NHS FIFE

Report to the Board on 27 August 2013

REVIEW OF THE NHS FIFE PRIMARY CARE EMERGENCY SERVICE

1. PURPOSE OF THE REPORT AND SUMMARY

This purpose of the report is to inform the Board of an in-depth review of the Primary Care Emergency Service (PCES) which took place in 2010. Six years after the establishment of PCES in 2004 a review looking at quality, capacity and efficiency was necessary to ensure the service was providing the best possible care for the whole population and able to meet future needs.

This paper will outline:-

- the background
- the pathway of care
- criteria for the review of PCES
- existing primary care provision
- the review of primary care centre provision
- option appraisal
- patient, public and staff involvement

PCES operates out of hours 6pm to 8am weekdays and all weekend from 6pm on Friday until 8am on Monday.

When a call comes in to the service via the PCES switchboard, the caller is directed to the appropriate service when a clinician assesses and triages the case and takes a decision about forward management.

There are, on average, 16 staff on duty across the four PCES primary care centres at evenings and weekends, 10 overnight. These are GPs, Urgent Care Practitioners and receptionists. The GPs are based in the centres but carry out home visits so will spend some time out of the centres in the PCES cars.

There are four PCES primary care centres across Fife at Queen Margaret Hospital (QMH), Glenrothes Hospital, St Andrews Hospital (StAH) and Victoria Hospital (VHK). All are open between 6pm to 8am weekdays and 6pm Friday to 8am Mondays at weekends, with the exception of the VHK centre which is closed overnight every night from midnight until 8am.

This report describes the review and the proposal for change based on an improvement to the care pathway for patients, equity of access across the three Fife localities and an efficient use of the resource.

In summary, the review proposes relocating the PCES primary care centre service in Glenrothes to Victoria Hospital to lessen clinical risk and provide easier access to the majority of the residents in Fife.

There are clinical risks in retaining services on the existing site because it is focussed on providing a service which requires urgent care and often requires access to specialist support. The Glenrothes primary care centre does not have the necessary back up/onward clinical facilities for approximately 10% of patients who require a more specialist service.

2. BACKGROUND

In 2004 the new GP contract allowed GPs across the UK to opt out of providing urgent care out of hours to their patients. It became the responsibility of NHS Boards; in Fife the Primary Care Emergency Service was established. The service was based on the model of care brought together when the previous five local GP cooperatives were amalgamated. In 2007, Dunfermline and West Fife Community Health Partnership became responsible for the management of the service across Fife.

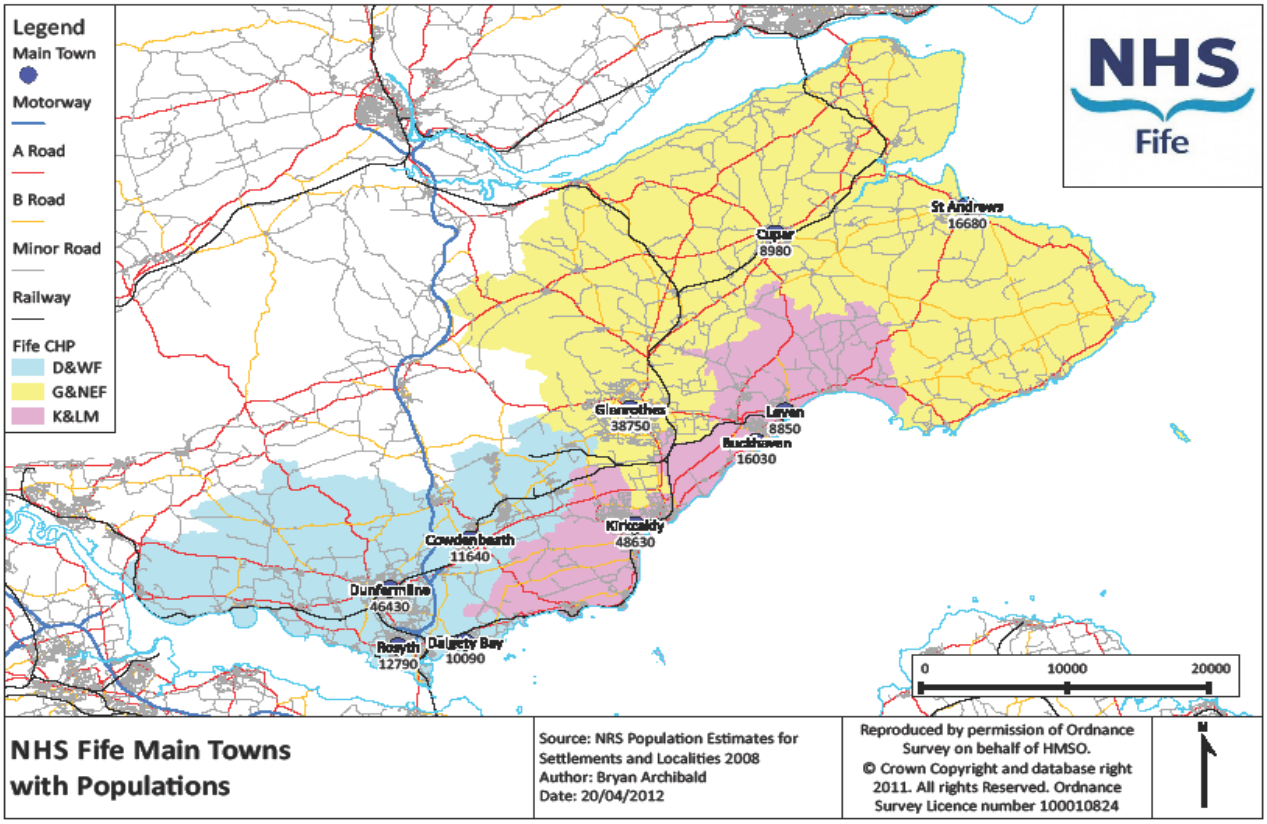
PCES is part of the overall delivery of unscheduled care for patients in Fife. It is linked with NHS 24, GP services, A and E, Minor Injury Services and the Scottish Ambulance Service. PCES delivers out of hours urgent care for patients by telephone advice, a home visit or an appointment at a primary care centre. The interconnectedness of the services is essential to being able to provide appropriate care immediately or refer on quickly to a more specialist service if required.

The review in 2010 was led by the medical lead for PCES, the nurse lead and the service manager.

It was always envisaged that the PCES service at VHK would be integrated with A and E, and it is, except it closes at midnight, leaving the Glenrothes centre to field visits with no close by specialist facilities.

3. THE PATHWAY OF CARE

The map below shows the estimated population for the main settlements and localities (2008)



Most patients who are seen by PCES out of hours are referred by NHS 24, which is a national nurse led triage service. A total of 93,043 contacts were recorded in 2012/13 for Fife. For PCES there were 12,670 contacts for advice only, 11.538 home visits and 37,596 primary care centre contacts across Fife.

When the patient is effectively passed through to PCES from NHS 24, dependant on clinical need, the outcomes are outlined below:-

- Advice
- Treatment
- Referral for further diagnosis
- Access to specialist support
- Referral to Minor Injury Service
- Admission arranged through the acute service
- Emergency transfer to A and E

4. CRITERIA FOR THE PCES REVIEW 2010

The review was carried out looking at three areas:-

- The quality of the service/ clinical risk
- The capacity of the service to be able to provide high quality care, now and in the future
- Efficient use of the resources

4.1 The quality of the service

4.1.1 The clinical quality of the services provided

The PCES management team regularly assess the quality of the service by looking at complaints, compliments and audits of case records for training purposes. A PCES stakeholder group meets every two months with community members invited and members of the public.

A patient satisfaction survey was carried out which received a good and positive response from those who have used the service.

In looking at these issues, the PCES management team have focussed on staff development, in particular the role of the urgent care practitioners, mentoring for GPs in training and student rotations. There is a clinical governance framework for PCES with quality, health and safety and clinical governance groups established.

There have been a series of national initiatives which highlighted that the integration and co location of services help to provide the best care pathway and therefore the best outcomes for patients. It was therefore incumbent upon the service to test out the integration and co location issues, specifically with respect to the PCES primary care centres. These initiatives are highlighted in paragraphs 4.1and 4.2.

The move to site out-of-hours urgent GP services in acute hospitals or other sites with specialist back up is in line with the national trends of co-location and integration

4.1.2 The pathway of care

A high quality of care pathway means providing the best care at the right time from the initial contact right through the possible options required for the patient whether it is advice, treatment, diagnosis or admission.

In the past few years, several important documents have been produced and these have influenced thinking in considering the whole pathway of care and the configuration of services required to support that pathway. The report into the “The Way Ahead” produced by BMA Scotland (February 2010) made key recommendations and based upon “Delivering Quality in Primary Care National Action Plan” (August 2010) these included;

- Consider the need to take into account increasing demand for out of hours (OOH) services;
- Consider the range and level of services available out of hours;
- Drive forward integration between NHS24 and local services to achieve the closest possible co-operation between the services delivering the out of hours service;
- Encourage joint working to achieve best use of available resources in order for patients to receive a streamlined journey of care.

A review of OOH services in Remote and Rural Areas led to a Report by the Scottish Government Health & Sport Committee (February 2010) and a number of the recommendations are relevant to the Fife service. It was recommended that Health Boards review the service they provide to ensure that it is consistent with the model described. Specific actions should ensure that:

- Teams are integrated and co-located including between health and other agencies;
- There is local access to emergency care provision within the community and work towards developing robust emergency response systems.

NHS Quality Improvement Scotland produced standards in August 2004, “The Provision of Safe, Effective Primary Medical Services out of Hours”. New Quality Indicators for Primary Care out of Hours Services were issued in July 2012 which builds on the standards. The draft indicators were available and considered while the review was being carried out. The new quality indicators are currently being piloted in a number of areas to refine the detail and it is anticipated will be implemented in 2014.These Quality Indicators underpinned the review.

4.2 The capacity of the PCES service

In looking at the number of telephone advice calls and staff available the analysis of the interactions shows that there is the right staffing capacity to be able to respond to requirements and there is enough flexibility to adjust staffing levels.

With the publication of draft standards in 2012, for implementation in 2014, the service is in the process of carrying out a detailed analysis of what the longer term implications will be. A number of areas will require work to ensure we meet the standards. One of the main areas that require work is response times to home visits so that is what the detailed analysis of the service will consider in terms of future requirements. The PCES service in Fife is at the forefront of this work.

In looking at capacity in the primary care treatment centres, it is clear in terms of attendances that capacity broadly meets demand in the north east and central Fife but there are capacity issues in the West of Fife which is why it is proposed that resources are reallocated to better match demand.

4.3 Efficient use of the service.

Fife is a good service because of its flexibility and ability to shift resources around the service to meet demand. The review showed there was an efficient use of the resource across the service but needed adjustment to cope with the changing pattern of service, maximise resources available and address the issues of capacity in the West of Fife.

As part of the review, the PCES management team looked specifically at the primary care centre provision.

5. EXISTING PCES PRIMARY CARE CENTRE PROVISION

When attending the centre, the patient will either be seen by a GP or Urgent Care Practitioner (UCP) who is a senior nurse with specialist training in OOH care and prescribing. There is a wide range of medical equipment available to deal with most presenting complaints. There is also a range of medications stocked to ensure prompt commencement of treatment. All contacts with patients are recorded on the Adastra computer management system and sent electronically to the patient's own GP by start of business next working day.

Glenrothes, Queen Margaret Hospital (QMH) and St Andrews Treatment Centres operate 118 hours per week from 18:00 hours to 08:00 hours Monday to Friday and from 18:00 hours Friday to 08:00 hours Monday. Patients are referred to PCES following triage by NHS24 and receive a designated appointment time.

Victoria Hospital (VHK) Treatment Centre operates 62 hours per week and is open 18:00 hours to 24:00 hours Monday to Friday and 08:00 hours to 24:00 hours Saturday and Sunday.

Current activity for the Treatment Centres is shown in **Appendix one**.

- **Queen Margaret Hospital (QMH), Dunfermline:** Located in a purpose designed area and co-located with the Minor Injuries Unit, PCES occupies three consulting rooms, has access to a fourth if required and has adequate storage for drug and stock cupboards. There are shared waiting areas and reception space with MIU. The site is open throughout the OOH period. This site is the busiest of the PCES centres with annual attendance of 13023. Staffing is a receptionist throughout the OOH period with GP and UCP available to see patients

- **Victoria Hospital (VHK), Kirkcaldy:** Located in a purpose designed and built area of the new Phase 3 building PCES is co-located with A&E. PCES moved within the department in June 2013 and has 3 dedicated consulting room and use of a 4th room on a flexible shared basis with A&E. There is a large shared waiting area and a dedicated PCES reception desk. There is adequate storage for drugs and stock cupboards. This site is closed from midnight to 8am and has 7740 attendances per year. Staffing is receptionist plus GP and UCP available to see patients.

  In order to reduce pressure on A and E and provide the most appropriate patient care, there is a system in place when the PCES service is open at the VHK so A and E staff will transfer patients who require urgent primary care to PCES. The services are

physically adjacent. A and E have reported they have found this a valuable support and the patients are seen by the appropriate clinician at the appropriate time.

