

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 14 August 2023
Title:	Consultation on the redesign of Systemic Anti-Cancer Therapy (SACT) delivery in Ayrshire and Arran.
Responsible Director:	Derek Lindsay, Director of Finance
Report Author:	Seonaid Lewis, Engagement Manager, Transformation & Sustainability

1. Purpose

This is presented to the Board for:

- Awareness

This paper relates to:

- Emerging issue
- Government policy/directive

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

This paper provides an update on the public Consultation on the redesign of Systemic Anti-Cancer Therapy (SACT) delivery in Ayrshire and Arran. The consultation ran from Monday 13 February - Friday 19 May 2023.

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

Throughout these changes we have engaged with our patients and staff to gather feedback on how the interim service is working and learn from their experiences. Feedback from patients and staff has been extremely positive, however the urgency of the situation did not allow time to involve or engage with public as we would normally.

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

The Ayrshire and Arran NHS Board agreed at the January 2023 Board meeting to proceed to public consultation on its proposals. [Planning with People](#) was used as the framework to plan our consultation process. The attached detailed report in Appendix 1 outlines our consultation process and methods.

2.2 Background

Prior to the pandemic, the West of Scotland Cancer Network (WoSCAN) reviewed the model for Systemic Anti-Cancer Therapy service delivery. The key aim was to provide safe and sustainable SACT service delivery, closer to home where possible and to meet increasing demand within the associated four health boards. The [West of Scotland SACT future service delivery plan](#) was endorsed by the four NHS Boards within the network, including NHS Ayrshire & Arran. The plan is based upon a three tiered model:

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

NHS Ayrshire & Arran provides Tier 2 and Tier 3 SACT for more common cancers. The evidence based approach to the regional model, demonstrates that there should be only one Tier 2 cancer unit in Ayrshire and Arran (based on our local population) and at least one Tier 3 day case outreach facility.

In early 2020 NHS Ayrshire & Arran conducted an initial engagement exercise during which it informed potentially affected people, patients, staff and communities of a review of chemotherapy services. The key aim was to inform and engage on how to adapt service delivery to best serve local people and meet increasing need, aligned to the West of Scotland regional SACT delivery model. The extensive engagement exercise attracted over 670 responses from patients, carers and members of the public from across the Board area and highlighted some areas of concern from people in relation to additional travel, poor public transport links and parking challenges.

Following this service review engagement in early 2020 it was proposed that our single Tier 2 site should be at UHC, given the adjacency to other essential medical and support services. Any further public engagement or development in the implementation of this local model was paused in March 2020 due to the onset of the pandemic and the proposal had not gone to Board for approval.

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

undertaken throughout the period of interim changes, which enabled the collection of valuable service user and staff experience. Over 300 patient experience questionnaires were completed across the three service ward areas. This was detailed in the SACT engagement update paper to Board in January 2022. The feedback gathered has been positive and supportive of the current service change proposal.

2.3 Assessment

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

Key Aims:

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

As set out in 'Planning with People', it is essential to identify areas where people may not be able to influence through the consultation but be clear about where they may offer solutions or suggestions. It is our view that the relocation of the SACT inpatient ward and Tier 2 (high-risk) day case from UHA to UHC cannot be reversed or influenced. We believe this is a beneficial and necessary requirement to ensure as safe a service as possible for our patients, due to the adjacency of essential support services located at UHC and local implementation of the agreed regional model. This was discussed with the Healthcare Improvement Scotland Service Change Advisor and a clear approach agreed upon in relation to excluding consulting on the centralisation of inpatient care, prior to the consultation commencing. That said we did ensure to seek feedback on suggestions that could potentially enhance the current inpatient and Tier 2 service.

Scope of consultation

The scope of the public consultation was clearly articulated within the consultation materials and survey, so that people understood what they could influence through their participation. The consultation asked people to comment on the effectiveness of the consultation materials provided and on the proposal to retain the Kyle Chemotherapy Unit at Ailsa Hospital campus, Ayr.

Healthcare Improvement Scotland – Community Engagement has a key role to provide advice and support to NHS Boards and to quality assess the consultation process. As such the draft consultation plan was shared with HIS-CE colleagues to seek endorsement of our planned approach. HIS-CE has continued to provide advice and guidance throughout the consultation period.

Consultation Report

The attached consultation report (Appendix 1) describes the informing, engaging and consultation process. The report outlines the activities undertaken to inform, engage and consult with patients, carers and interested stakeholders and the feedback that we have gathered.

The report includes:

- how the consultation and engagement plan was prepared and implemented;
- the range of ways that views were gathered;
- analysis of the 166 responses gathered via the public consultation survey;
- analysis of the 190 patient feedback questionnaire responses;
- analysis of the five public events and meetings;
- how the information gathered will be used to inform decision making; and
- how we will feedback on the consultation outcome to our patients, staff, citizens and communities.

Stakeholder Reference Group

The pre-consultation process started with establishing a Stakeholder Reference Group (SRG) to support and guide NHS Ayrshire & Arran on how it consults with people on the proposal. The SRG was reflective of people potentially affected by the proposal, with representatives from patients, carers, community and health related organisations with an interest in cancer services. The SRG was formally established in November 2022 to support, inform and guide the SACT consultation process. The group provided input and guidance on the consultation materials, public survey questions, Equality Impact Assessment (EQIA), communication methods and engagement process.

Consultation process

In advance of the public consultation a range of materials were prepared with input and guidance from our Stakeholder Reference Group, Healthcare Improvement Scotland – Community Engagement and clinical service team. Consultation materials included:

- consultation summary document
- leaflet and poster with information on the purpose and how to get involved
- public survey questionnaire – online and hard copies
- patient journey visuals – before and after the changes
- patient feedback questionnaires
- frequently asked questions document

These were available online and in printable formats, with freepost surveys provided and a dedicated Freephone number for additional information and support. The materials can be viewed in Appendix 1.

Throughout the consultation there was a regular flow of information and feedback mechanisms available for people through our bespoke online engagement hub <https://jointheconversation-nhsaaa.co.uk/>, public website, social media platforms, news releases, email distribution, public meetings, focus group and online events and interactions.

Checks were put in place to continually evaluate the effectiveness of our dissemination plan and identify any gaps or changes required. Emails were circulated to an extensive network of contacts, stakeholders and groups across Ayrshire and Arran. There was active engagement from some, but not all, community councils, local groups and local councillors. In addition to the email distribution, posters and consultation materials were provided to all 53 GP Practices, 99 Community Pharmacies, 38 public libraries and local acute and community hospitals across Ayrshire and Arran.

Communications

A number of press releases were drafted using key messages agreed and informed by the Engagement Steering Group, clinical staff team and Stakeholder Reference Group. During the consultation period there were 18 media articles noted reporting the consultation in local and regional press. Published media coverage was neutral in tone. No Freedom of Information requests were received in relation to SACT services during the consultation period.

Gathering feedback

To ensure survey questions were tailored appropriately to provide the level of detail required to help inform decision making, we took the approach to develop three bespoke surveys, one for public, one for current patients and one for staff. This enabled us to include more service specific questions for current patients and staff. All comments and concerns within the survey responses were collated and can be viewed in appendix 1. Below is a breakdown of the quantitative public survey responses:

- Q1. Does the information provided clearly describe the changes made to SACT services to ensure a safer service for patients and staff during the COVID-19 pandemic? **90.96% said yes it does**
- Q2. Does the information provided clearly describe how the regional 'tiered' SACT delivery model has been developed locally in Ayrshire and Arran? **91.52% yes**
- Q3. Do you feel the consultation summary document provides clear information on the proposal to retain the current SACT service model in Ayrshire and Arran? **87.88% yes**
- Q4. Are you supportive of the proposal to retain the Kyle Chemotherapy Unit at Ailsa Hospital Campus Ayr for Tier 3 (lower-risk) SACT delivery? **87.27% yes**

Patient feedback questionnaires

A bespoke patient feedback questionnaire was developed to enable current patients to share their views and experiences. The questions related to overall experience, proposal to retain the Kyle Chemotherapy Unit, how people travel to and from hospital appointments, use of telephone consultation and experience of non-medical prescribing. Like the public survey responses, there was much support from patients to retain the Kyle Chemotherapy Unit. All comments in relation to the Kyle Chemotherapy Unit were positive and mentioned the efficient service, easy access, good parking, fantastic staff and comfortable and pleasant surroundings.

