DC)	Station 15(DC)	Station 15	Suites/ Ballochmyle

March 2020 – initial Covid contingency required Station 15 as Covid HDU ward

- Decision to transfer Intensive Chemotherapy to UHC

Intensive Inpatient Chemotherapy	Non-Intensive Inpatient Chemotherapy	Tier 2 (High Risk) Day case Chemotherapy	Tier 3 (Low risk) Day case Chemotherapy	Chemotherapy Prescribing Clinics (Haematology)	Chemotherapy Prescribing Clinics (Oncology)
Ward 3A UHC	Station 11	Medical Day Unit	Medical Day Unit	Ballochmyle	Suites/ Ballochmyle

July 2020 – recovery in Day case activity such that MDU no longer had capacity

- Ballochmyle Suite needed again for usual clinical activity
- Over this period a process of review examined alternative delivery sites including Kyle Unit, but at this point the cost of such a move was prohibitive

Intensive Inpatient Chemotherapy	Non-Intensive Inpatient Chemotherapy	Tier 2 (High Risk) Day case Chemotherapy	Tier 3 (Low risk) Day case Chemotherapy	Chemotherapy Prescribing Clinics (Haematology)	Chemotherapy Prescribing Clinics (Oncology)
Ward 3A UHC	Station 2 *	Station 11	Station 11	Station 11	Suites/ Ballochmyle

* Note - Station 2 accommodated non-intensive patients but was not a chemotherapy delivery area.

October 2020 – further inpatient pressures required the return of Station 11

- Station 2 also became an unsafe site for Haematology/Oncology inpatients in face of rising inpatient Covid burden. Decision made to transfer all inpatient Haem/Chemotherapy to UHC
- Kyle Unit quickly refurbished to a standard suitable for chemotherapy delivery
- Over a period of 6 weeks between mid Oct and early Dec 2020 low risk chemotherapy delivery was introduced to Kyle Unit under careful clinical guidance
- Haematology and Oncology teams able to relocate clinic activity to Kyle Unit

Intensive Inpatient Chemotherapy	Non-Intensive Inpatient Chemotherapy	Tier 2 (High Risk) Day case Chemotherapy	Tier 3 (Low risk) Day case Chemotherapy	Chemotherapy Prescribing Clinics (Haematology)	Chemotherapy Prescribing Clinics (Oncology)
Ward 3A UHC	Ward 3A UHC	Medical Day Unit	Kyle Unit	Kyle Unit	Kyle Unit

January 2021 – Tier 3 migration complete and decision made to plan for Tier 2 transfer to UHC.**September 2021** – Moved Tier 2 activity from MDU in UHA to 5E UHC.