- **Glenrothes Hospital, Glenrothes:** Located in Outpatients at Glenrothes Hospital, PCES occupies 2 consulting rooms and a nurse treatment room and has sole use of the waiting area and reception area in the OOH period. There is no separate storage area with storage being within the consulting rooms. There is no A&E or MIU in Glenrothes, which is operational throughout the OOH period and has 8772 attendances per year. Staffing is a receptionist with a GP and UCP available to see patients.

- **St Andrews Community Hospital, St Andrews:** Located in a purpose designed and built area of the new hospital at the front door, co-located with immediate access to Minor Injury services. PCES has sole use of this area. There is adequate storage and consulting space. There are 5014 attendances per year. GPs and UCPs are available to see patients. MIU and PCES work jointly. The MIU is staffed by a UCP with minor injury training, and cover for the MIU provided by the GP overnight.

6. A REVIEW OF THE PRIMARY CARE CENTRES

The review of service provided in the Treatment Centres needed to take into account a number of key factors, including:

- A match with the best clinical pathway and national trends
- Clinical governance issues
- Population, geography and access to centres
- Efficiency of service provision.

6.1 A match with the best clinical pathway and national trends

People who have been triaged and have to go a primary care emergency service need urgent care and a high level of expert advice and access to a range of further services. While the clinical advice is available to a high standard in all PCES centres, the back up support is not available at Glenrothes.

The statistics show that approximately 11% of the people, who come to Glenrothes, need further care elsewhere. The national average is 10%. We have not been able to provide the service required and the patient has had to be transferred sometimes as an emergency in an ambulance. People need to be transferred because they need further diagnosis, emergency care or direct admission to hospital.

6.2 Clinical governance/risk

There are higher number of clinical incidents and adverse events from the Glenrothes service. This is not because the quality of service is poor or unsafe, the incidents are indicative of a service which is not able to provide the range of care available to those accessing services in the other centres. National guidance is clear in the expectation that safer out of hours care is provided if there is access to other services**.** The number of incidents across all centres is outlined in **Appendix two.**

Appendix three shows the total number of admissions to hospital from all four Treatment Centres. This demonstrates that 987 admissions to an acute hospital were arranged from Glenrothes primary care centre during the full opening hours in 2012/13. It is those people that are most at risk.

6.3 Population, geography and access to centres.

Appendix one outlines all attendances by postcode to each of the centres. In total, 52% of those attending the Glenrothes centre come from Glenrothes postcodes, this drops to 34% between midnight and 8a.m. That is because VHK is closed.

There is one centre in the west of Fife at QMH, one in north east at St Andrews and two in central Fife Glenrothes and VHK, the latter is under utilised as the service is not available between midnight and 8a.m.

6.4 Efficiency of service provision

The patients attending the VHK centre have access to the complete pathway of care because of the ease of access to diagnostics, inpatient care or A and E but only until midnight. There are other back up services, in particular minor injury services available on the other sites.

The provision of services has to be a balance between access for people and local communities with the practicalities of providing specialist services at a local level.

7. OPTION APPRAISAL

Following the review, a proposal to transfer the service from Glenrothes was forming. The Community Health Partnership discussed the proposal through the three CHP patient, public partnership forums shortly after the initial recommendation from the PCES management team and it was broadly welcomed. There was a delay in involving the wider population and local communities. This meant that when the management team visited a number of community councils and held discussions with local elected members, significant concerns were raised about any suggested change and the process which had been followed to date.

At that stage the proposal for change was forming but a decision had not been made. However, members of the public, groups and local politicians were of the view that NHS Fife had already made a decision.

The Strategic Management Team agreed to halt the process and take stock. This resulted in a review of the engagement and communication plan which is referenced in the next section of the paper. It was also agreed that a full option appraisal should be carried out to assess the benefits associated with a range of pre listed options which were as follows:-

1. do nothing
2. partial transfer from Glenrothes treatment centre to the VHK treatment centre midnight to 8am Monday - Thursday
3. partial transfer from Glenrothes treatment centre to the VHK treatment centre midnight to 8am and full weekends
4. transfer of full service from the treatment centre provision from Glenrothes to Victoria
5. establishment of a Minor Injuries Unit on the Glenrothes hospital site.

The SMT commissioned an option appraisal exercise to take place in line with the recommended protocol from the Guidance on engagement and consultation the full report from this option appraisal work is attached as **Appendix four.** The criteria for the assessment of the options were adapted from the Scottish Government's Healthcare Quality Strategy. From this process, Option 4 was identified as the preferred option.

Following this event, it was agreed that a further option should be considered, it was a specific option put forward by the Glenrothes Area Futures Group (GAFG).

The SMT considered the report from the option appraisal process and the evidence from the view and considered all the options including the proposal from the Glenrothes Area Futures Group.

The views were reached by assessing each option using the criteria set out in section 6 of this report; a match with the most appropriate pathway of care, clinical governance or risk issues, access and efficiency of provision.

1. Do nothing – retaining the service of a Doctor and Nurse on the Glenrothes Hospital site

Pathway of care

Over last year, 987 patients were sent to the Victoria Hospital after attending PCES primary care centre in Glenrothes. They required further specialist/emergency care.

A high quality pathway of care is determined by timely access to the range of services required. Those transfers carry a risk. There are concerns that retaining the service at Glenrothes means that there is a potential delay in

accessing the full range of services available at VHK.
Clinical governance/risk *Because there is no service overnight at VHK, people from Kirkcaldy are doubly disadvantaged as they would have to travel from home to Glenrothes and back again if they require admission or further diagnostics.* *It is recognised that a high quality service is provided by our clinicians as part of the PCES service but the disjointedness of the current service does increase the level of risk for patients.* *The concerns over lone working, single members of staff in the department could be vulnerable and this has been raised by staff as an issue of concern.*
Access *It is recognised that if the service transfers, some people will have to travel a longer distance. It will, however, improve access overnight to people from Kirkcaldy. Home visits will be made available for those who would have difficulty travelling to VHK.*
Efficiency *The service at Glenrothes is underutilised, the numbers of people who use the service are relatively low so staff time and expertise are not utilised to the maximum. The PCES accommodation at Victoria Hospital is empty overnight when they could be providing the PCES services from there as well as supporting A and E which they do in the evening and weekends.* *It would cost £70,000 to get to the environment to the level now expected of primary care.*

2. Partial transfer from Glenrothes to VHK midnight to 8 a.m. Monday to Thursday

Pathway of care *This will mean patients from Glenrothes will access the full range of services overnight at VHK but not in the evenings or the weekend. Kirkcaldy patients will have access to a local service without that additional journey during week days but not at the weekend overnight.*
Clinical governance/risk *This will be addressed for the times the service is at VHK but leave gaps while the service continues to be provided at Glenrothes.*
Access *Access will be improved for people in Kirkcaldy overnight Monday to Thursday, but not Friday to Monday morning. Access would be diminished for people from Glenrothes overnight for that period.*
Efficiency *This would mean a disjointedness of service provision over the week so there*

will be a small cost in terms of potential overlap and this would not resolve the need to increase capacity in the west of Fife.

3. Partial transfer from Glenrothes to VHK midnight to 8 am and full Weekends

Pathway of care *This will mean patients from Glenrothes will access the full range of services for a much longer period of time. Glenrothes will only be open on weekday evenings. The pathway of care will be safer for patients during the time it is provided from VHK.*
Clinical Governance/risk *As the service is open at Glenrothes for considerably fewer hours, the risk will be reduced but there may be issues in relation to the service when it is open and the service will become quite isolated being open for only a few hours every weekday evening.*
Access *There may be a disjointedness in the management arrangements trying to provide a smoother pathway of care*
Efficiency *This would mean a disjointedness of service provision over the week so there will be a small cost in terms of potential overlap and this would not fully resolve the need to increase capacity at QMH.*

4. Transfer of Full service from Glenrothes to VHK

Pathway of care *In central Fife when patients require diagnostic tests or access to specialist care either via the clinical support available or as an inpatient, these services will be available on site. This is safer for patients;* *PCES would provide support to the A and E service during the whole of the out of hours period, alleviating pressure on A and E and there would be mutual gain for patients because of the range of clinical staff and services available.*
Clinical Governance/risk *The risks will be minimised with a joined up service at VHK. As has been highlighted, 987 transfers to the Victoria Hospital took place last year. A transfer would reduce the risk for those patients.*
Access *It would prevent many unnecessary journeys. Overnight, the majority of people attending Glenrothes Treatment Centre are travelling from outside Glenrothes then returning home again or are going to Victoria Hospital for*

admission. *It is recognised that for those with Glenrothes post codes 4,563 contacts would be disadvantaged in terms of immediate local access and 833 contacts for those from Kirkcaldy postcodes would be advantaged in terms of local access if the transfer was to take place. The number of those disadvantaged reduces to 4,107 on the basis that 10% of total contacts result in a transfer. That is within a context of 37,596 total PCES centre contacts for a year.*
Efficiency *This option will redress the imbalance of service provision across Fife, so there is equal capacity to meet demand across all three centres. The space and service capacity at VHK overnight would be fully utilised, there is more than enough space and service capacity at VHK which is not fully utilised.*

5. Establishment of an MIU in Glenrothes

Pathway of care *Outcomes for Glenrothes patients would improve as there would be access to a wider range of services for further diagnosis and treatment. Patients would still have to be transferred if admission was required but it would produce a service on par with the others. Outcomes for Kirkcaldy patients overnight will remain as they are.*
Clinical Governance/risk *The clinical risks would be reduced for Glenrothes but retained as they are for Kirkcaldy PCES.*
Access *Access would be improved considerably for Glenrothes as the population could access a range of services not currently available on that site.*
Efficiency *MIU services were planned for the whole of Fife as part of Right for Fife. There is enough capacity in the existing services. The costs are estimated at £800,000 to provide a fit for purpose facility and estimated revenue costs including staffing are £750,000 so it would not be a priority for NHS Fife*

6. Option proposed by GAFG – Resource a new service from midnight to 8.00 am in addition to the Out of Hours service at Glenrothes

Pathway of care *A high quality pathway of care is determined by timely access to the range of services required. There are concerns that retaining the service at Glenrothes means that there is a potential delay in accessing the full range of services available at VHK for those patients seen at Glenrothes. Kirkcaldy patients will have access to a full range of services from midnight to 8.00 am.*

Clinical governance/risk *This option would lessen the risk for those patients seen at Kirkcaldy between midnight and 8.00 am.* *There would be no change to the clinical governance and risk issues identified at Glenrothes.*
Access *Existing access would be retained for the Glenrothes population. Access would be improved for Kirkcaldy patients between midnight and 8.00 am.*
Efficiency *This option would require investment in additional capacity in the region of £371,000. It is the view of the SMT that this additional capacity is not required in Central Fife, so it would not be a priority for NHS Fife.*

8. PATIENT, PUBLIC AND STAFF INVOLVEMENT

8.1 Patient and Public Involvement

Although the Strategic Management Team believe that this is not a major change, the engagement and consultation plan was rewritten and taken forward as though it was a major change. The engagement plan is attached as **Appendix five.** This was to ensure an additional rigour and breadth of consultation which would add value to the debate. All of the back up information and reports which informed the review were, and still, are available to anyone at www.nhsfife.org.pces.

A petition was received by NHS Fife in December 2012. Approximately 200 people signed the petition with the following statement:-

"We, the undersigned, call on NHS FIFE to RETAIN OUT OF HOURS GP SERVICES at GLENROTHES HOSPITAL, improving the resources as required and preserving its status as a vital local service."

At that point there was concern from the public that the delay in repairing the x ray machines operational during the day and the proposal to transfer the PCES primary care centre was part of a plan to close or downgrade Glenrothes Hospital.

The comments received during the period of consultation are attached as **Appendix six.** The key themes and responses are outlined below:-

8.1.1 Query the validity of the option appraisal process, in particular the low numbers involved.

The option appraisal process was followed in line with the Scottish Government Guidance.

8.1.2 If 11% of those attending are transferred elsewhere then NHS 24 Should triage to the right place because 90 % of the population will be severely inconvenienced for the sake of the 10%

Nationally the average referral onwards is 10%. NHS 24 is unable to refer directly to an inpatient services. They have a process called 'non core admission which means the patient is likely to need further care but is not an emergency. These patients are referred to a GP in PCES where they are assessed and referred safely.

There are also a number of patients who may, during NHS 24 triage, appear well enough to attend a primary care centre and then deteriorate.

NHS Fife has a responsibility to 100% of our patients to ensure access to the best possible care for all.

8.1.3 A number of people, particularly to the north of Glenrothes do not have a Glenrothes post code as determined by the paper but do live in Glenrothes.

There will be people who do not have a Glenrothes post code who live on the outskirts of Glenrothes. There are also those who will live on the southern outskirts of Glenrothes who gravitate to Kirkcaldy. Postcodes at this level give a good indication of patient flow but are not exact.

8.1.4 Transport concerns for people getting to Kirkcaldy

The transport survey showed that almost all patients attend by car. Those attending are already deemed to need urgent care and so are unlikely to use public transport. This is also the case during the night when there is no public transport. If patients have difficulty with transport when a visit to a primary care centre is required, a home visit will be offered.

8.1.5 Will VHK cope with the additional workload?

The PCES already has designated adjacent space in A and E which is used in the evenings and weekends. PCES provides support to A and E and helps deal with the pressures in that service. The existing capacity would transfer overnight and in the evening and weekends, the department will absorb the workload so the service will have the capacity to provide a full service, including additional support in A and E.