Below is a summary of the key themes:

- There were a significant number of adverse comments in relation to parking at University Hospital Crosshouse.
- The majority of consultation responses spoke about ease of access and good parking at the Kyle Chemotherapy Unit, Ailsa campus Ayr.
- Compared to the public survey responses, there was a significantly lower number of responses in relation to the adverse impact on further travel to Crosshouse from South Ayrshire.
- People generally understood and agreed with the clinical reasons behind the proposal.
- Within the responses on telephone consultations there were 66 positive comments and 18 negative, which underpins the 93% who said they found them beneficial. Full analysis of the patient feedback can be viewed in Appendix 1.

The responses on how people travel to and from hospital appointments is extremely informative, with only 3 patients, out of the 187 who responded to this question, saying that they use public transport. The adverse impact of using public transport was a key aspect of the previous Chemotherapy Service Review feedback in 2020 and indeed within the current consultation public survey however this should be viewed from this informed perspective and contextualised appropriately.

Quality Assurance

Healthcare Improvement Scotland – Community Engagement (HIS-CE) has a key role to quality assure our consultation process. A consultation report was submitted by HIS-CE to the Scottish Health Council sub-committee on 27 July 2023. The sub-committee were fully supportive of the consultation we have undertaken on SACT. A letter of support has been provided which can be viewed in appendix 2.

The consultation still requires to be reviewed by the Scottish Health Council committee, which will happen in August 2023. A further communication will then be provided, which will be included within the consultation decision paper for October Board.

2.3.1 Quality/patient care

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

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

2.3.2 Workforce

Staff feedback re the temporary change has been very positive, however once a decision is made on making any change permanent, then staff will go through an organisational change process.

2.3.3 Financial

The engagement work was undertaken by the NHS Ayrshire & Arran Engagement Team and involved significant clinical input.

2.3.4 Risk assessment/management

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

- Failure to communicate information to the public on the interim changes, proposed service model and scope of influence in an effective and clear way may lead to misunderstanding, reduced public perception, concerns, complaints and adverse media.
- Failure to implement a robust formal consultation process could result in a requirement to carry out further engagement activity, thus prolonging the decision making process.

This risk was monitored and overseen by the Chemotherapy Services Oversight Group and Corporate Management Team.

2.3.5 Equality and diversity, including health inequalities

An equality impact assessment (EQIA) of the consultation process has been undertaken in collaboration with the Stakeholder Reference Group and SACT clinical team. This encompasses the Fairer Scotland Duty and health inequalities. Any identified impacts and mitigations have been progressed through the consultation plan. The EQIA remains a 'live' document which was monitored and overseen via the Chemotherapy Services Oversight Group and Engagement Team to ensure that the Board's equalities outcomes are reflected throughout the consultation and future service planning. The EQIA can be viewed on the consultation online hub <https://jointheconversation-nhsaaa.co.uk/sact-public-consultation-2>. Once fully completed the EQIA will be uploaded to the NHS Ayrshire & Arran public website.

2.3.6 Other impacts

- Governance and accountability
- Local outcomes improvements

2.3.7 Communication, involvement, engagement and consultation

A Stakeholder Reference Group was established to plan and guide the consultation process. Robust engagement has taken place with SACT patients and staff throughout the temporary changes and during the consultation process. An extensive public consultation has been undertaken with a range of methods for people to engage and share their views. Regular communications have been circulated both internally and externally before, during and after the consultation period.

2.3.8 Route to the meeting

The content discussed in this paper has been considered and supported by the Corporate Management Team, 25 July 2023.

2.4 Recommendation

For awareness. Members are asked to acknowledge the robust consultation process that has been undertaken and the feedback gathered from patients, public, stakeholders and staff.

3. List of appendices

The following appendices are included with this report:

- Appendix No 1, Consultation Report (The appendices to the Consultation Report are available on NHS Board Teams site and will be available on the public web)
- Appendix No 2, Healthcare Improvement Scotland – Community Engagement Letter of Support



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27 July 2023

Kirstin Dickson, Director of Transformation and Sustainability
NHS Ayrshire and Arran
Afton House, Ailsa Hospital
Dalmellington Road
AYR KA6 6AB

Dear Kirsti,

RE: Systemic Anti-Cancer Therapy (SACT) Services – major service change public consultation

On behalf of the Scottish Health Council's Service Change Sub-Committee, I am writing to provide you with an update of the discussion from its meeting today regarding the SACT major service change public consultation.

As you are aware, we are not yet able to provide a final view because this responsibility lies with the Scottish Health Council which is scheduled to convene on 24 August 2023. However, it is the Service Change Sub-Committee's unanimous view that NHS Ayrshire and Arran has diligently and satisfactorily met the national *Planning with People* guidance in relation to the SACT consultation process.

Our final report, which is primarily based on NHS Ayrshire and Arran's consultation process, will be made available to you in advance of your Board meeting on 9 October 2023. The report will encompass a range of recommendations, areas of good practice, and key learning points derived from the public consultation.

The Sub-Committee would like to commend the strong working relationship between both our engagement teams throughout this entire process. This collaboration has played a crucial role in creating an open and inclusive approach to this consultation. Furthermore, appreciation for the dedication and commitment demonstrated by NHS Ayrshire and Arran in this vital undertaking was also noted.

I trust that this information will be valuable in facilitating discussions and deliberations during your forthcoming Board meeting scheduled for 14 August 2023, as you address the outcome of the consultation process.

Yours sincerely

A handwritten signature in blue ink, appearing to read "Clare Morrison".

Clare Morrison
Director of Community Engagement, Healthcare Improvement Scotland
email clare.morrison3@nhs.scot



Proposals to redesign Systemic Anti-Cancer Therapy (SACT) delivery in Ayrshire and Arran

Consultation Report

July 2023



This report has been prepared by the SACT Engagement Steering Group with input from the Stakeholder Reference Group and SACT Clinical Service Team.



Systemic Anti-Cancer Therapy (SACT) Consultation Report

Systemic Anti-Cancer Therapy is a collective term for all anti-cancer drug treatments such as chemotherapy and immunotherapy.

This report has been prepared by the SACT Engagement Steering Group with input from the Stakeholder Reference Group and SACT clinical service team.

Introduction

Our aim is to deliver a safe, sustainable, accessible and equitable SACT service for the population of Ayrshire and Arran. As with other NHS Boards, we had to adapt our services during the COVID pandemic to ensure a safer service for our patients and staff. It was therefore necessary to make immediate changes to our SACT service delivery to ensure as safe a service as possible.

NHS Boards have a statutory duty to involve people in the planning and development of services, and in decisions that will significantly affect how services are run. [Planning with People](#) guidance was developed to support NHS Boards with informing, engaging and consulting with patients, the public and communities.

In May 2020, Healthcare Improvement Scotland – Community Engagement (HIS-CE) gave its view that proposed changes to the delivery of Systemic Anti-Cancer Therapy services across NHS Ayrshire and Arran represented major service change. In February 2022, following interim arrangements put in place in response to the COVID pandemic, HIS-CE advised NHS Ayrshire and Arran that it remained of the view that proposals met the threshold of major service change. There is a specific requirement for NHS Boards to formally consult on issues which are considered major service change. The NHS Ayrshire and Arran Board agreed to proceed to public consultation on its proposals. ‘Planning with People’ was used as the framework to plan our consultation process.

