Dear Convener

CONSIDERATION OF PETITION PE1591 (Major redesign of healthcare services in Skye, Lochalsh and South West Ross)

Thank you for sending the petitioner’s submission on the above petition held on 15 February 2016. I note that the petitioners felt that none of the responses from Scottish Government, the Scottish Health Council or NHS Highland were considered satisfactory which is disappointing.

Business case process

We have been through a very lengthy and detailed process but despite this we are still at the very early stages of setting out the actual business case. This thorough process is underpinned by three documents: Initial Agreement, Outline Business Case and Full Business Case. Each of these documents requires Board and Scottish Government approvals and are significant undertakings.

The proposed redesign for Skye, Lochalsh and South West Ross is still awaiting approval for the Initial Agreement. This document provides details on population projections, service projections as well as a detailed bed modelling exercise. It also provides a high-level analysis of the changes that will be required to meet the Project Investment Objectives. It further sets out both quantitative and qualitative metrics to allow the benefits of the project to be considered and assessed now and in the future. This is ongoing work and will be further developed over the next two years.

We have explained the business case process to members of the group in the past including at a meeting in Portree with the then MSP Dave Thompson at http://www.nhshighland.scot.nhs.uk/News/Pages/Groupscepticaldespitereassuranceissuesdonhealthserviceredesign.aspx.

However, the appropriate level of information was available to make considerations about the high level model of services and it was clear from the consultation that there was strong support for the hospital ‘Hub’ and ‘Spoke’ model and Broadford as the location for the ‘Hub’.

The proposals at this stage are supported by descriptions by areas of current and future services which allow a visual picture of what the shape and scale of the changes will look like. If it would be helpful for the Committee to receive copies do let me know and I can arrange for hard copies to be sent.

Once the Initial Agreement is approved, as we go through the next two stages of the business case process, further detail will be provided including on costing, workforce, detail on additional investment as well as specification of the new hospital ‘Hub’ facility and re-designed ‘Spoke’.
Clinical consensus

I explained in my earlier response that we do have a clinical consensus for the proposed new model and I would like to re-state that again. Given that this issue has again been specifically raised through the Committee, I asked Dr Paul Davidson clinical director for north and west and clinical lead for the re-design to provide the Committee and indeed the Board of NHS Highland evidence that there is still a clinical consensus. I am pleased to say that I can confirm this to be the case and I enclose a copy of Dr Davidson’s letter to me (attached).

Transport and access

The working group are progressing a review of current public transport provision and access issues. They are also in the process of commissioning an external review of the impact for transport on the proposed new arrangements.

Clinical pathways

I am aware of some ongoing concerns around clinical pathway which were further raised at a recent open event in Portree including participation by members of Save our Service. Feedback from the event is summarised at http://www.nhshighland.scot.nhs.uk/News/Pages/Groupscriticaldespitereassuranceissuedonhealthserviceredesign.aspx.

On the back of this event we have agreed to do some further work to bring clinicians and members of the public together to describe what is considered best practice and address any concerns or queries. We propose to bring over relevant specialists such as consultant cardiologists and will aim to hold the meetings in the evenings at the request of public members.

In conclusion I would like to reassure the committee that NHS Highland will continue to work with all the communities and clinicians. As already outlined we are still some years away from completing the changes and work will be ongoing to develop all the detail and implement all of the component parts of the re-design. External Gateway Reviews are in the process of being arranged which is a requirement of the business case process and a further check that the board is following due process.

If it would be helpful for NHS Highland representatives to attend the Committee then do please let me know.

Yours sincerely

Elaine Mead
Chief Executive

Enc
Dear Elaine

Clinical support for the proposed redesign of services for communities of Skye, Lochalsh and South West Ross

In advance of the Board’s response to the Petitions Committee and their consideration of the Initial Agreement you sought reassurances from me around the continued clinical consensus for the proposed redesign.

Although I was not aware of any reason to believe clinicians had changed their views, I did take the matter to the Skye, Lochalsh and Wester Ross Forum held on 21 April. This has GP representatives from all the areas in scope: North Skye, South Skye, Lochalsh and South West Ross.

I am pleased to reaffirm with you that the Forum agreed that there is still clinical consensus for the project; subject to their being appropriate alternative provision in North Skye for flexible use (non hospital) step-up / step-down beds, which is not a new matter and is being addressed as part of the new model.

Local clinicians are keen to see more rapid progress being made and they recognize that getting approval for the Initial Agreement will be an important next step.

On another note I have now received formal notification from the Portree Medical Practice of their desire to move out of their current premises into the ‘spoke’ facility in Portree, a further positive step forward.

I am grateful to clinicians for their continued support at the various meetings to progress the project and I would appreciate it if this could be formally acknowledged when the proposals are next considered by the Board.

I trust this is helpful but do please let me know if you wish any further feed-back.

Yours sincerely

Paul Davidson  
Clinical Director  
North & West Operational Unit  
NHS Highland