8.1.6 There should be additional services at Glenrothes Hospital and as The PCES doctors look after the in patients, if the service transfers then more people will be admitted.

The x ray facilities at Glenrothes have recently been upgraded, this was a concern many expressed in the public meetings.

The GPs see in patients if they require urgent care and will continue to do so. There will be no adverse impact on the patients and admissions will not increase. PCES provides the same service to in patients at Cameron Hospital.

8.1.7 The local service is of greater benefit than the issues of access to a range of services. People in Glenrothes want to keep their friendly local service.

The purpose is to provide timely care by the right clinician in the right place with the most access to the range of services required. Health outcomes are better with timely access to the range of services required. It would not be feasible to provide the whole range of services in every community.

NHS Fife SMT and lead clinicians are clear that the best option is to provide one centre in each of the three main localities in Fife, the north east, central and west. This is a good balance between local access and access to the right level of support.

The suggested option of establishing an MIU adjacent to PCES is addressed in the section looking at the options.

8.1.8 Lack of consultation

NHS Fife has followed the guidance from the Scottish Government. Although the SMT believe the service meets the criteria for a minor service change, the full process has been completed as though it was a major change.

8.1.9 It is a primary care service; GP practices don't have a full range of services like paediatrics.

People requiring care out of hours require urgent or emergency care. PCES is not providing routine primary care. If it is deemed to be routine, then patients are advised to contact their practice at the next available opportunity. If an attendee at a routine appointment in a GP practice requires emergency care, they are transferred to the appropriate service.

8.2 Staff involvement

The PCES management team have engaged widely with the staff and there have been many opportunities for staff to be involved in the discussion. Some of the staff comments are included in **Appendix five.**

As the discussions have progressed, there has been involvement from staff side partners at all stages in the process.

9. GOVERNANCE

The overall governance of PCES targets is supported through the Dunfermline and West Fife Community Health Partnership Governance arrangements.

Clinical Governance

9.1 Clinical Governance issues relating to PCES are considered as part of the overall CHP arrangements and action plan. The specific proposal has been considered in that context.

Staff Governance

9.2 The proposal has been discussed through the CHP staff governance process and at Area Partnership level.

Financial Governance

9.3 The financial implications have been considered by NHS Fife finance department.

Information Governance

9.4 There are no specific issues in relation to Information Governance.

Equality & Diversity

9.5 An equality impact assessment has been completed and attached **Appendix seven**

Service User and Public Involvement

9.6 The NHS protocols for service user and public involvement have been adhered to.

10. CONCLUSION

It is acknowledged that elements of this process could have been communicated more effectively. In NHS Fife we have learned from this and understand the local sensitivity of the issues.

Through the consultation process, the issues and concerns from the public have been carefully considered alongside the evidence from the review. A number of people in Glenrothes vehemently oppose the proposed transfer as is clear in the comments but there are members of the public who support the change, these numbers are small in comparison but those individuals were clear in their view in local meetings that this would mean a better service.

The SMT see this is as a minor change and not a diminution of the service but an enhancement. Since this has been in the public domain, it has been concluded that this proposal should be brought to the Board.

The three Patient and Public Partnership Forums across the Community Health Partnerships have discussed the issues in depth. They support the change and believe it would mean better outcomes for patients.

Staff side have considered this in detail across Fife and have been consistent in their support for the transfer.

The most senior clinicians in NHS Fife believe the change would mean a better service for patients. This includes the Board Medical Director, Nurse Director, the Clinical Director of the CHP and the GP Sub-Committee.

All of those views have to be matched against the evidence for change as outlined in section 7 in this report. On balance it is the view of the Strategic Management Team that the Glenrothes PCES primary care centre should transfer to VHK to ensure better outcomes for patients.

11 RECOMMENDATION

The Board is asked to:

- **Approve** the transfer of the Glenrothes Primary Care Emergency Service primary care centre to Kirkcaldy, Victoria Hospital.

SUSAN MANION
General Manager, Dunfermline and West Fife CHP

19th August 2013

Appendix 1 Treatment Centre Attendances by Postcode 1st April 2012 – 31st March 2013
Appendix 2 Primary Care Emergency Service Incident Report
Appendix 3 Total Admissions to Hospital 1st April 2012 – 31st March 2013
Appendix 4 Option Appraisal – 23rd April 2013 Workshop Report
Appendix 5 Involvement and Communication Plan (patient and public) in relation to the alignment of PCES services
Appendix 6 Primary Care Emergency Service Review Comments Received
Appendix 7 NHS Fife Equality Impact Assessment

Treatment Centre Attendances by Postcode: 1st April 2012 – 31 March 2013

Table 1: Glenrothes and Victoria

		8am-6pm Sat-Sun		6pm – Mid		Mid – 8am		1230 – 6pm PLT	8am – 6pm P/H		Total	
		VHK	G/R	VHK	G/R	VHK	G/R	G/R	VHK	G/R	VHK	G/R
KY1	Kirkcaldy	1014	56	883	129	0	206	6	120	20	2017	417
KY2	Kirkcaldy	1336	26	1237	94	0	234	10	189	5	2762	369
KY3	Burntisland	306	1	178	9	0	37	0	34	0	518	47
KY4	Cowdenbeath/Kelty	171	11	74	7	0	4	0	14	0	259	22
KY5	Lochgelly	520	140	403	147	0	90	8	43	14	966	399
KY6	Glenrothes	10	797	26	709	0	190	16	2	103	38	1815
KY7	Glenrothes	37	1230	40	1022	0	324	25	2	147	79	2748
KY8	Leven	426	837	367	791	0	259	13	45	105	838	2005
KY9	Leven	0	2	4	1	0	3	0	0	1	4	7
KY10	Anstruther	2	3	7	2	0	17	0	0	0	9	22
KY11	Dunfermline/Inverkeithing	85	10	46	9	0	6	0	4	0	135	25
KY12	Dunfermline	44	7	23	3	0	3	0	1	0	68	13
KY13	Kinross	8	39	4	24	0	11	0	0	10	12	84
KY14	Cupar	9	105	1	92	0	46	4	0	26	10	273
KY15	Cupar	16	235	8	162	0	75	5	0	23	24	500
KY16	St Andrews	0	2	1	1	0	23	0	0	0	1	26
TOTAL		**3984**	**3501**	**3302**	**3202**	0	**1528**	**87**	**454**	**454**	**7740**	**8772**

Treatment Centre Attendances by Postcode: 1st April 2012 – 31 March 2013

Table 2: Queen Margaret

		8am-6pm Sat-Sun	6pm – Mid	Mid – 8am	1230 – 6pm PLT	8am – 6pm P/H	Total QMH
KY1	Kirkcaldy	7	4	2	1	0	14
KY2	Kirkcaldy	3	11	4	2	0	20
KY3	Burntisland	33	43	38	3	3	120
KY4	Cowdenbeath/Kelty	820	859	249	15	114	2057
KY5	Lochgelly	165	265	90	4	34	558
KY6	Glenrothes	2	0	2	0	0	4
KY7	Glenrothes	0	3	3	0	0	6
KY8	Leven	0	3	2	0	0	5
KY9	Leven	0	4	0	1	0	5
KY10	Anstruther	0	0	0	0	0	0
KY11	Dunfermline/Inverkeithing	2595	2381	775	55	274	6080
KY12	Dunfermline	1563	1383	485	36	214	3681
KY13	Kinross	197	174	60	0	35	466
KY14	Cupar	1	1	1	0	0	3
KY15	Cupar	2	0	0	0	0	2
KY16	St Andrews	2	0	0	0	0	2
TOTAL		**5390**	**5131**	**1711**	**117**	**674**	**13023**

Treatment Centre Attendances by Postcode: 1st April 2012 – 31 March 2013

Table 3: St Andrews

		8am-6pm Sat-Sun	6pm – Mid	Mid – 8am	1230 – 6pm PLT	8am – 6pm P/H	Total NE Fife
KY1	Kirkcaldy	1	1	0	0	0	**2**
KY2	Kirkcaldy	1	0	0	0	0	**1**
KY3	Burntisland	0	0	0	0	0	**0**
KY4	Cowdenbeath/Kelty	0	1	0	0	0	**1**
KY5	Lochgelly	1	0	0	0	0	**1**
KY6	Glenrothes	3	0	0	0	0	**3**
KY7	Glenrothes	3	0	0	0	0	**3**
KY8	Leven	54	30	8	1	8	**101**
KY9	Leven	91	52	17	0	9	**169**
KY10	Anstruther	313	232	61	2	40	**648**
KY11	Dunfermline/Inverkeithing	1	3	0	0	0	**4**
KY12	Dunfermline	0	0	0	0	0	**0**
KY13	Kinross	0	0	0	0	0	**0**
KY14	Cupar	9	9	2	0	4	**24**
KY15	Cupar	553	391	115	12	69	**1140**
KY16	St Andrews	1313	833	259	24	121	**2550**
DD6	Newport On Tay	185	111	39	7	25	**367**
TOTAL		**2528**	**1663**	**501**	**46**	**276**	**5014**

Treatment Centre Attendances by Postcode: 1st April 2012 – 31 March 2013

Table 4: Totals

Postcode Area	Treatment Centre	Total
Central	Glenrothes	8772
	VHK	7740
West	QMH	13023
North East	St Andrews	5014
Other Health Board Areas		250
No Postcode Recorded		2797
TOTAL		37,596

PRIMARY CARE EMERGENCY SERVICE
INCIDENT REPORT

NHS Fife

The review of Primary Care Emergency Centre (PCES) began in 2010. Significant work has been undertaken to improve patient safety / patient experience whilst reducing identified risks in 3 out of 4 of the PCES treatment centres. Clinical risk was identified through:

- Incidents/ near misses
- Staff feedback /concerns.

The National recommendation is for co-location, where possible, with Accident and Emergency (A&E) or Minor Injury Unit (MIU) for clinical safety, staff safety, to allow the service to comply with the National Out of Hours (OOH) Standards, and to support the patient journey. This co-location also supports the diversity of skill mix within the both services; e.g. Emergency Nurse Practitioners (ENP's), Urgent Care Practitioners (UCP's), General Practitioners (GP's), Speciality Medical Staff.

- **St Andrews** treatment centre moved into purpose built accommodation in 2010, now co-located with a MIU.

- **Victoria Hospital, Kirkcaldy** (**VHK)** treatment centre moved into purpose built accommodation in 2011, now co-located with an A&E.

- **Queen Margaret Hospital, Dunfermline** (**QMH)** moved into purpose built accommodation in 2012, now co-located with a MIU.

- **Glenrothes Hospital** treatment centre has remained as was from 2002. Clinical risk has not been reduced, as there is no appropriate adjacent specialist resource or support from multi-disciplinary teams. The Urgent Care Practitioners feel very vulnerable as patients with significant acute symptoms arrive at Glenrothes Hospital. The GP can be out for several hours undertaking home visits. Additionally, "walk in" patients pose the most significant risk at all times as no NHS24 assessment/triage has been undertaken as to determine the severity of the presenting symptoms. The Acutely ill patient can deteriorate very quickly and become an Emergency patient. This then necessitates emergency transfer, which can take time to organise and arrive for the patient to get access to the care required. This delay has been identified as a significant clinical risk which should be reduced.

PCES have encouraged the use of the DATIX system to record incidents and near misses. The system has been slowly embedded and several factors have influenced this including:

- Staff in different bases with no onsite management during their working hours
- Unfamiliarity with the system
- Medical staff are known to report less than other staff groups
- Time to complete paper form and access coding booklet.

NHS Fife

NHS Fife is currently working towards the complete transfer to DATIXweb and electronic reporting system. PCES have been an early adopter of the system.

Below are records of the incidents reported, by calendar year. Vehicular and estates incidents have been excluded as they do not directly relate to patient or staff safety.

It should be noted that there has been refining of codes in anticipation of the transfer to DATIXweb.

Within the paper based system time was not always recorded in 24hr clock. Although most of the incidents will have occurred in the evening/ night time some will be during the day e.g. weekends and PH.

01/04/2010- 31/03/2011.