This report describes the informing, engaging and consultation process for the proposal to retain the Kyle Chemotherapy Unit at Ailsa Hospital campus, Ayr. The report outlines the activities undertaken to inform, engage and consult with patients, carers and interested stakeholders and the feedback that we have received.

Scope of the report

This report specifically covers the findings from the formal three month public consultation 13 February to 19 May 2023 and describes:

- How the consultation and engagement plan was prepared and implemented;
- The range of ways that views were gathered;
- Analysis of the 166 responses from the public consultation survey;
- Analysis of the 190 patient feedback responses;
- Analysis of the public meetings and events;
- How the information gathered will be used to inform decision making; and
- How we will feedback on the consultation outcome to our patients, staff, citizens and communities.

Background

In early 2020 NHS Ayrshire and Arran conducted an initial engagement exercise during which it informed potentially affected people, patients, staff and communities of a review of SACT services. The key aim was to inform and engage on how to adapt service delivery to best serve local people and meet increasing need, aligned to the West of Scotland regional SACT delivery model. This included engagement on the local implementation of the three-tiered regional service model set out by the West of Scotland Cancer Network, which has three distinct tiers of cancer treatment:



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

Public engagement on this review was undertaken in early 2020 however due to the onset of the pandemic, any further work relating to the review had to be paused. The extensive engagement exercise attracted over 670 responses from patients, carers and members of the public from across the Board area and highlighted some areas of concern people had regarding the proposed changes, in relation to additional travel, poor public transport links and parking challenges.

Temporary changes to SACT services due to the COVID pandemic

During the pandemic, many new and different ways of working were developed to support the continued delivery of critical services. In response to the risk of infection for this highly vulnerable group of patients, a number of changes were made to SACT service delivery during 2020 and 2021 to ensure a high quality, risk stratified and safe service for our patients and staff. This resulted in moving the inpatient ward from Station 15, University Hospital Ayr to University Hospital Crosshouse and the relocation of outpatient SACT from University Hospital Ayr to a refurbished unit at Ailsa Hospital campus, Ayr. Inpatient care and high risk day case SACT was moved from University Hospital Ayr to University Hospital Crosshouse, to concentrate expert specialist care and enhance proximity to the required medical support services within one dedicated area. Emergency care continued to be provided at the closest hospital to the patient.

New ways of working were implemented to support patient pathways and reduce travel to hospital during the temporary changes, these included introducing telephone appointments and transferring all paper-based patient records onto an electronic system, known as 'paper lite'.

Throughout the temporary changes NHS Ayrshire and Arran engaged with patients and staff to gather feedback on how the interim service was working and learn from their experiences. We gathered over 300 responses from patients and 85 responses from staff across cancer services during this time. The majority of this feedback, on topics such as treatment area/environment, overall experience, improved parking and access at Kyle Chemotherapy Unit was positive. However the urgency of the situation and COVID related limitations meant we could not inform or engage more widely as we would normally.

Scope of the consultation

As set out in Planning with People, it is essential to identify areas where people may not be able to influence through the consultation but be clear about where they may offer solutions or views on how the service operates moving forward. Where there are constraints to what can be influenced, these must be explained to people. This was particularly challenging, as the changes we were consulting on had already been made and although made due to the pandemic, some aspects had already been in train pre pandemic.

The relocation of the SACT inpatient ward and Tier 2 (high-risk) day case from University Hospital Ayr to University Hospital Crosshouse could not be reversed or influenced, as we believe this is a beneficial and necessary requirement to ensure as safe a service as possible for our patients, due to the adjacency of essential support services located at University Hospital Crosshouse. This has influenced and determined the work undertaken to develop the West of Scotland Regional SACT Delivery model. The evidence based approach to the regional model, demonstrates that there should be only one Tier 2 cancer unit in Ayrshire and Arran (based on our local population). This was discussed with the Healthcare Improvement Scotland Service Change Advisor and a clear approach agreed upon in relation to excluding consulting on the centralisation of inpatient care, prior to the consultation commencing. That said we did ensure to seek feedback on suggestions that could potentially enhance the current inpatient and Tier 2 service.

Aims

The aims of the consultation are to ensure that as many people as possible are able to contribute to the public consultation process in an informed way by:

- Being aware of the consultation;
- Understanding the interim changes that were put in place during the COVID pandemic to ensure a safer service for our patients and staff;
- Understanding the changes we are proposing to retain;
- Being aware of the scope of the consultation;
- Understanding the consultation process and how to participate; and
- Awareness of the decision making process.

Objective

The consultation seeks to:

- describe the changes, drivers and benefits of change over the past three years;
- provide people with the opportunity to raise questions, share their views and provide feedback on making the arrangements permanent;
- understand the potential impact of change on people and communities, and consider whether the measures put in place to mitigate adverse impacts are sufficient; and
- provide relevant information to help inform decision-making.

The overall objective was to arrive at a position where the project team could evidence, with independent scrutiny, that NHS Ayrshire and Arran took reasonable and proportionate steps to raise awareness and engage with a wide range of stakeholders. In doing so it would allow informed and evidenced recommendation to the NHS Ayrshire and Arran Board.

This report outlines our engagement process and the feedback gathered during the consultation.

Governance and Consultation Plan

In June 2022 the Chemotherapy Services Oversight Group was re-established to oversee the planning and implementation of the consultation process. The consultation plan (appendix 1) was prepared and developed by the SACT Engagement Steering Group with input from the Stakeholder Reference Group and clinical team. The initial draft was shared with Healthcare Improvement Scotland colleagues in November 2022 and updated in December 2022 to reflect their feedback. A further updated version was submitted to the Corporate Management Team and NHS Ayrshire and Arran Board for approval in January 2023. Throughout the planning stage and consultation process we have liaised closely with Healthcare Improvement Scotland Service Change Advisor and Engagement Programmes Manager, who have provided us with ongoing advice and support.

Stakeholder Reference Group

The pre-consultation process started with establishing a Stakeholder Reference Group (SRG) to support and guide NHS Ayrshire & Arran on the how it consults with people on the proposal. The SRG was reflective of people potentially affected by the proposal, with representatives from patients, carers, community and health related organisations with an interest in cancer services. An invitation to participate in the SRG was sent to Ayrshire Cancer Forum groups and members and promoted widely within our hospitals and community settings. No expressions of interest were received to join the SRG however we did continue to actively seek involvement throughout the consultation process.

In addition to this, individuals from the previous Public Reference Group for the 2020 Chemotherapy Service Review were contacted and invited to participate. Ten patients / former patients previously involved in the patient involvement group registered their interest in joining the SRG.

In order to try and attract more people to join the SRG, the engagement team organised two public sessions to promote the opportunity to become involved in the SACT consultation planning. Posters were designed and promoted via NHS Ayrshire and Arran social media platforms, Health & Social Care Partnership's, local authority, third sector colleagues and Ayrshire Cancer Forum members. Unfortunately there were no expressions of interest to attend the sessions.

The SRG was formally established in November 2022 to support, inform and guide the Systemic Anti-Cancer Therapies (SACT) consultation process. The first meeting took place at the Kyle Chemotherapy Unit on Wednesday 9th November 2022. Dedicated support and input was provided to the SRG from Dr Caroline Rennie, Macmillan Nurse Consultant, and the NHS Ayrshire and Arran Engagement Team. It was agreed that the SRG would meet monthly at the Kyle Chemotherapy Unit due to its convenience for all members. However, it was agreed that future meeting venues and dates would be flexible to meet the ongoing requirements of the SRG.

The SRG has met seven times; 4 meetings before the consultation, twice during, and once after the consultation closed. Here is a snapshot of their activity:



The SRG provided input on the informing materials for the consultation based on their lived experienced. This collective knowledge and experience also helped inform the Equality Impact Assessment (EQIA) and dissemination plan. Without this insight and advice, the consultation process would have been much less informed. The group were extremely responsive between meetings in reviewing and commenting on updated versions of consultation materials and EQIA, based on their input. An SRG summary report is provided in Appendix 2.

Healthcare Improvement Scotland – Community Engagement (HIS-CE) Service Change Advisor attended two SRG meetings and offered to meet with members individually or share a questionnaire to gather their experiences of being involved in the planning of the consultation.

SRG members were asked if they would like to provide feedback about their journey and experience throughout the consultation. Five members gave their personal accounts of their experience of the SRG. Below is a summary of their reflections:

“We found that our comments on the various draft documents were always carefully considered by the SACT Team and as appropriate incorporated into the final document, with which we are very pleased”.

“I am satisfied that the Kyle Unit is operational and I am also aware that I have been involved in all the iterations that ended with the Stakeholders Reference Group”.

“Cancer rates are growing but treatment is improving with new technology and medication being developed that offers more hope to cancer sufferers. This programme should allow these changes to be delivered as efficiently as possible to the benefit of all patients”.

“I was amazed at the kind of work, and the amount of work, that takes place to ensure that the final decision is the right one for the community”.

Consultation activity

Equality Impact Assessments for both the proposed changes and the consultation process were undertaken and continued to be developed throughout the consultation process, in collaboration with the Stakeholder Reference Group.

In advance of the public consultation a range of materials were prepared with input and guidance from our Stakeholder Reference Group, Healthcare Improvement Scotland-Community Engagement and clinical service team. Consultation materials included:

- consultation summary document
- leaflet and poster with information on the purpose and how to get involved
- public survey questionnaire – online and hard copies
- patient journey visuals – before and after the changes
- patient questionnaires
- frequently asked questions document

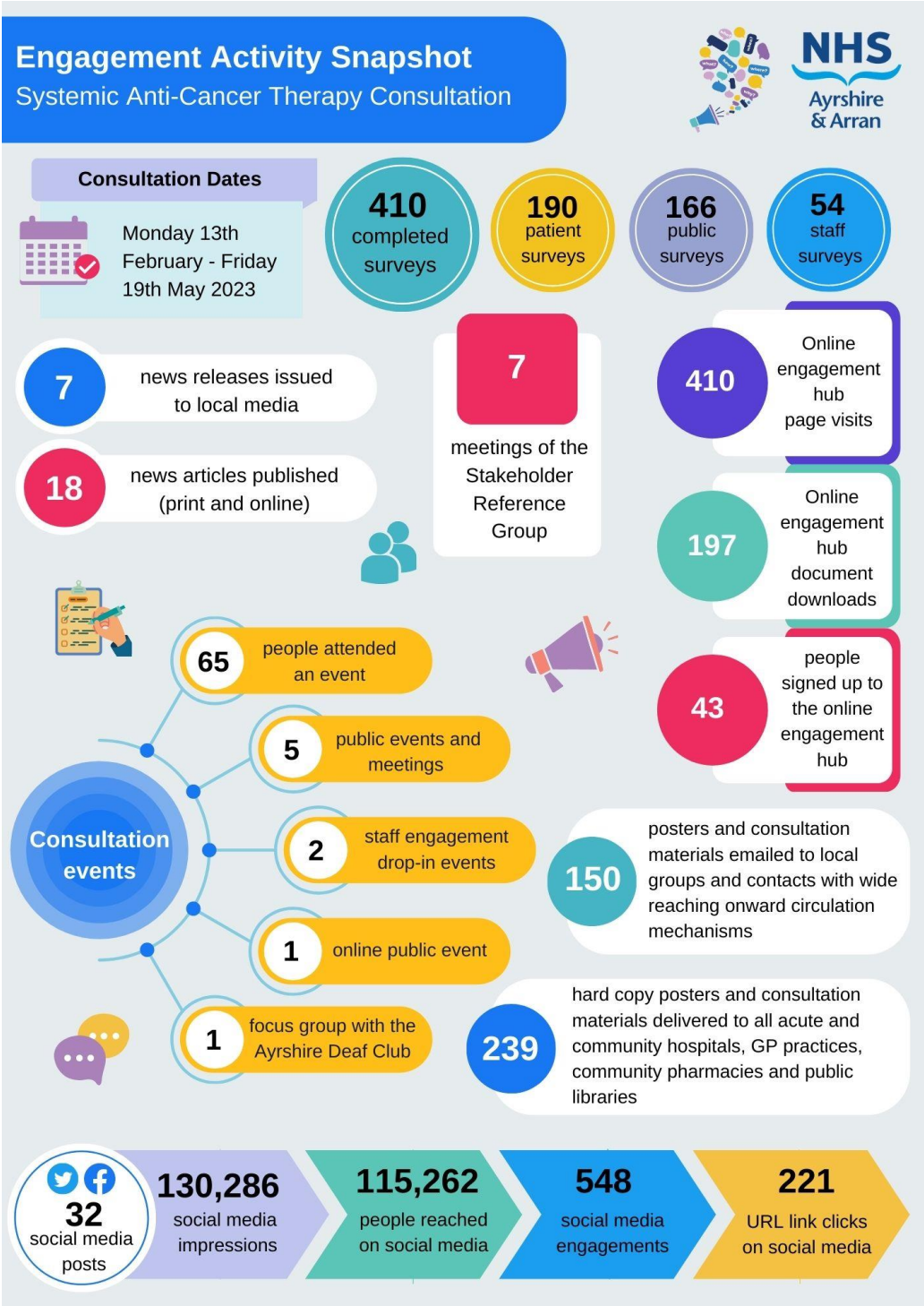
Consultation materials can be viewed in appendices 3 and 4.

Information was available online and in printable formats, with freepost surveys provided and a dedicated Freephone number for additional information and support.



To raise awareness of the consultation, NHS Ayrshire and Arran issued a series of local media releases and implemented a proactive social media campaign (Twitter and Facebook). Information highlighting the opportunity to be involved in the consultation was disseminated widely to clinical sites, local councillors, community councils, third sector / voluntary groups, public libraries, Health and Social Care Partnerships and local authorities.

Throughout the consultation there was a regular flow of information and feedback mechanisms available for people through our dedicated online engagement hub, public website, social media platforms, email distribution, public meetings, focus group and online events and interactions. Below is a snapshot of our consultation activity:



Equality and Accessibility

The consultation process was developed to be fully accessible to all communities. Throughout, we used easy to read information, presented in easy to read formats and visuals. If required, information could be provided in alternative languages or formats. We used our online engagement hub <https://jointheconversation-nhsaaa.co.uk/sact-public-consultation-2> to host information and documents, including the Equality Impact Assessments, to help make them accessible to a wider population or those who may have difficulty in travelling. All public meeting venues were fully accessible. Information about the proposal was disseminated to a targeted range of groups and contacts, including the Pan Ayrshire Equalities Group, Gypsy/Traveller Integration & Engagement Officer, Chinese Community Association and local housing teams. The option to have a BSL interpreter was also available.

Communications

Ahead of the consultation, a communications plan was prepared, which described how the details of the consultation would be shared with members of the public, stakeholders and staff. The communications plan was part of the overall Chemotherapy Services Consultation plan. Following the decision to proceed with the consultation at the NHS Ayrshire and Arran board meeting on Monday January 30 2023, the following press release was prepared and issued to members of the press as well as published on our website:

- <https://www.nhsaaa.net/news/latest-news/systemic-anti-cancer-therapy-in-ayrshire-and-arran/>

A number of other messages were communicated with the public and members of the press, setting out the aims of the consultation, when it was taking place, where to access more information and how to get involved. The press releases were drafted using key messages agreed and informed by the SACT Engagement Steering Group, clinical staff team and Stakeholder Reference Group.