ID	Grade	Time	Record name	Category	Location (exact)
5740		07:20	XXXX	UBVIAG	PCECEN
3353	4_VLOW	02:00	DELAYED AMBULANCE	AAATOD	ACCEQM
4433	4_VLOW	22:00	XXXX	UBVIAG	ACCEQM
4061	4_VLOW		UNKNOWN	AAATOD	RECEPT
2931	4_VLOW	11:00	UNKOWN	MEDINC	OUTPVH
1475	3_LOW/	11:00	DRUG STORED INAPPROPRIATELY	MEDINC	ORTHOD
684	3_LOW/	10:00	MISPLACED BLOOD SAMPLE	HAINFC	CARPAR
6890	2_MOD/	12:20	XXXX	PERACC	
921	2_MOD/	10:00	STORAGE OF CLINICAL INFORMATION	CFCMCS	CARPAR
8739		10:00	MEDICINES CUPBOARD LEFT UNLOCKED	MEDICD	PCECEN
3997			MINOR INJURIES	UBVIAG	OUTPSA
6689		18:40	MISSING DRUG BAGS	MEDINC	PCECEN
6077		12:20	STAFF INJURY	PERACC	PTHOME
4718		07:20	VERBAL AGRESSION	UBVIAG	ACCEQM
9908	4_VLOW	11:15	XXXX	CLNCAL	
9157		03:55	BREACH OF PATIENT CONFIDENTIALITY	CFCMCS	ACCEQM
9704		15:10	PATIENT ACCIDENTAL FALL	PTFALL	MININJ

01/04/2011- 31/03/2012

ID	Grade	Time	Record name	Category	Location (exact)
12089		09:00	BREACH OF CONFIDENTIALITY	CFCMCS	GENOFF
12090		11:00	BREACH OF CONFIDENTIALITY	CFCMCS	GENOFF
10959		09:15	CONTROLLED DRUG DISPCREPENCY	MEDICD	PCECEN
17755		08:00	CONTROLLED DRUG STORAGE	MEDINC	RECEPT
10464		02:00	MISPLACED CONTROLLED DRUGS	MEDICD	ACCEQM
10461		02:30	PCES GLENROTHES HOSPITAL	UBVIAG	
19394		18:10	SECURITY INCIDENT	FIRSEC	RECEPT
9903		20:57	SHARPS LEFT IN PTS HOME	SHARPS	PTHOME
16148		11:15	VERBAL ABUSE	UBVIAG	PCSDIS

01/04/2012- 31/03/2013

ID	Grade	Time	Record name	Category	Location (exact)
23237		09:05	AGGRESSIVE PATIENT	UBVIAG	ACCEVK
27231		22:45	AGRESSIVE PATIENT	UBVIAG	ACCMIQ
25364	3_LOW/	10:10	ASSAULT ON RECEPTIONIST	UBVIAG	ACCMIQ
20148		19:15	CLINICAL INCIDENT	CLNCAL	PCECEN
27230		18:30	CONTROLLED DRUGS STORAGE	MEDICD	PCECEN
25745		23:35	DELAY IN ACCESSING CARE	AAATOD	
20593	3_LOW/	10:10	XXXX	PERACC	COWDEN
21050	2_MOD/	20:10	XXXXXX	PTFALL	WD44VK
24721		10:00	PRESS COVERAGE REPORT	INFRAS	PCECEN
28921		20:30	RECEPTION AREA DOOR LOCK BROKEN	FIRSEC	ACCMIQ
24998		07:30	SECURITY INCIDENT	FIRSEC	PCECEN
27229		0200	SECURITY ISSUE	FIRSEC	PCECEN

Whilst it is acknowledged that there may be historically an element of under-reporting formally within PCES, the following Incidents have been recorded. Many incidents were reported verbally and acknowledged verbally. Many issues were raised and discussed through Urgent Care Practitioner meetings.

A 999 call (target response 8 minutes) is always requested. When the patient is in a PCES base, they are perceived to be in a place of safety and there can be a delay in response.

Below are incidents not recorded on DATIX but noted within the service. They cover the period 2006- present and are shown by centre

GLENROTHES – 8 incidents

YEAR	INCIDENT
2006	Patient required oxygen which was not available, problem with regulator, Emergency transfer to VHK.
2007	Patient short of breath / wheezing. Required resuscitation. Emergency transfer to VHK.
2007	Patient collapsed. Lack of clinical equipment required available. Emergency transfer to VHK
2008	Family arrived and asked for assistance outside in the car park, patient had collapsed and subsequently died in the car park.
2009	Patient arrived for appointment but before entering building delivered baby in the carpark. Transfer to Forth Park arranged.
2011	An un-appointed patient attended with brother, brother stated he could no longer cope with her behaviour. He said she was out of control and violent. No Security on site to assist. Police were called to attend.
2011	Family arrives at Glenrothes PCES service without prior triage. The family were unable to speak English. Emergency transfer to VHK as it was a very young baby who was extremely unwell.
. 2012	Blue baby brought in, emergency CPR performed, baby was emergency transfer to VHK.

ST ANDREWS – 1 incident

YEAR	INCIDENT
2011	Man arrived at St Andrews with severe chest pain, had been appointed to attend Glenrothes. CPR performed unsuccessfully.

QMH – 4 incidents

YEAR	INCIDENT
2008	Blue baby brought in, immediate transfer to A&E on site
2009	Patient collapsed in waiting area, immediate transfer to A&E on site
2009	Patient collapsed, head injury, immediate transfer to A&E on site
2009	Patient fall, head injury, immediate transfer to A&E on site.

VHK - No incidents recorded.

NHS24 CLINICAL INCIDENT REPORTING (THEMED)

NHS 24 feedback in relation to delays in care at Glenrothes hospital is noted below

- Transfer by 999 x 4 (3 chest pain and 1 suspected meningitis)
- Transfer to A&E x 2 (head injury)
- Transfer to A&E x 7 (other bony injuries)

STAFF FEEDBACK (themed)

Clinicians have repeatedly raised their concerns in a variety of ways regarding Glenrothes Hospital due to;

- Lack of clinical support
- Lack of Clinical Specialist Resource
- Time taken for Emergency transfer
- Inappropriate/prolonged patient journeys for admission to specialist care

Lesley Eydmann
Localities Manager
DWF CHP.

GLOSSARY OF CODES

CODE	
UBVIAG	Unwanted Behaviours; Violence and Aggression
AAATOD	Access/ Appointment/Admission/ Transfer or Discharge
MEDINC	Medication (non- Controlled Drugs)
MEDICD	Medication (Controlled Drugs)
PERACC	Personal Accident
CFCMCS	Confidentiality, Communication or Consent
HAINFC	Healthcare Associated Infection
FIR/SEC	Fire/ Security
CLINCAL	Clinical
PTFALL	Patient fall
INFRAS	Infrastructure(Accommodation/ Availability/ Staffing)

Appendix 3

Total Admissions to Hospital 1 April 2012 – 31 March 2013

	Sent to Hospital				Home Visits	TOTAL
	QMH	VKH	STA	G/R		
2006 – 31 March 2007	1410	584	503	785	1560	4842
2007 – 31 March 2008	1097	792	726	1405	908	4928
2008 – 31 March 2009	1533	1126	561	1193	1219	5632
2009 – 31 March 2010	1408	1266	513	1122	1305	5614
2010 – 31 March 2011	1362	1184	507	1060	1121	5234
2011 – 31 March 2012	1417	989	494	1053	1214	5167
2012 - 31 March 2013	1446	992	417	987	1177	5019

Primary Care Emergency Service
NHS Fife

Option Appraisal – 23rd April 2013

Workshop Report

Contents

1. Introduction

On April 23rd 2013 an option appraisal was conducted as part of the process to decide on the best way of providing NHS Fife's Primary Care Emergency Service (PCES) in the future. The appraisal was designed to assess the benefits associated with a range of pre-shortlisted options.

The process followed the guidance set out in the Scottish Government's *Scottish Capital Investment Manual* and was independently facilitated by Dick Fitzpatrick from NHS Lothian. Representatives from the Scottish Health Council also attended as observers and conducted an independent evaluation of the event.

The 'Benefit Criteria' were scored by a group comprising 5 public participants, 3 NHS Fife Clinicians and 5 NHS Fife Mangers/Other Staff.

2. Option Appraisal Workshop

The aim of the workshop was to review, rank and weight benefit criteria, then score the shortlisted options against those benefit criteria.

2.1 Benefit Criteria

The benefit criteria were identified by NHS Fife and circulated to attendees prior to the workshop. There were 6 criteria, adapted from the 6 dimensions of Healthcare Quality from Scottish Government's 2010 Healthcare Quality Strategy. Although pre-chosen, the criteria were reviewed (with opportunity for correction or adjustment), discussed and agreed on by attendees at the option appraisal workshop.

The agreed criteria are given in the table below:

Benefit Criteria	Key Features
Person Centered **Patients are seen by the right person, in the right place within an appropriate timeframe**	Care is responsive and appropriate to patients needs and the patient is included in clinical decisions:- • Access to appropriate services • Availability of transport • Care is delivered within an appropriate safe timeframe
Safe **Reduced clinical risk**	Avoiding injuries to patients from care that is intended to help them:- • Staff are appropriately trained to deal with presenting conditions and emergency situations • Support is available upon request to ensure urgent care does not become emergency care • Appropriate facilities are available to meet the care needs of the patient including diagnostics • Easy access to specialized skills and services is available • Significant events are avoided • The environment is safe for the clinicians/patients and there is easy access to security/assistance when required
Effective **Improved quality of care and outcomes**	Providing services based on scientific knowledge:- • Range of services available to meet all presenting complaints • Training provision is appropriate and there is access to a multi-skilled workforce • Access to emergency treatment/drugs/investigations • Access to medical records to ensure continuity of care • Strategic planning and implementation to facilitate achievement of Quality Indicators

Efficient **Seamless journey through unscheduled care**	Avoidance of waste including energy, supplies, equipment, resources inc staff and ideas:- • No unnecessary journeys or inter-hospital transfers • Transfer to appropriate care provision is timely/appropriate • All specialist skills are available to maximise care provision • The available workforce has a range of skills and is flexible and responsive to meet the needs of the patients • Integration of services allows access to an increased specialised skills base • The infrastructure is designed to ensure that a wide range of presenting conditions can be safely/appropriately managed • The service is financially viable and appropriate
Equitable **All patients have access to a range of service provision**	Providing care that does not vary in quality because of geography, location or socio-economic status:- • Standardisation of facilities and access to a full range of service provision • Access to staff who are suitably trained to meet the needs of urgent care and reduce the risk of harm
Timely **There is no delay in receiving the care required**	Reduction of harmful delays for those who give and receive care:- • Seamless transfer to ensure care provision is appropriate • Recognised pathway to appropriate care is documented agreed and followed. • Specialist investigation and intervention is available onsite

Table 1 Benefit Criteria

2.2 Stage 1: Ranking and Weighting the Criteria

It is important to establish and assess the relative importance of the benefit criteria.

This process was split into two stages:

1. **Ranking**, provides a guide to the relative importance of each benefit criteria
2. **Weighting**, provides an opportunity to quantify the relative importance of each of the benefit criteria.

2.2.1 Ranking

This was achieved through group discussion of each of the criteria and their key features. The group agreed the order of importance of each and ranked them in that order - starting with the criteria considered the most important. At this stage the exercise was solely concerned with achieving an absolute ranking. Differentiation between the criteria was not made until the weighting exercise.

Final Ranking

Benefit Criteria	Final Rank (Where 1 is the most important)
Safe	**1**
Effective	**2**
Person Centred	**3**
Efficient	**4**
Timely	**5**
Equitable	**6**

Table 2 Final Ranking of Benefit Criteria

2.2.2 Weighting

Ranking was followed by weighting the benefit criteria. This exercise determined the relative importance of the criteria through group discussion with real time input projected onto a large presentation screen.

Each criterion was weighted against the one ranked above it. The highest ranked criterion was given a score of 100 (highlighted orange in table 3 below). The relative weight of each criterion with respect to the criterion ranked above it is shown in yellow below. The weight for each criterion is calculated using the results of the total ranking. The relative weights and scores are shown in the table below. All numbers in this document are given to 1 decimal place.

Criteria	1V2	2V3	3V4	4V5	5V6	Weight (%)
Safe	100					**21.7**
Effective	95	100				**20.6**
Person Centred		80	100			**16.5**
Efficient			95	100		**15.7**
Timely				90	100	**14.1**
Equitable					80	**11.3**

Table 3 Weighting Benefit Criteria

2.2.3 Summary of the Final Ranking and Weights

Criteria	Final Rank	Weight
Safe	**1**	**21.7%**
Effective	**2**	**20.6%**
Person Centred	**3**	**16.5%**
Efficient	**4**	**15.7%**
Timely	**5**	**14.1%**
Equitable	**6**	**11.3%**

Table 4 Rank and Weight Summary

2.3 Scoring the Short Listed Options

The ranked and weighted benefit criteria were then used in the next stage of the process of assessing the benefits of each of the shortlisted options (table 5). This involved an assessment of the potential of each of the options to meet the agreed benefit criteria.

Table 5 – Shortlisted options

Option 1	Do nothing
Option 2	Partial transfer from Glenrothes (PCTC) to Victoria (PCTC) *Midnight to 8am Monday- Thursday*
Option 3	Partial transfer from Glenrothes (PCTC) to Victoria (PCTC) *Midnight to 8am and full weekends*
Option 4	Transfer of full service from Glenrothes (PCTC) to Victoria (PCTC)
Option 5	Establishment of a minor injuries unit on the Glenrothes Hospital site.

Each attendee had their own scoring sheet, so each individually scored the 5 shortlisted options. Participants were asked to assess how well each of the options met the benefit criteria previously agreed and apply a score from the table below:

Scoring

Score	Evaluation
10	Could hardly do better
9	Excellent
8	Very Well
7	Well
6	Quite Well
5	Adequate
4	Somewhat Inadequate
3	Badly
2	Very Badly
1	Extremely Badly
0	Could Hardly be Worse

Table 6 Definitions for scoring

3. Results

3.1 Overall Results

Once collected the results were aggregated and averaged. The previously calculated weighting factors were then applied to the scores to provide a total weighted result for each option. The options are ranked below by their overall score. Again, this was done in real time with the scores projected onto a large screen once completed forms were handed to the independent facilitator. The final outcome was:

Summary of Results

Rank	Score	Option
1	**785.2**	***Option 4*: Transfer of full service from Glenrothes (PCTC) to Victoria (PCTC)**
2	**599.5**	***Option 3*: Partial transfer from Glenrothes (PCTC) to Victoria (PCTC) - Midnight to 8am and full weekends**
3	**521.4**	***Option 5*: Minor Injuries Unit**
4	**505.6**	***Option 2*: Partial transfer from Glenrothes (PCTC) to Victoria (PCTC) - Midnight to 8am Monday - Thursday**
5	**390.7**	***Option 1*: do nothing**

Table 7 Summary of results

In these averaged results over all participating groups the highest scored option was **Option 4: Transfer of full service from Glenrothes (PCTC) to Victoria (PCTC).**

3.2 Sensitivity testing

In order to test the robustness of the results of the option appraisal an assessment of the sensitivity of the ranking of the scores to key variables and assumptions was carried out. The table below shows the outcomes of the scoring exercise for each individual group (by group), by combination, what the outcome would have been if each criterion had an equal weighting and the outcome if the top criterion is excluded. In all cases the top scoring option (highlighted in green) remained the same. This indicates the robustness of the final outcome in suggesting the preferred option.

Sensitivity Test	Opt 1	Opt 2	Opt 3	Opt 4	Opt 5
Overall Scores and Ranking					
Rank	**5**	**4**	**2**	**1**	**3**
Baseline Score	**390.7**	**505.6**	**599.5**	**785.2**	**521.4**
NHS Fife Staff					
NHS Managers					
Rank	**5**	**3**	**2**	**1**	**4**
Score	**335.9**	**504.0**	**548.9**	**785.2**	**417.3**
NHS Fife Clinicians					
Rank	**5**	**4**	**2**	**1**	**3**
Score	**307.7**	**392.9**	**535.2**	**924.4**	**448.1**
Total NHS Fife Staff					
Rank	**5**	**3**	**2**	**1**	**4**
NHS Fife Staff	**325.3**	**462.3**	**543.8**	**837.4**	**428.8**
Public Participants					
Rank	**5**	**4**	**2**	**1**	**3**
Public	**495.3**	**575.0**	**688.7**	**701.6**	**669.4**
Rank	**5**	**4**	**2**	**1**	**3**
Equal weight to criteria	**396.2**	**506.4**	**597.4**	**773.1**	**521.8**
Rank	**5**	**4**	**2**	**1**	**3**
Exclude scores for top criteria	**318.8**	**397.0**	**472.5**	**596.3**	**404.4**

Table 8 Sensitivity testing

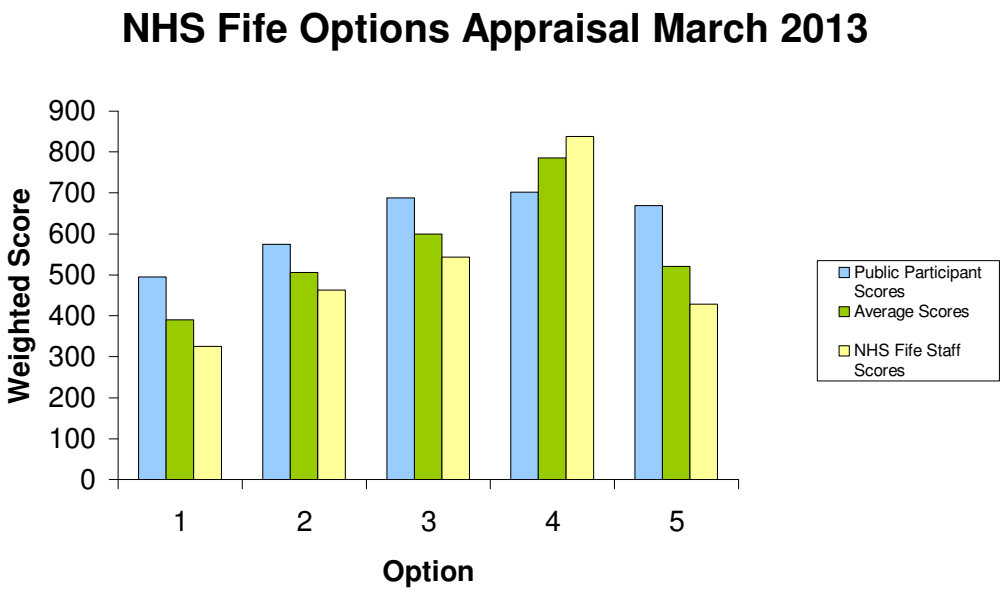


Figure 1 Overall weighted score for each option

Table 7 (sensitivity testing) and Figure 1 (above) show that the total score for each option varied by participant group. There is a larger difference between the scores for each option from NHS staff than from public participants. This indicates that those participants have more marked preferences. Nevertheless the top two scoring options were consistent across all groups participating in the appraisal.

For thoroughness the NHS Fife scoring is broken down into scores from Clinicians and Management/Other Staff (Figure 2). In both groups Option 4 is the highest scoring Option.

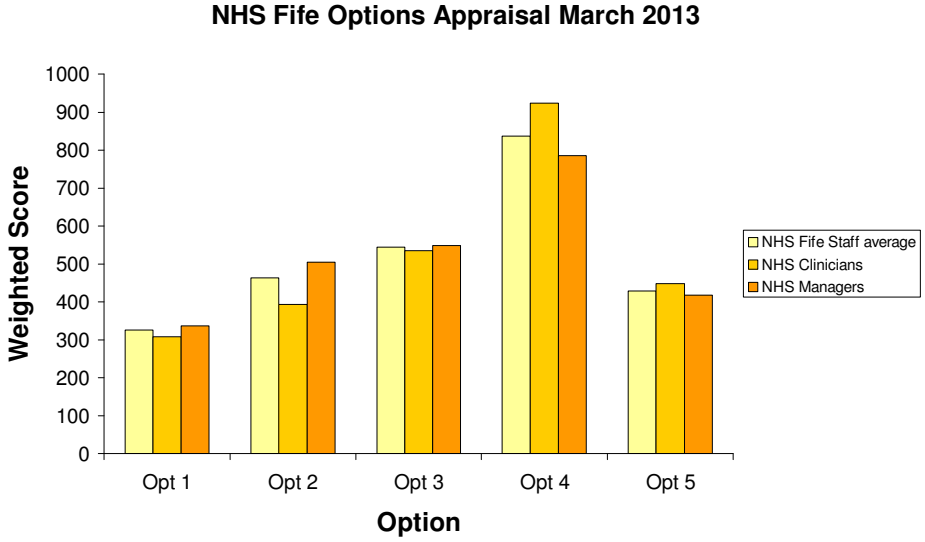


Figure 2 NHS Fife scoring broken down into scores from Clinicians and Management/Other Staff

3.3 Score Breakdown for NHS Fife Staff and Public Participants

The tables below break down the weighted score each option was given for each of the benefit criteria. Table 8 does this across all participants while Tables 9-12 break the scores down by the different groups who attended the options appraisal (e.g. staff at NHS Fife and members of the public). These broken down scores can be used to understand if different groups have different priorities.

Weighted scores add together to give the 'Total Score for Each Option'. For each group of participants the option with the highest total score has been highlighted in purple.

The highest scoring option for each benefit criterion is highlighted green. For example in table 8 (all participants) the option with the highest score for being 'Safe' is Option 4 - with a score of 188.9.

These (green) highlighted scores show that NHS Fife staff gave Option 4 the highest score for all benefit criteria. They also show that, although the public participants did not give one option the highest score on all benefit criteria, overall they scored Option 4 the most highly.

All participants

Benefit	Weight (%)	Option 1	Option 2	Option 3	Option 4	Option 5
Safe	21.7%	71.9	108.7	127.0	188.9	117.0
Effective	20.6%	81.0	103.2	131.8	171.5	104.8
Person Centred	16.5%	82.6	90.2	95.3	113.1	95.3
Efficient	15.7%	53.1	76.0	96.6	125.5	70.0
Timely	14.1%	50.0	68.4	83.6	109.7	71.7
Equitable	11.3%	52.1	59.1	65.2	76.5	62.6
Total Score for Each Option		390.7	505.6	599.5	785.2	521.4

Table 9

Total NHS Fife Staff (Clinicians, Managers and Other)

Benefit	Weight (%)	Option 1	Option 2	Option 3	Option 4	Option 5
Safe	21.7%	57.0	92.4	114.1	198.3	100.5
Effective	20.6%	69.7	98.1	118.7	183.2	82.6
Person Centred	16.5%	76.4	90.8	95.0	121.8	84.6
Efficient	15.7%	39.2	66.7	84.3	135.3	47.1
Timely	14.1%	40.6	56.5	72.4	118.3	61.8
Equitable	11.3%	42.4	57.9	59.3	80.5	52.2
Total Score for Each Option		325.3	462.3	543.8	837.4	428.8

Table 10

NHS Fife Clinical staff

Benefit	Weight (%)	Option 1	Option 2	Option 3	Option 4	Option 5
Safe	21.7%	36.2	58.0	94.2	217.3	101.4
Effective	20.6%	89.5	96.3	123.9	206.4	82.6
Person Centred	16.5%	88.1	93.6	93.6	121.1	88.1
Efficient	15.7%	26.2	47.1	88.9	151.7	47.1
Timely	14.1%	18.8	37.7	70.6	141.2	61.2
Equitable	11.3%	49.0	60.2	64.0	86.6	67.8
Total Score for Each Option		307.7	392.9	535.2	924.4	448.1

Table 11

NHS Fife Manager/Other

Benefit	Weight (%)	Option 1	Option 2	Option 3	Option 4	Option 5
Safe	21.7%	69.5	113.0	126.0	186.9	100.0
Effective	20.6%	57.8	99.1	115.6	169.3	82.6
Person Centred	16.5%	69.4	89.2	95.8	122.2	82.6
Efficient	15.7%	47.1	78.5	81.6	125.5	47.1
Timely	14.1%	53.7	67.8	73.4	104.5	62.1
Equitable	11.3%	38.4	56.5	56.5	76.8	42.9
Total Score for Each Option		335.9	505.0	548.9	785.2	417.3

Table 12

Public Participants

Benefit	Weight	Option 1	Option 2	Option 3	Option 4	Option 5
Safe	21.7%	95.6	134.7	147.8	173.9	143.4
Effective	20.6%	99.1	111.5	152.8	152.8	140.4
Person Centred	16.5%	92.5	89.2	95.8	99.1	112.3
Efficient	15.7%	75.3	91.0	116.1	109.8	106.7
Timely	14.1%	65.0	87.6	101.7	96.0	87.6
Equitable	11.3%	67.8	61.0	74.6	70.0	79.1
Total Score for each Option		495.3	574.0	688.7	701.6	669.4

Table 13

3.4 Workshop Attendee Numbers

Group	Number
NHS Fife Clinicians	3
NHS Fife Managers/Other	5
Public Participants	5

Table 14

DUNFERMLINE & WEST FIFE CHP
PRIMARY CARE EMERGENCY SERVICE (PCES)

INVOLVEMENT AND COMMUNICATION PLAN (PATIENT AND PUBLIC) IN RELATION TO THE ALIGNMENT OF PCES SERVICES

		Objectives	Outcome	Evidence	Responsibility
78	19.07.13 Meeting with MP/MSPs			Meeting	Chair, NHS Fife Chief Executive, NHS Fife
77	11.07.13 Meeting with Glenrothes Area Futures Group Representatives			Meeting	Chair, NHS Fife Head of Corporate Services
76	11.07.13 PCES Stakeholder Group Meeting No. 12	To update PCES Stakeholder Group on progress.		Agenda Minute Extract	PCES Management Team
75	11.07.13 D&WF CHP Committee Meeting No. 7	To update, prompt debate and encourage comments.	Comments will be included in the Board paper.	Meeting	D&WF CHP General Manager
74	09.07.13 K&L CHP Committee Meeting No. 3	To update, prompt debate and encourage comments.	Comments will be included in the Board paper.	Meeting	D&WF CHP General Manager
73	03.07.13 G&NEF CHP Committee Meeting No. 3	To update, prompt debate and encourage comments.	Comments will be included in the Board paper.	Meeting	D&WF CHP General Manager
72	May 2013 Information uploaded to the website and interested parties notified.	To inform interested parties and encourage submission of comments.	Comments will be included in Board paper.	www.nhsfife.org/pces List of parties from Norma Wilson	D&WF CHP General Manager
71	31.05.13 Meeting with Tricia Marwick & Lindsay Roy Meeting No. 10			Meeting	Chair, NHS Fife Chief Executive, NHS Fife
70	17.05.13 Meeting with Tricia Marwick & Lindsay Roy Meeting No.9			Meeting	Chair, NHS Fife Head of Corporate Services
69	15.05.13 Kirkcaldy	Provide information, update and discussion.	No members of public attended.		Chief Executive, NHS Fife Medical Director, NHS Fife Lead Nurse, PCES