Between January 30, when the board decided to progress with the consultation, and 19 May when the three month consultation concluded, there were 18 articles noted reporting the consultation in local and regional press (appendix 3). Published media coverage was neutral in tone.

For more detailed information please see the Communications Report in appendix 5.

Colleagues in the Freedom of Information (FOI) team at NHS Ayrshire & Arran have confirmed that no FOI requests have been received in relation to SACT services during the consultation period.

Dissemination of consultation materials

'Stakeholder mapping' or identifying the people who have an interest in, or who are potentially affected by the design /re-design of a service, is an essential part of effective communication and engagement. Stakeholders can be internal, such as members of staff (e.g., clinicians, nurses or consultants) or external, such as patients, carers, the general public, voluntary and community groups.

The engagement team, in collaboration with the SRG and members of the Engagement Steering Group undertook a stakeholder analysis / mapping. This process ensured that a comprehensive cohort of voluntary / community groups, health and care services and individuals were informed about the consultation information and could identify stakeholders who may require more accessible information. The dissemination list (appendix 6) has had several iterations to ensure it is comprehensive and wide reaching and identifies where information can be displayed and who can help with sharing of information or arranging targeted engagement opportunities, such as focus groups or meeting attendance.

We used existing networks to help identify potentially affected people, including those who do not find it easy to share their views. Working with local Health & Social Care Partnership (HSCP) Engagement colleagues, Ayrshire Cancer Forum groups and third sector colleagues was pivotal to our planning, engaging and dissemination of materials.

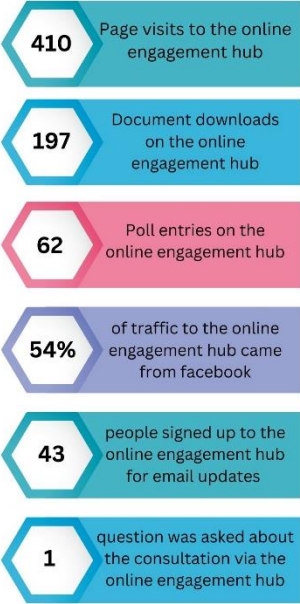
The consultation programme was shaped through discussion with the SRG and a range of methods and materials were used to engage with and invite feedback from people from across Ayrshire and Arran. This was done in a planned way and was actively managed and co-ordinated by members of the SACT Engagement Team. Throughout the consultation, checks were put in place to evaluate the effectiveness of our dissemination plan and identify any gaps or changes required. Emails were circulated throughout the consultation period to an extensive network of contacts, stakeholders and groups across Ayrshire and Arran including:

- Ayrshire Cancer Forum groups
- Locality Planning Groups and Partnerships
- Community Councils
- Local councillors
- Health & Social Care Partnerships (HSCP'S)
- Local Third Sector Interfaces - with wide reaching onward circulation to voluntary and community groups
- Community Planning Partners

There was active engagement from some, but not all, community councils, local groups and local councillors. There was also wider engagement with partner agencies. In addition to the email distribution listed, posters and consultation materials were provided to all 53 GP Practices, 99 Community Pharmacies, 38 public libraries and local acute and community hospitals across Ayrshire and Arran.

Consultation online engagement platform

Engagement HQ is a bespoke online community engagement platform that was used throughout the consultation to host information (including the summary document, EQIA’s, previous background information, previous engagement reports, midway review themes, Frequently Asked Questions, public survey, event details and previous engagement reports). It provided a mechanism for two way interactions and engagement in the form of forums, polls, sharing stories and asking questions. All of which were used during the consultation.



Participants could sign up by email to receive further information about the consultation and events. Two email newsletters were sent during the consultation period as follows:

Date	Details	Recipients	Open Rate
23 rd March	North Ayrshire drop-in event	22 people	19 people (86%)
4 th May	Online information event East Ayrshire drop-in event	39 people	27 people (69%)

A summary analysis of the online engagement hub can be viewed in appendix 7.

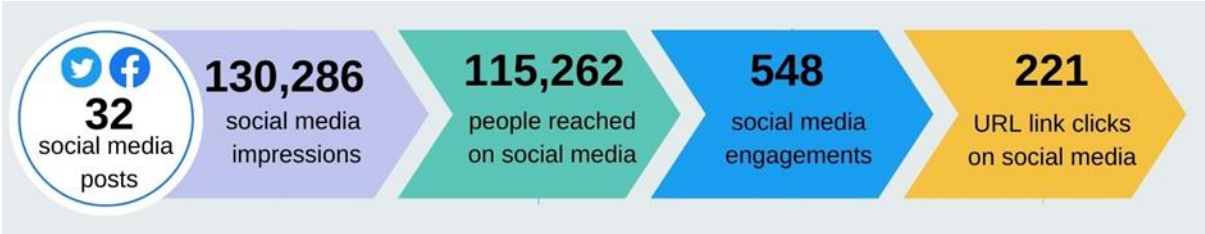
Social Media

Social media (Twitter and Facebook) was used throughout the consultation period to inform, engage, encourage participation, and signpost followers to our online consultation hub. Content was posted directly on the Facebook and Twitter accounts for both NHS Ayrshire & Arran and Caring for Ayrshire. Information about the consultation and how to get involved was shared, as well as details of consultation events. This included the creation of engaging social media graphics using the same colours, look and feel as the other consultation materials to ensure continuity and increase awareness.

Some regular content was planned in advance. Alongside this a reactive approach was taken as the consultation progressed to enable social media messaging to be meaningful and relevant. The midway review provided a good opportunity to analyse the survey responses to date, and identify questions and early themes emerging from these and tailor social media messages accordingly.

The call to action across social media messages was to ‘Join the Conversation’ and engage further by completing the survey, attending an event and signing up to our online consultation hub for further participation. Content was shared by the social media accounts of the Health and Social Care Partnerships, local authorities, Ayrshire Cancer Support, Ayrshire Hospice and Voluntary Action South Ayrshire.

Some key figures include:



The social media plan is provided in appendix 8.

Consultation feedback survey process

The scope of the public consultation was clearly articulated within the public survey and supporting information, so that people understood what they could influence through their participation. The survey asked people to comment on the effectiveness of the consultation materials and the proposal to retain the Kyle Chemotherapy Unit Ailsa Hospital Campus, Ayr.

Although the centralisation of inpatient and tier 2 at University Hospital Crosshouse (UHC) could not be influenced, we encouraged people to share any suggestions that could further enhance current inpatient care or Tier 2 SACT delivery at UHC. Although we did receive some constructive and informed suggestions in relation to this question, the majority of the responses pertained to the centralisation and therefore had to be categorised as out of scope and could not be included within the consultation survey responses for this report.

To ensure the survey questions could be tailored appropriately to provide the level of detail required to help inform decision making, we took the approach to develop three bespoke surveys, one for public, one for current patients and one for staff. This enabled us to include more service specific questions for current patients and staff. Below is a breakdown of the completed surveys:



Public Survey

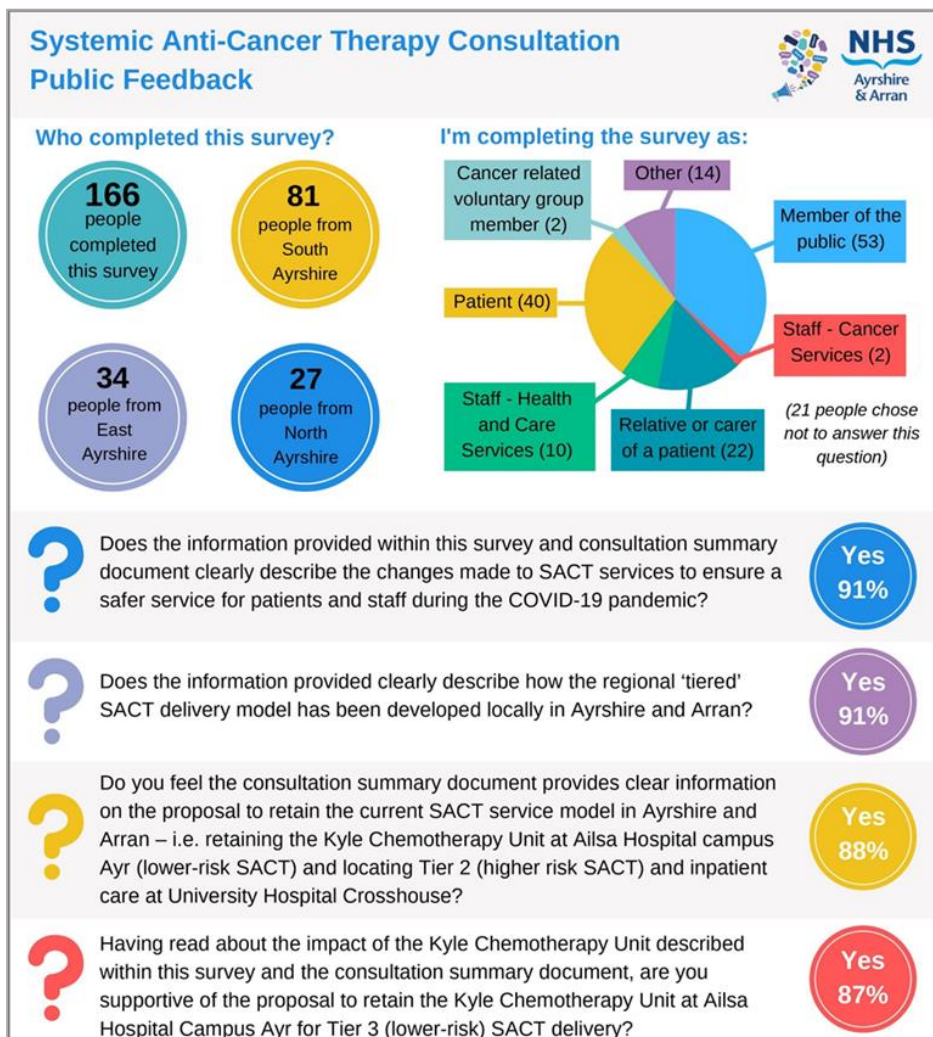
The public consultation survey was developed in collaboration with the SRG and SACT Engagement Steering Group. The survey was available to complete in a range of ways:

- Online via Smart Survey with QR code on all consultation materials;
- Hard copies available in public libraries and health and care settings (with freepost envelopes provided);
- Email distribution; and
- Support to help complete surveys or share feedback on request by telephone (Freephone number provided) or in-person.

Quantitative analysis

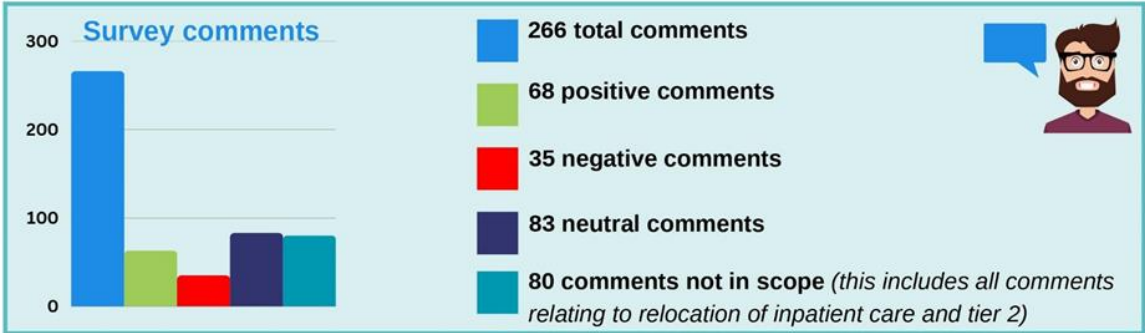
Questions pertained to seeking views on the effectiveness of the consultation materials provided, retaining the Kyle Chemotherapy Unit and feedback on aspects people felt we may not have considered or should be given further consideration. All feedback, comments and concerns within the survey responses were captured and collated. Analysis of the public survey was undertaken by NHS Ayrshire and Arran's SACT Engagement Steering Group.

Closed and open ended questions were used to ensure a range of information could be captured. Closed questions often provide a higher response rate and can be easily analysed statistically. Open ended questions on the other hand enable participants to provide more detail and convey their feelings and experiences. Below is a snapshot of the quantitative public survey analysis.



Qualitative analysis

266 individual comments were provided within the 166 completed survey questionnaires – these were collated and categorised as positive, negative, neutral and not in scope (comments relating to the centralisation of inpatient care and tier 2 SACT delivery, which could not be influenced as part of this consultation). The breakdown is illustrated below:



The key themes from the survey responses are represented in the comments below:

Positive comments

Consultation Materials
Explanation given in a clear, precise and understandable way.
I didn't actually understand before how it worked. I do now.
Clearly illustrated and described.
Graphics provide clear information of current and proposed treatment plans.
Clearly separates out the differing levels of service and where they would be provided in future and how this would impact different geographical areas in Ayrshire.
It is a straightforward explanation of how SACT works to benefit cancer patients.
Support to retain Kyle Chemotherapy Unit
Parking/drop off area specific to cancer patients and a ward which seems less like a hospital.
I live in Ayr and am glad that this unit has been established initially during COVID times. The atmosphere created sounds positive.
From reading the information it means people can be treated nearer to home in a friendly welcoming environment. It also seems to help with parking, stress, accessibility.
Definitely. Although living in North Ayrshire I find the Kyle Chemotherapy Unit a pleasant place with very attentive professional staff, in a less acute clinical environment. For Tier 3 treatment it is perfect.
General
I think it worked well during the pandemic and made more sense to me than before. Geographically this is harder for me but medically much more sensible, which is the most important thing.
I think it is totally appropriate for the Health Board to make the proposed changes to the service for the continued safe delivery of services for both patients and staff.
I think it would be helpful for people to realise that it means better specialist care not just for them a potentially longer journey.

Negative comments

Parking and accessibility at University Hospital Crosshouse
I've only ever been to Crosshouse on a few occasions but have found parking there very difficult.
Parking at Crosshouse is unbelievably difficult. A separate car park and entrance would be advantageous
Ward 5 is a considerable distance from the hospital entrance. 1. Added stress for patients unfamiliar with the hospital finding their way. 2. The distance from the entrance from the front door to ward can be challenging for patients.
At Crosshouse it is sometimes impossible to drop DISABLED patients off near the door, and usually difficult to find a parking space.

Travel and transport
People living south or Ayr who require to get to Crosshouse have not been considered.
Cost implications and travel issues from rural areas.
It's difficult enough for people with an illness to get to Ayr from the area south of Ayr. Public transport to Crosshouse is nearly impossible.
No bus service from my area to Crosshouse hospital and no train service.
For those using public transport there are great difficulties with journeys taking extremely long.

Other
I attend Kyle ward. The outpatients department is very busy. I've on more than one occasion had to wait 2 hours to be seen.
Comes over as confusing.
So is transferring Crosshouse to Kyle Ward going to make the waiting times unbearable.

Neutral comments
Ensure patients are aware of Volunteer driver services to get them to and from hospital.
When survey completed provide via all media outcomes to communities.
The information describes what was done, but not what analysis was done before implementation.
Make use of more localised services such as Ayrshire Central for people on NAC who are having cancer treatment and who are low risk. It can be difficult for example to get to Crosshouse and Ayr hospital without your own transport.

- There were a number of comments suggesting to have more Tier 3 Units, with North Ayrshire being a particular focus for people.
- There were a few comments that referred to lack of consultation if services cannot be influenced by feedback.
- People generally understood the clinical reasons behind the proposal, although a few people felt that the proposal was a money saving exercise or a ploy to continue to 'run down' Ayr Hospital by removing services.