68	14.05.13 Public Meeting Glenrothes	Provide information, update and discussion.	Comments collated	Notes	Chief Executive, NHS Fife Medical Director, NHS Fife Lead Nurse, PCES
67	08.05.13 Public Meeting Kennoway	Provide information, update and discussion.	Comments collated	Notes	Chief Executive, NHS Fife Medical Director, NHS Fife Lead Nurse, PCES
66	07.05.13 Public Meeting Kingskettle	Provide information, update and discussion.	Comments collated	Notes	Chief Executive, NHS Fife Medical Director, NHS Fife Lead Nurse, PCES
65	08.03.13 Member Scottish Parliament/ Member of Parliament meeting Meeting No. 8	Informal Briefing for MSPs/MPs/NHS Fife Meeting		Minute Extract	D&WF CHP General Manager
64	23.04.13 Option Appraisal Workshop	Appraise the options	Outcome determined	Preparatory Paperwork Report SHC Evaluation Results Note of Workshop	Senior Strategic Healthcare Planner
63	09.04.13 PCES Stakeholder Group Meeting No. 11	To update PCES Stakeholder Group on progress.	The Group noted that a full day has been identified and an external facilitator from Lothian will be involved. Invited guests will include PFPI reps and NHS.	Agenda and Minute Extract	PCES Management Team with Independent Facilitator
62	07.03.13 Meeting with Glenrothes Area Futures Group Representatives	Update & Discussion	Discussion	Letter dated 18.03.13	Chair NHS Fife Head of Corporate Services
61	15.02.13 Option Appraisal Pre-meeting for Public Members	Familiarise PPF members with the option appraisal process	Discussion	Agenda Attendance List Handouts	Senior Strategic Healthcare Planner Project Manager. Royal Edinburgh Campus Re-development Scottish Health Council
60	12.02.13 PCES Stakeholder Group Meeting No. 10	To update PCES Stakeholder's Group on progress	The group noted that there was an Options Appraisal convened for the 26th February 2013 and this will be facilitated by an external body. Representation will include the three CHPs and the Public Partnership. A	Agenda and Minute Extract	PCES Management Team

			presentation will be given working through the various options which included: • no action; • moving the full services from Glenrothes to VHK; • moving the overnight service or overnight and weekend service from Glenrothes to VHK. There will be criteria set out and a scoring procedure and the preferred option will be submitted to the NHS Board in August 2013 for a final decision.		
59	08.02.13 Meeting with MP/MSPs Meeting No. 7	Update & Discussion	Agreed to provide an additional public meeting in Kennoway.	Schedule of meetings	Chair NHS Fife Head of Corporate Services
58	06.02.13 Joint Public Partnership Forum Reference Group Meeting No. 3			Minute Extract	
57	14.12.12 Member Scottish Parliament/ Member of Parliament meeting Meeting No. 6	Informal Briefing for MSPs/MPs/NHS Fife Meeting		Minute Extract	D&WF CHP General Manager
56	11.12.12 PCES Stakeholder Group Meeting No. 9	To update PCES Stakeholder's Group on progress	The group noted that the decision about the Models of Care was currently with the NHS Board Futures Group who are looking at all the options. The paper is being submitted to the Board later in 2013.	Agenda and Minute Extract	PCES Management Team
55	10.12.12 Meeting with Glenrothes Area Futures Group Representatives	Update & Discussion	Comments collated. Commitment to share SMT paper given.	Emails exchanged January and February 2013	Chair NHS Fife Head of Corporate Services D&WF CHP Localities Manager Communications Officer
54	05.12.12 D&WF PPF Reference Group Meeting No. 3	Update & Discussion		Minute Extract	Head of Clinical Governance, D&WF CHP

53	27.11.12 NHS Fife Board Development Session	Update & Discussion	Comments collated	Extracts from NHS Fife Board Minutes 18.12.12 Board Report 18.12.12 - Board Development Session 27.11.12	Chair NHS Fife D&WF CHP General Manager
52	23.11.12 Meeting with MP/MSP (1 topic) Meeting No. 5	Update & Discussion	Comments collated	No notes taken	Chair NHS Fife Chief Executive NHS Fife
51	23.11.12 G&NEF CHP PPF Reference Group. K&L CHP PPF Reference Group members also invited. Meeting No. 1	To provide information and encourage discussion. K&L CHP attendees – 2 G&NEF CHP attendees – 6	Comments collated for consideration.	Presentation. Note of Meeting	D&WF CHP Localities Manager PCES Lead Nurse PFPI Lead
50	13.11.12 K&L CHP Committee Meeting No. 2	Update paper presented to raise awareness and discussion	Comments collated for consideration	Paper and Minute Extract	D&WF CHP Localities Manager
49	08.11.12 D&WF CHP Committee Meeting No. 6	Update paper presented to raise awareness and discussion	Comments collated for consideration	Paper and Minute Extract	D&WF CHP Localities Manager
48	08.11.12 Public meeting arranged by Glenrothes Area Futures Group	Discussion	Comments collated	No notes taken	Attended by: Vice-Chair NHS Fife Medical Director, NHS Fife Associate Clinical Director, PCES
47	07.11.12 G&NEF CHP Committee Meeting No. 2	Update paper presented to raise awareness and discussion	Comments collated for consideration	Paper and Minute Extract	D& WF CHP Localities Managers
46	October 2012 removed 17.12.12 Information added to NHS Fife website	To provide information to Fife residents on PCES and the review of the service. To provide opportunity to comment via the generic email address.	Comments collated for consideration.	Paper collated comments	D&WF CHP Localities Manager

Community Council Meetings (August 2012 – October 2012)					
45	23.10.12 Ladybank & Howe of Fife • Auchtermuchty • Falkland • Kingskettle • Ladybank • Freuchie	To engage with the local community on the proposal to relocate PCES	Background/work to date/reason for proposal discussed. • Concern expressed by residents of Glenrothes and the surrounding areas about - accessibility / transport - delay in care due to extra travel time - the long-term future of Glenrothes Hospital • Suggestion that a Minor Injuries Unit should be developed at Glenrothes Hospital. • Query as to why D&WF CHP Committee will make the decision.	Meeting	D&WF CHP General Manager
44	18.10.12 Kinglassie	To engage with the local community on the proposal to relocate PCES		Meeting	D&WF CHP General Manager/PCES Associate Clinical Director/G&NEF CHP Non-Executive Director
43	16.10.12 Leslie	To engage with the local community on the proposal to relocate PCES		Meeting	D&WF CHP Localities Manager/PCES Lead Nurse
42	03.10.12 Auchmuty	To engage with the local community on the proposal to relocate PCES		Meeting	D&WF CHP General Manager /G&NEF Chair/F Purdon, G&NEF CHP Committee, Non-Executive Director
41	13.09.12 North Glenrothes	To engage with the local community on the proposal to relocate PCES		Meeting	PCES Lead Nurse/PCES Associate Clinical Director/D&WF CHP Chair/D&WF CHP General Manager/ F Purdon, G&NEF CHP Committee, Non Executive Director
40	12.09.12 Finglassie/Stenton	To engage with the local community on the proposal to relocate PCES		Meeting	D&WF CHP General Manager/G&NEF CHP Chair
39	30.08.12 - Markinch	To engage with the local community on the proposal to relocate PCES		Meeting	D&WF CHP General Manager/PCES Lead Nurse
38	18.10.12 Glenrothes Area Residents Federation	To engage with the local community on the proposal to relocate PCES		Meeting	D&WF CHP General Manager/PCES Lead Nurse/G&NEF CHP Committee Non-Executive Director
37	19.09.12 Councillors from all Wards	To engage with the local community on the proposal to relocate PCES		Meeting	PCES Lead Nurse/PCES Associate Clinical Director/D&WF CHP General Manager
36	15.08.12	To engage with the local community on the proposal to relocate PCES		Meeting	D&WF CHP General Manager /Kay Morrison/Ian Sloan

35	14.09.12 Member Scottish Parliament/ Member of Parliament meeting Meeting No: 4	Informal Briefing for MSPs/MPs/NHS Fife Meeting		Minute Extract	D&WF CHP General Manager
34	09.10.12 PCES Stakeholders Group Meeting No.	To update PCES Stakeholder's Group on progress	The Group noted that work was still ongoing. Meetings had been held with Community Groups where robust conversations had taken place. Representations from PCES, D&WF & GNEF have been present to support the informing and discussion process. Further meetings have been arranged.	Agenda and Minute Extract	PCES Management Team
33	21.08.12 PCES Stakeholder Group Meeting No. 8	To update Stakeholder group on progress	Group noted that the management team will be attending Glenrothes community council meetings to discuss the model of care paper.	Agenda and Minute Extract	PCES Management Team.
32	17.08.12 Kirkcaldy & Levenmouth PPF Reference Group			Minute Extract	
31	12.07.12 DWF CHP Committee Meeting No. 5	To update committee on progress with the reconfiguration of the PCES centres	Verbal discussion on the proposal to move Glenrothes service to the VHK in line with national recommendations to align PCES centres with MIU /A&E. Patient Travel survey has been undertaken.	Minute Extract	DWF CHP General Manager.
30	04.07.12 GNEF CHP Committee Meeting No. 1	Communication with Glenrothes/NEF CHP Committee regarding the proposed relocation.	To inform and engage with Glenrothes and NEF CHP Committee. Background for review given. Review included the number of people using the service. The area they had travelled from, number of home visits, number of admissions. (paper with full details available but not distributed)	Meeting Verbal Update Agenda and Minute Extract	D&WF CHP General Manager/G&NEF CHP
29	20.06.12 Joint PPF Meeting Meeting No. 2	To present the comments from the survey undertaken over the new year period and the subsequent Travel	▪ Concerns raised about people who were unable to attend due to lack of suitable	Minute Extract	PCES/Joint PPF

		Survey as this was the main concern and comments received.	transport and/or disability and was advised that if that was the case, the GP involved would carry out a further assessment and may arrange either a home visit or attendance at another service. ▪ In response to a query about the term "Emergency", Mr X was advised that anything that cannot wait until a patient's own GP was available was classed as an emergency. ▪ Concern that the system was open to abuse, however, acknowledged that although this may be an issue, patient safety was the ultimate priority. ▪ A Transport survey was conduct with service users during 4th -7th. May. 85% of patients travelled by car.		
28	18.06.12	Communication with MSPs	To inform and discuss with MSPs the proposal for relocation.	Briefing Paper Extract – 15 June 2012	D&WF CHP General Manager
27	15.06.12 Member Scottish Parliament/ Member of Parliament meeting Meeting No: 3	Informal Briefing for MSPs/MPs/NHS Fife Meeting	To inform and discuss with MSPs/MPs the proposal to achieve the clinical requirement for adjacency for patients in Central Fife. This involves move from Glenrothes to provide a full time service at VHK. Patient engagement has taken place across the CHPs. Meeting arranged with MP/MSP to discuss.	Meeting Briefing Paper Extract – 15 June 2012 *27 & 28 evidence the same*	D&WF CHP General Manager
26	25.05.12	Communication with Glenrothes/NEF CHP Committee regarding the proposed relocation.	To inform and engage with Glenrothes and NEF CHP Committee	Meeting Presentation	PCES/G&NEF CHP D&WF CHP General Manager D&W F CHP Localities Manager

			(Development Session 25.05.12) of the proposed relocation.		
25	08.05.12 PCES Stakeholder Meeting No. 7	Summary of proposed relocation discussed and continually updated with PCES Stakeholders group	Update that a development session with GNEF CHP committee being held on 25th. May to discuss the proposal. Accommodation at VHK will require discussion.	Agenda and Minute Extract	PCES
24	Travel Survey with Service users 04.05.12 – 08.05.12	Engagement with service users regarding accessibility of services in central Fife area during out of hours period.		Survey	
23	27.03.12	Discussion on content of paper and identify how to communicate and engage in G&NEF	PPF and community council/groups added to Communication and Engagement Action Plan	Note of Meeting	D&WF CHP General Manager/D&WF CHP Localities. Manager/G&NEF CHP Chair/G&NEF CHP Acting Locality General Manager
22	16.03.12 Member Scottish Parliament/Member of Parliament meeting Meeting No. 2	Informal Briefing for MSP/MPs/NHS Fife Meeting	To inform and discuss with MSPs/Mps the proposal to realign services in Central Fife. Initial discussion has taken place with our Public Partners. Ongoing engagement and communication across all three CHPs.	Meeting Briefing Paper Extract	D&WF CHP General Manager
21	13.03.12 PCES Stakeholder Meeting No. 6	Summary of proposed relocation discussed and continually updated with PCES Stakeholders group	Nothing further to report.	Agenda and Minute Extract	PCES