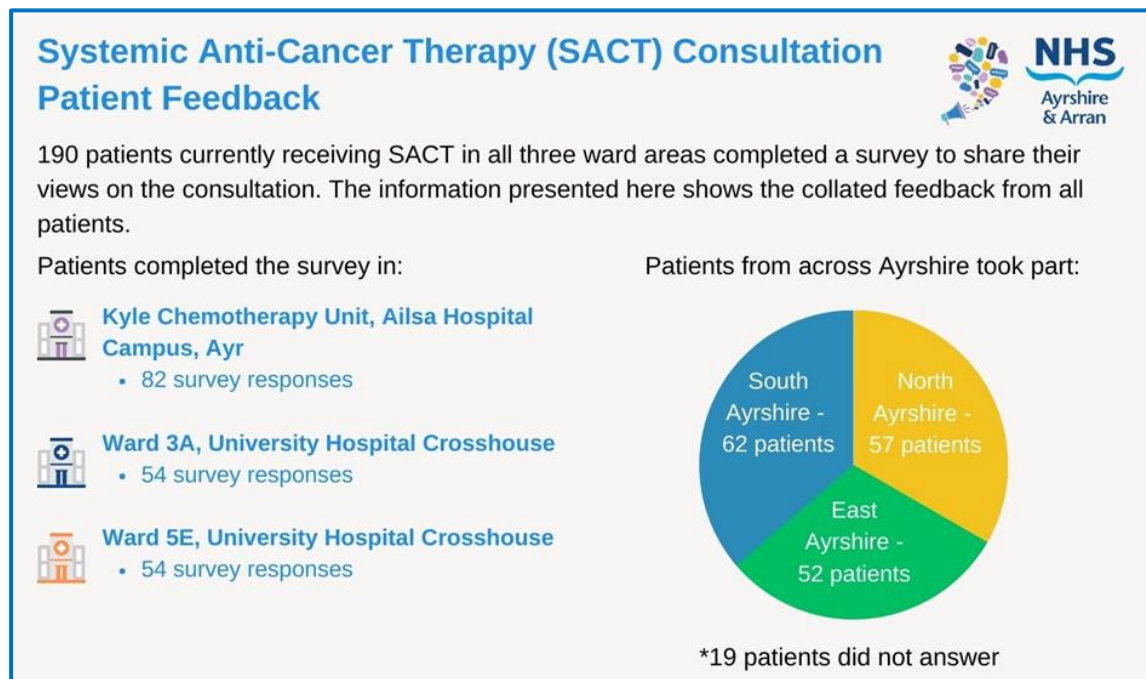
A full breakdown of public survey responses is provided in appendix 9.

Patient feedback questionnaires

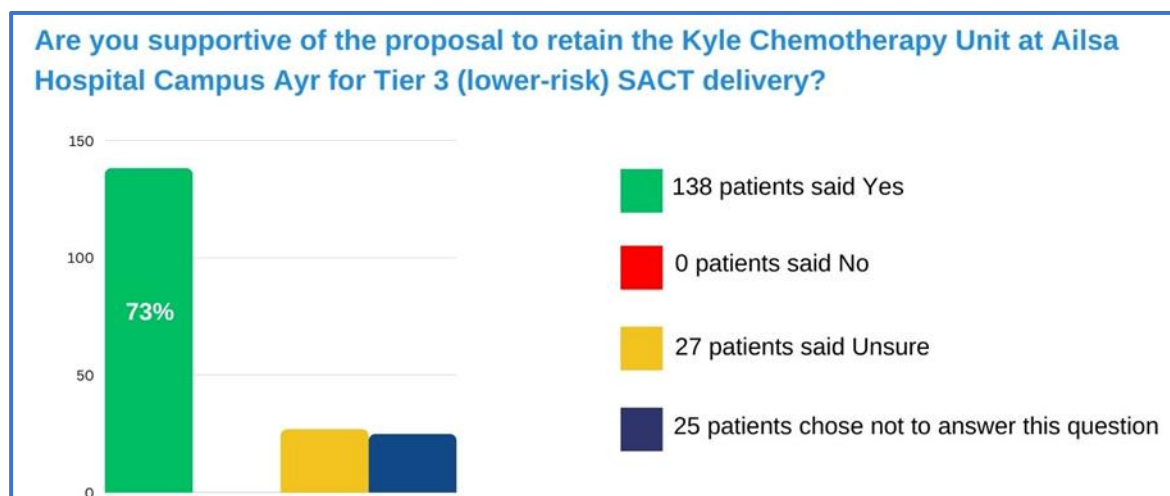
Hearing from patients currently experiencing our SACT services is of the utmost importance. We therefore developed a bespoke patient feedback questionnaire to enable current patients to share their views and experiences. The questionnaire focussed on questions relating to overall experience, proposal to retain the Kyle Chemotherapy Unit, how people travel to and from hospital appointments, use of telephone consultation and experience of non-medical prescribing.

A summary of the key information is illustrated in the infographics below:

Quantitative analysis




Like the public survey responses, there is much support from patients to retain the Kyle Chemotherapy Unit.



This model is now driving how Tier 3 chemotherapy services could be delivered across Ayrshire and Arran in the future.

New ways of working

To support the temporary service changes during the pandemic, other new ways of working were introduced to minimise clinical risk and reduce travel for patients. The feedback gathered during the previous Chemotherapy Service Review in 2020, highlighted the need to try and reduce travel for patients where possible and ease parking congestion.



Patient pathways

Patient pathways have been redesigned to minimise clinical risk - additionally helping to minimise travel, parking and access issues. Patients now receive their initial assessment via telephone or in person at the site closest to their home, where this can be done safely.

There has been increased opportunities and learning to support this new clinical model for example, prescribing is currently being done at University Hospital Crosshouse (UHC) and Kyle Chemotherapy Unit, Ailsa Hospital campus Ayr, following risk assessment fewer patients than originally anticipated require to have their first two SACT treatments done at the Tier 2 site, and more patients who live equidistant to the two units can elect to attend Kyle Chemotherapy Unit (if previously in the UHC catchment). This is reflected within the range of feedback gathered from patients.

These approaches and new ways of working are in line with the ambitions of [Caring for Ayrshire](#) ensuring we deliver sustainable, person centred care, as close to home as possible.

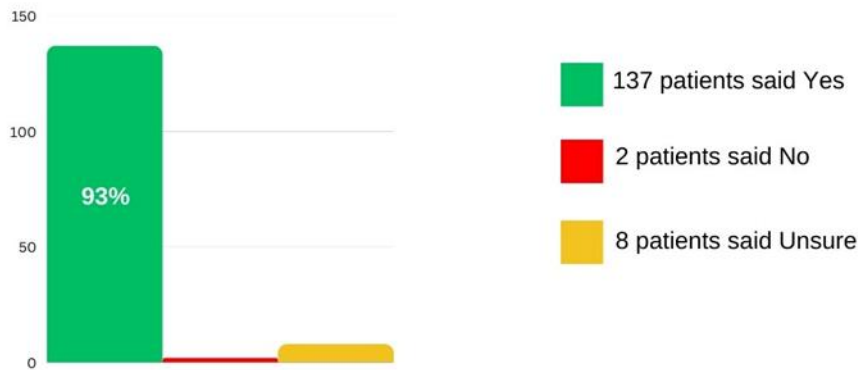
We recognise the importance of finding out the impact of these new approaches for patients and learn from their experiences. To do this we included the following questions below on travel to and from hospital appointments and on telephone consultations within the consultation feedback questionnaire.



Have you had a telephone consultation assessment during your cancer treatment?

- 147 patients answered 'Yes'

If you answered yes, do you feel that telephone consultations are beneficial?



Qualitative patient comments analysis

366 individual comments were provided within the **190** completed patient survey questionnaires – these were collated and themed.