20	13.03.12 K&L CHP Committee Meeting No. 1	Communication with K&LCHP Committee Paper regarding the proposed relocation of Glenrothes service to make the VHK service full time.	To engage and inform K&LCHP of the proposed relocation. Comments to be included in next iteration of paper. Comments raised – 1. Members wished to be reassured that there will be adequate accommodation at VHK to cope with workload. 2. Members wished to be reassured that there will be adequate staffing levels to cope with the workload as appendix A seemed to show 1 GP less than currently in place. There were no other concerns.	Agenda and Minute Extract Paper	K&L CHP Committee
19	08.03.12 DWF CHP Committee Meeting No. 4	Verbal update on proposal to realign Glenrothes PCES with VHK service.	Recommendation in line with the appropriate clinical model, adjacency with MIU/A&E. Survey has been undertaken with Service users of Glenrothes service (Dec/Jan.2012) Further dialogue required with K&L and GNEF committees.	Agenda and Minute Extract	PCES Manager.
18	24.02.12 – 05.05.12	Ensure that NHS Fife works within Purdah. ***Purdah*** is the pre-election period in the United Kingdom, specifically the time between an announced election and the final election results.[1] The time period offers a prior opportunity for government departments to develop guidance and policy due to any impact resulting from the election. It also prevents central and local government departments from making announcements about any	No public/service user/ councillor engagement taken during Purdah - period prior to the local election and immediately after. 10 week gap in engagement activities.	Notification from Scottish Government	PCES

		new or controversial government initiatives (such as modernisation initiatives, administrative and legislative changes) which could be seen to be advantageous to any candidates or parties in the forthcoming election, or which may commit any incoming new administration to policies which it wouldn't support.			
17	01.02.12 GNEF PPF Meeting No: 4	Update from public member on the PCES stakeholder group	Awareness raising of proposal to move PCES from Glenrothes to VHK.	Minute Extract	PPF Members
16	18.01.12 GP&PC Group Meeting No: 2	Update provided following discussion at CHP Committee	Committee discussion noted – ongoing engagement noted.	Agenda and Minute Extract	D&WF CHP Localities Manager
15	12.01.12 D&WF CHP Committee Meeting No. 3	Paper to D&WF CHP Committee	Committee noted the proposal and agreed to support further communication and engagement dialogue via the other CHPs, PPFs and other stakeholders.	Agenda and Minute Extract Paper	PCES manager All Committees for support and D&WF CHP Committee for approval
14	10.01.12 PCES Stakeholder Meeting Meeting No. 5	Summary of proposed relocation discussed and continually updated with PCES Stakeholders group	Update provided. Concerns in relation to Impact on staff.	Agenda and Minute Extract	PCES
13	December 2011 Service User engagement	Engagement with PCES patients regarding the proposed relocation. To explore and discuss positive and negative public perceptions through comment cards. To inform the public of the proposed relocation via 2 week poster and leaflet displays at QMH, VHK, Glenrothes and St Andrews with comment cards available. Survey period 28.12.11 – 11.01.12	1954 people seen during this period at the 4 treatment centres and 240 people returned comments. These were from QMH (33%) and VHK (47%) – 16% from Glenrothes Hosp. Overall 83% of people who responded understood the need to move services.	Poster display Information leaflet for public Comment cards to gather patient feedback	PCES
12	21.12.11 D&WF PPF Meeting No: 2	Update to Group members from public member about new PCES standards	Raised awareness about new standards that PCES should be beside A&E or MIU. It makes good sense to move the Glenrothes service to VHK. Service user comments will require	Minute Extract	PPF Members

			to be considered.		
11	16.12.11 MSPs /MPs meeting Meeting No: 1	Informal Briefing for MSP/MPs/NHS Fife Meeting	To inform and discuss with MSPs/MPs that reconfiguration of the PCES service and their adjacencies is being considered.	Minute Extract	D&WF CHP General Manager
10	06.12.11 Joint PPF Meeting No: 1	Joint PPF meeting presentation Representation from all 3 CHP PPFs present. This meeting specifically arranged to discuss Fife wide service managed by DWF CHP. The meeting was arranged by Scottish Health Council and held in the Council Chambers, Kirkcaldy.	To explain need for change in line with new national standards. To discuss and comment on the proposal. To understand outcomes and support the reasons of patient safety and clinical governance. To discuss how to communicate with the public and meet public expectation. The PPF members suggested that a service user engagement exercise should take place in all 4 centres to ask for comments based on the information prepared for the exercise. The Xmas/new year period was suggested to allow as many service users as possible to comment. PCES agreed, support by Clinical Governance, to undertake this exercise.	Presentation Note of Meeting	PCES Service Manager PCES Lead Nurse
9	16.11.11 General Practice & Primary Care (GP&PC) Group Meeting No. 1	To update this group on the PCES Models of Care work	Paper presented, awareness raised and discussed – no issues raised	Agenda and Minute Extract	CHP Localities Manager
8	08.11.11 PCES Stakeholder Meeting No. 4	Summary of proposed relocation discussed and continually updated with PCES Stakeholders group	New service delivery model paper has been submitted to SMT for consideration. Paper due to go to Joint PPF meeting for discussion. Communication with public and staff ongoing.	Agenda and Minute Extract	PCES

7	19.10.11 D&WF Public Partnership Forum Reference Group (D&WF PPF) Meeting No: 1	Communication with the Public Partnership Forum	Group Chair reported back on a PCES meeting she had attended. The minute notes the proposal to align the Glenrothes service to VHK. No issues raised. 7 Public members & 5 perspective members from the Operational Division Public Forum in attendance.	Minute Extract	PCES
6	20.09.11 PCES Stakeholder Meeting No. 3	Summary of proposed relocation discussed and continually updated with PCES Stakeholders group	New service delivery model discussed. Concerns raised: 1. Impact on North East Fife residents. 2. Increase in home visits. 3. Consultation required with PFPI groups and staff. 4. LMC to be informed.	Agenda and Minute Extract	PCES
5	08.09.11 D&WF CHP Committee Meeting No. 2	Committee noted that a review of model of care is underway	Awareness raised with committee and work is underway with PPFs and Staff.	Minute Extract	D&WF CHP General Manager
4	14.07.11 PCES Stakeholder Meeting No. 2	Summary of proposed relocation discussed update to PCES Stakeholders group	New service delivery model to be agreed. Concerns over a number of clinical incidents with no back up in the Glenrothes centre. Management confident that this is the correct way forward as clinical safety is paramount. Staff concerns regarding impact on those working in the service. Several GPs not keen to move to VHK.	Agenda and Minute Extract	PCES
3	27.06.11 Focus Group	Engagement with service users identified via the PCES patient survey (July 2010) responses	To inform service users of work in relation to the Models of Care and possible relocation of the Glenrothes service and discuss public awareness and service expectations. • 311 invites sent • 8 responded	Paperwork relating to the Focus Group	PCES Service Manager Scottish Health Council Representative

			• 2attended		
2	12.05.11 PCES Stakeholder Group Meeting No. 1	Inform Stakeholders that a Review is taking place regarding all 4 PCES centres	Paper to be developed and will be reported to this group in due course. 8 people present including member of the public	Agenda and Minute Extract	PCES
1	09.09.10 D&WF CHP Committee Meeting No. 1	DWF CHP Committee – PCES Annual Report	Recognise the need to review the PCES service in line with changes to ensure closer working as part of the new model of service; MIU	Minute Extract	PCES Service Manager

Primary Care Emergency Service Review
Comments Received

Received	Name		Comments
07/05/13	Kettle Church Hall Open Evening	Appendix 1	Appendix 1
08/05/13	Kennoway Open Evening	Appendix 2	Appendix 2
14/05/13	Rothes Halls Open Evening	Appendix 3	Appendix 3
15/05/13	Pathhead Open Evening	Appendix 4	No Q&A
May-July 2013	Website Comments received until 31st July 2013 (close of consultation)	Appendix 5	Appendix 5
09/07/13	K&L CHP Committee	Appendix 6	Appendix 6
11/07/13	D&WF CHP Committee	Appendix 7	Appendix 7
02/08/13	Glenrothes Area Committee	Appendix 8	Appendix 8
23/04//13	Glenrothes Area Future Group	Appendix 9	Appendix 9
		Appendix 9.1	Appendix 9.1
29/07/13	Lindsay Roy MP & Tricia Marwick MSP	Appendix 10	Appendix 10
		Appendix 10.1	Appendix 10.1
31/07/13	John Morton	Appendix 11	Appendix 11

Primary Care Emergency Service Review
Comments Received

23/07/13	Kennoway Medical Group	Appendix 12	 Appendix 12
		Appendix 12.1	 Appendix 12.1
09/08/13	G&NEF CHP Committee	Appendix 13	 Appendix 13

NHS Fife Equality Impact Assessment

Equality Impact Assessment Guidance is available to support this process

Contact the Angela Heyes, Equality and Human Rights Lead if support is required to completed the EQIA: fife-UHB.EqualityandDiversity@nhs.net

Title of proposal, policy or service redesign	**Models of Care – Alignment of Primary Care Emergency Services (PCES)**
Description of proposal including intended outcomes and purpose	PCES has delivered Out Of Hours GP services in Fife since July 2004, when the new General Medical Services contract allowed General Practitioners to opt out of their Out Of Hours (OOH) commitment, and transferred responsibility for GP OOH services to Health Boards. The service evolved from the across Fife GP co-operatives of the same name that was formed in November 2002 by the amalgamation of 5 smaller local GP OOH co-operatives, which had been set up around 1996-7, to deliver OOH GP services to the patients of the member practices. The PCES Model of Care currently in operation evolved from these services and as a result there is variation in the four Treatment Centres throughout Fife. The 4 treatment centres are in Dunfermline Queen Margaret Hospital, Victoria Hospital Kirkcaldy, Glenrothes Hospital and St. Andrews Hospital. It is accepted nationally that wherever possible PCES should be co-located with an Accident & Emergency (A&E) Department or Minor Injuries Unit (MIU). These services are not available at Glenrothes Hospital. There is no easy access to emergency clinical support and facilities should they be required. The nearest A&E and MIU is at Victoria Hospital Kirkcaldy which is 8 miles away. Due to the nature of the services provided at Glenrothes Hospital and the current working practice in PCES, staff safety can be an issue. The nurse will be working on their own when the doctor is out on home visits. Taking all of the issues and factors highlighted in to consideration, it seems that a PCES base at Glenrothes Hospital is no longer clinically viable. The opening of the new A&E in Kirkcaldy took place in January 2012. The PCES service management team wish to take the opportunity of the new development at Victoria Hospital to realign PCES in Central Fife. This will allow a much improved clinical pathway which will address clinical governance, patient safety , staff safety issues as well as address the Quality Strategy ambitions of safe, effective, person centred, equitable efficient and timely service delivery.
Directorate, service area or partnership	Dunfermline and West Fife Community Health Partnership, as the Management Unit for NHS Fife.
EQIA lead reviewer	Susan Manion, General Manager DWF CHP and the Executive Lead for the PCES service.
Staff involved in carrying out this EQIA	Lisa Milligan – PCES Operational manager Janette Brogan – PCES Lead Nurse Ann Hatton – DWF CHP Head of Clinical Governance

	Angela Heyes – NHS Fife Equalities and Human Rights Lead Lesley Eydmann – DWF Localities Manager
Start date of EQIA	April 2011 – January 2012 – (First Completed) Reviewed 26 April – May 2013
Policy Number	Not Applicable

Part 1: Checklist - Identifying Relevance to Equality

How relevant do you think the proposal will be to the following protected characteristics **(See Appendix 1 for an explanation of relevance and evidence)**

Protected characteristics	Employees	Equality group
	Relevance of proposal to each group H-High, M-Medium, L-Low	
Age (children and young people, older people)	L	H (Children and Older People are the highest users of the service)
Disability (including people with mental health difficulties)	M	H(people with disabilities and complex needs)
Race (black and ethnic people incl. gypsy travellers, refugees and migrant workers)	L	L
Sex (women and men)	H (Nurse lone working)	L
Sexual orientation (lesbian, gay and bisexual)	L	L
Religion and Belief	L	L
Gender reassignment	L	L
Pregnancy and maternity	L	H(woman's services delivered from VHK)
Marriage and civil partnership	L	L

Relevance to General Duty – Equality Act 2010

Having considered the range of evidence available, what kind of impact will the proposal have on the General Duty? This will help to identify whether the proposal has any potential to

discriminate against any of the 9 Protected Characteristics.

	Positive Impact	***No impact***	***Negative***	***Evidence for choice of impact provide a brief explanation of evidence used and where there is insufficient evidence to determine impact***
Foster good relations		X		
Advance equality of opportunity	X			Everyone will have access to a more equal service to improve health outcomes
Accessibility of services including information and physical access			X	PCESRelocation Report v1.0.doc It is recognised that people in the Glenrothes and surrounding area particularly to the north/west will have further to travel.
Involvement, engagement and inclusion		X		No-one will be excluded because of the proposed move.
Range of facilities and services	X			Re-alignment of the services in Central Fife by providing a full service from the PCES at Victoria Hospital will address many of the current clinical governance and patient/staff safety issues facing the Service and will allow greater efficiency in service provision. Clinical Governance: • reduced clinical safety risks; • support to redesign of services; • improvement in quality of care/outcomes meets standards; • potential to develop and enhance skills through closer working. Patient Safety: • increased facilities to treat a wide range of presenting complaints; • immediate access to multi-skilled workforce with enhanced skills; • ability to deal with emergency situations more effectively; • seamless transfer between departments to ensure appropriate care provider/access

				to other services

Having considered the relevance and nature of the impact above in relation to the Protected Characteristics please indicate in the matrix below whether a full equality impact assessment is required.

	Positive impact	**No impact**	**Negative impact**
High relevance	EQIA not required	EQIA not required	**Full EQIA required-** because there is a negative impact against accessibility. People from Glenrothes area will have further to travel.
Medium relevance			
Low relevance	EQIA not required	EQIA not required	**Full EQIA required**
	EQIA not required	No EQIA required	EQIA may be required – contact the Equality and diversity Team for advice

- All proposals which have been marked high or medium relevance above and have a negative impact must be equality impact assessed see the Equality Impact Assessment form at Part 2 and then complete the EQIA summary.
- If a proposal has low relevance to the 9 Protected Characteristics and the impact is positive, please complete the EQIA summary.

Part 2 – Full Equality Impact Assessment

This form must be completed if a high or medium relevance and negative impact has been identified in relation to any of the protected characteristics.

1. Staff and stakeholder involved in development of EQIA.

Susan Manion, DWF CHP General Manager
Lesley Eydmann, DWF CHP Localities Manager
Lisa Milligan, PCES Service Manager
Janette Brogan, PCES Lead Nurse
Ann Hatton, DWF CHP Head of Clinical Governance
Cathy Hitchings, Glenrothes and North East Fife - Patient Focus Public Involvement Lead
Julie O'Neil, Kirkcaldy and Levenmouth - Patient Focus Public Involvement Lead
Angela Heyes, Equalities and Human Rights Lead
PCES Stakeholders Group (information to follow. This version to be discussed at the next meeting June 2013.)

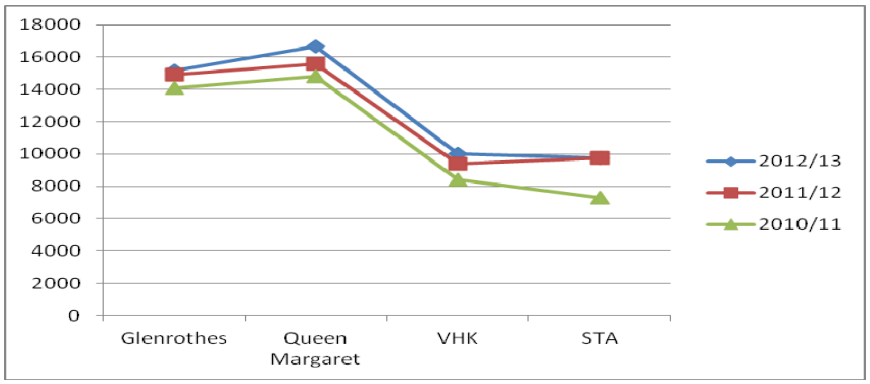
2. Name of policy, procedure or service redesign and brief description of proposed changes

The proposal is for Service Relocation.
Re-alignment of the services in Central Fife by providing the full 118 hour service in the out of hours service from the Victoria hospital will address the current clinical governance and patient safety issues facing the Service. There will also be efficiency savings and a reduction of variation of services across different sites.

The proposed re-alignment will mean that all PCES clinical services currently provided from Glenrothes Hospital would transfer to Victoria Hospital.
PCES will then have 3 treatment centres based at St Andrews Hospital, Victoria Hospital and Queen Margaret Hospital.

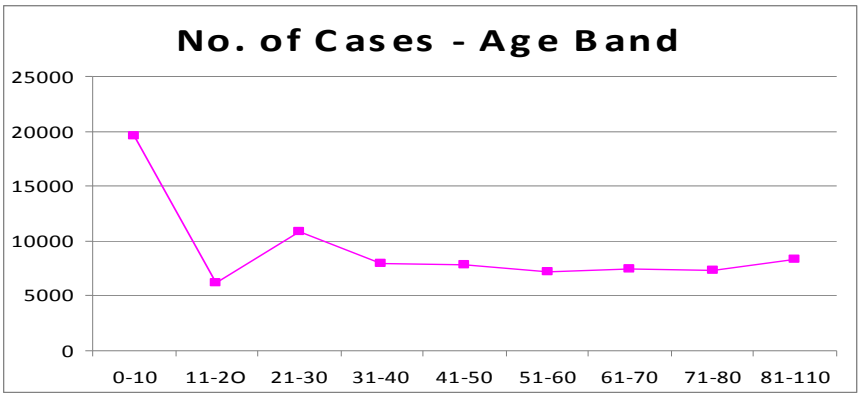
Current Activity levels are;

Location	**2012/13**	**2011/12**	**2010/11**
Glenrothes	15161	14902	14077
Queen Margaret	16649	15597	14807
VHK	10014	9392	8416
STA	9739	9780	7305



3. Part 1 checklist which identifies relevance to equality, provide a brief explanation of the reasons for identifying high or medium relevance to one or more of the protected characteristics.

1. In relation to the protected characteristic – **Age** – PCES treat a high number of young children as shown in the graph below. The graph shows the number of patients seen in 2012-13 and includes all face to face consultation. Delivering care from the Victoria will give better facilities and care as all paediatric services are on-site and reduce unnecessary delays in admission.



2. In relation to – **Pregnancy and Maternity** – to deliver care from the Victoria will give better facilities and care as all Maternity service are on-site and reduce unnecessary delays in admission.

4. Describe the negative impact for any of the 9 Protected Characteristics

1. Disability issues – additional travel could be a possible negative impact. A travel survey was undertaken to enable further analysis.
2. Lone working – Nurse working alone while doctor is out on home visits.

5. What data, research or other evidence has been used to inform this EQIA?

a) Informing, Engaging and Consulting People in developing Health and Community Care Services (CEL 4 2010)
b) NHS QIS/HIS and Scottish Health Council Participation Standards June 2012
c) Kerr Report – May 2005 Page 29 under Unscheduled Care through to Page 30.

Level 2 services can provide the majority (in the order of 70% on the basis of our analysis) of what members of the public would recognise as current A&E services. They can and should be capable of being delivered 24 hours per day, 7 days per week. They will be staffed by a mix of Nurse Practitioners, General Practitioners and Paramedics. They will be ideal locations for GP out of hours centres.

d) Carson Report- October 2000
e) Quality Strategy Scottish Government Health Department May 2010.
f) The Way Ahead; British Medical Association Scotland (February 2010)
Page 10 and 11 give support to the need for co-location specifically under Section 5 in;

developing closer integration between GP services and accident and emergency care. Where possible, OOH centres and A&E departments should be located next to each other.

g) Delivering Quality in Primary Care National Action Plan" (August 2010) several key recommendations and these included;

- Considering the need to take into account increasing demand for out of hours (OOH) services;
- Consider the range and level of services available out of hours;
- Drive forward integration between NHS24 and local services to achieve the closest possible co-operation between the services delivering the out of hours service;
- Encourage joint working to achieve best use of available resources in order for patients to receive a streamlined journey of care.

h) A review of "OOH services in Remote and Rural Areas" led to a Report by the Scottish Government Health & Sport Committee (February 2010) and a number of the recommendations are relevant to the Fife service; CHPs should review the service they provide to ensure that it is consistent with the model of co-location with other services, ie; A&E, MIU, be able to provide safe and effective care, services need to be available and accessible, there also needs to be monitoring, reporting and auditing of the service.

Specific actions should ensure that:

- Unscheduled Care Teams, which can include GPs, nurses, community staff, SAS, Pharmacy are integrated and co-located including health and other agencies, such as Social Work, Community Specialist Teams, Police.
- There is local access to emergency care provision within the community and work towards developing robust emergency response systems.

6. Details of involvement, engagement and inclusion.

An action plan was developed regarding the consultation plan with D&WF PFPI Lead.

PCES undertook 2 pieces of public engagement work to inform the public of the proposal and then to gain a better understanding of the impact of relocation by undertaking a travel survey.

The Patient Survey Feedback Report is embedded here

PCESRelocation Report v1.0.doc

The travel survey is embedded here.

PCESRelocation Travel SurveyJune20

A range of engagement activities have been undertaken over an extended period. The full range of activities are listed in the embedded working document.

V0.6 - Involvement Communication Plan a

An initial rapid Impact assessment was undertaken in 2011. The full new version of an Equalities Impact assessment was undertaken during May 2013.

This EQIA was shared to ensure that any issues in relation to this change in PCES arrangements have been captured

- Public Partnership Forums (open & Inclusive to all protected characteristic groups)
- PCES Stakeholders Group
- Joint PPF Group
- NHS24 Joint Integration Team in 2012

Public Engagement took place at;

20.08.12 - Markinch Community Council
13.09.12 - North Glenrothes Community Council
19.09.12 - 2 meetings community council meeting at Fife House/ Thornton Community Council

16.10.12 - Leslie Community Council
18.10.12 - Glenrothes Residents Association
23.10.12 - Howe of Fife Community Council, Kingskettle

An Option Appraisal meeting, lead by an independent facilitator from NHS Lothian, was held on 23rd April 2013. Options presented at the Option Appraisal meeting were as follows;

Option 1 - do nothing
Option 2 - Partial transfer for overnight
Option 3 - Partial transfer overnight and weekends
Option 4 - full transfer
Option 5 - development of MIU.

A full report of the meeting is available.

Option Appraisal outcome meetings were held on;

07.05.13 - Kettle Church Hall, Kingskettle
08.05.13 - Kennoway Primary School
14.05.13 - Rothes Halls, Glenrothes
15.05.13 - Pathhead Church Hall, Kirkcaldy

Comments from the Public Engagement are embedded in the document here.(still to be completed)

7. What does the involvement indicate about the negative and positive impact of the proposal on any of the 9 Protected Characteristics?

1. Age – negative impact. People commented on the difficulty in **older people** travelling further. After discussion is was explained that frail , elderly & palliative care patients receive home visits.
Children – positive effect identified as acute services for children are based at VHK**.**

2.Disability – negative impact as traditionally people with disability are more likely to have a low income and higher travel costs.
Positive impact – would not need transferred for their more complex needs.

3. Sex- women employees –negative impact in relation to lone working.
Positive – Excess mileage expenses will be paid for 4 years for those staff who may have to travel further. No staff will be financially disadvantaged because of the move and some staff will be closer to their work base.
4. **Maternity & pregnancy-** positive impact as these services are based at VHK.

5. **Social economic factors –**negative impact due to increased travel costs. Travel itself is not an issue as theTravel Survey indicates that most people travel by car and are not using public transport when they are ill and require to access emergency care.

8. Recommendations and implementation

The information collected as a result of this work is to be prepared and will be placed on the

website for comment.
Members of the public will be able to comment via a specific portal on the NHS website which will be widely advertised.

Comments will be collected until the close of the Community Engagement on the 31st. July 2013.

Comments about the Service proposal will be included in the information made available to the NHS Fife Board in August 2013.

The paper about the proposal will be presented to Strategic Management Team on 27th. May for comment.
The paper about the proposal will be presented to the Glenrothes & North East Fife Community Health Partnership Committee on 3rd. July 2013 , Kirkcaldy & Levenmouth CHP committee for comment on 9th. July 2013 and Dunfermline & West Fife CHP Committee on 11th. July 2013.

Implementation will be discussed, if appropriate, following the NHS Fife Board decision on the 27th. August 2013..

9. Monitoring and review arrangements

First EQIA was April 2010
Reviewed in May 2013.

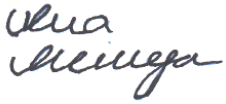
Operational management arrangements & Clinical Governance arrangements including activity and complaints will be monitored via reporting to the DWF CHP Clinical governance Group.

10. If you believe your service is doing something that 'stands out' as an example of good practice use the box below to describe the activity and the benefits this has brought to the service. This information will help others to consider opportunities for developments in their services.

Positive action taken by PCES management team to work up proposal to improve the service in line with National standards including staff safety, clinical safety, efficiency of the service delivery , financial effectiveness, safety of mothers and babies and better access for emergency services.

Date completed: 20th May 2013

Name: Lisa Milligan

Signature: 

Designation: PCES Service Manager

Date sent to Equality and Diversity Team: 22nd May 2013

fife-UHB.EqualityandDiversity@nhs.net

Equality Impact Assessment (EQIA) Summary Form

Identified Impacts and Recommendations	
Key positive impacts	**Recommendations to enhance impacts**
• **Age- Children** • **Age -Older People** • **Maternity & pregnancy** • **Sex- women employees**	• Positive effect identified as acute services for children are based at VHK**.** • Home visits provided • positive impact as these services are based at VHK. • lone working would be eliminated
Key negative impacts	**Recommendations to minimise impacts**
• **Disability**	• negative impact as traditionally people with disability are more likely to have a low income and higher travel costs. Positive impact – would not need transferred for their more complex needs.
Key no impacts	**Recommendations to address no impact**
Age – perceived negative impact /no impact. People commented on the difficulty in **older people** travelling further. After discussion is was explained that frail , elderly & palliative care patients receive home visits **Gender Reassignment** **Race** **Religion or Belief** **Sexual Orientation** **Marriage & cival Partnership**	
Any other issues arising from EQIA	

What is the outcome of the EQIA? (please tick)	
Outcome 1	X
Outcome 2	
Outcome 3	

If Outcome 3 has been selected an EQIA should have been carried out using the Part 2 form.

EQIA Sign Off	
Lead reviewer: **Designation**: **Date**:	**To be completed by Equality and Diversity Team** **EQIA checked by: Angela Heyes**

	Date any comments passed to Lead contact: **Date EQIA published:**

- If outcomes 1 or 2 have been selected above, please send the completed Part 1 Checklist and the EQIA summary form to the Equality and Diversity Team for recording and publication

- If outcome 3 has been selected above, please send the completed Part 1 Checklist, EQIA Full Impact assessment and the EQIA summary to the Equality and Diversity Team for publication **fife-UHB.EqualityandDiversity@nhs.net**