Summary reflections are set out below:

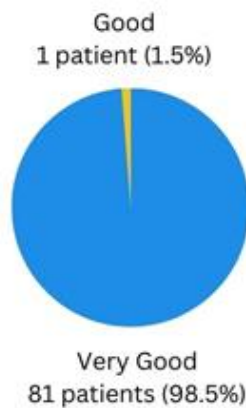
- There were a significant number of adverse comments in relation to parking at University Hospital Crosshouse.
- The majority of consultation responses spoke about ease of access and good parking at Ayr with the new Kyle Chemotherapy Unit.
- Compared to the public survey responses, there was a significantly lower number of responses in relation to the adverse impact on further travel to Crosshouse from South Ayrshire.
- People generally understood and agreed with the clinical reasons behind the proposal.
- Within the responses on telephone consultations there were 66 positive comments and 18 negative, which underpins the 93% who said they found them beneficial.
- The responses on how people travel to and from hospital appointments is extremely informative, with only 3 patients, out of the 187 who responded to this question, saying that they use public transport. The adverse impact of using public transport was a key aspect of the previous Chemotherapy Service Review feedback and indeed within the current consultation public survey however this should be viewed from this informed perspective and contextualised appropriately.

A full breakdown of public survey responses is provided in appendix 10.

Patients were also asked to rate their overall experience of SACT services.

The information shown here is from the survey feedback from patients in that particular ward.

Kyle Chemotherapy Unit



"Very efficient and great accessibility. The facility is excellent."

"Comfortable and pleasant surroundings"

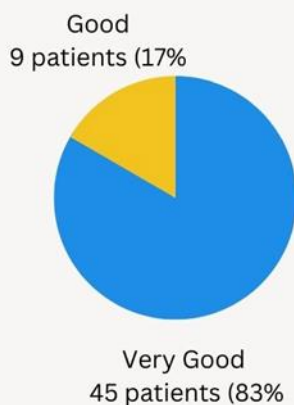
"Positive atmosphere and good communication"

"Clean, plenty of room between chairs and easy parking"

"Added facility of the waiting room"

"Staff make you feel very welcome"

Ward 3A



"Staff very helpful and friendly. Ward is clean and a very pleasant atmosphere"

"Wonderful attention from highly professional staff"

"Feels safe and welcoming. Supportive cheery staff. Professional and very competent."

"Excellent. All staff go above and beyond, making treatment pleasurable. Clean environment"

"Staff informative and pleasant"

Ward 5E



"The service has always been efficient, and the staff helpful and friendly"

"Positive experience only"

"I get the best treatment possible"

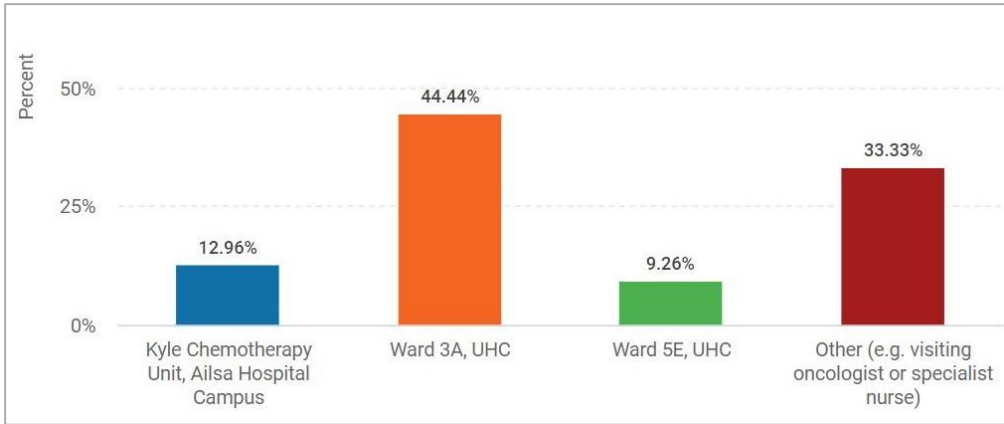
"Always found nurses and admin staff very kind and helpful"

"An open, bright and spacious environment with just the right number of chairs"

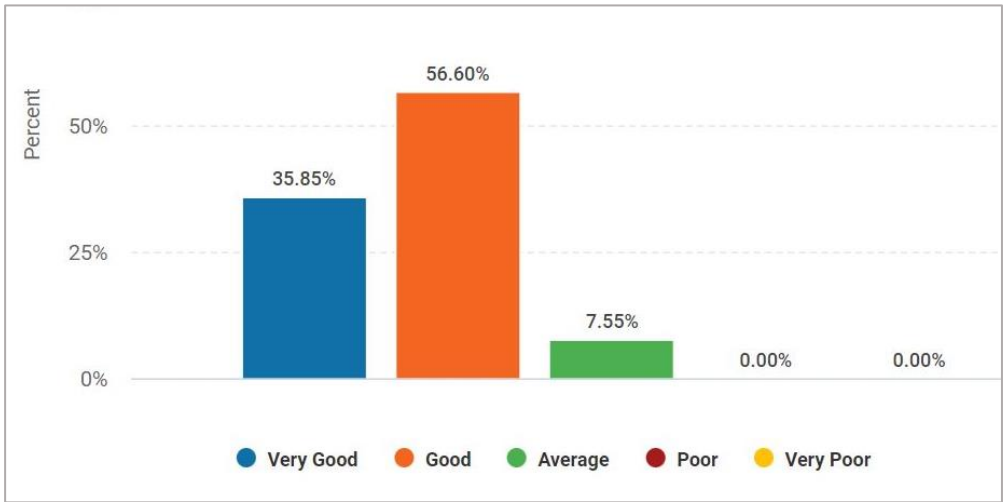
Staff feedback survey

Staff feedback was generally supportive of the current service model and the proposal to retain the Kyle Chemotherapy Unit. The qualitative staff survey analysis has still to be reviewed by the clinical team. The quantitative data is summarised below.

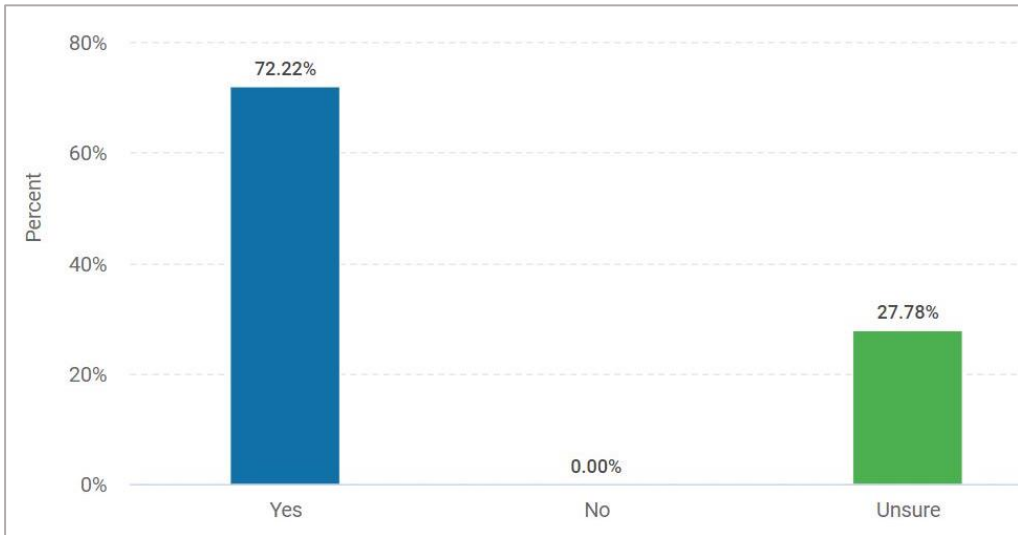
1. Who completed the survey?



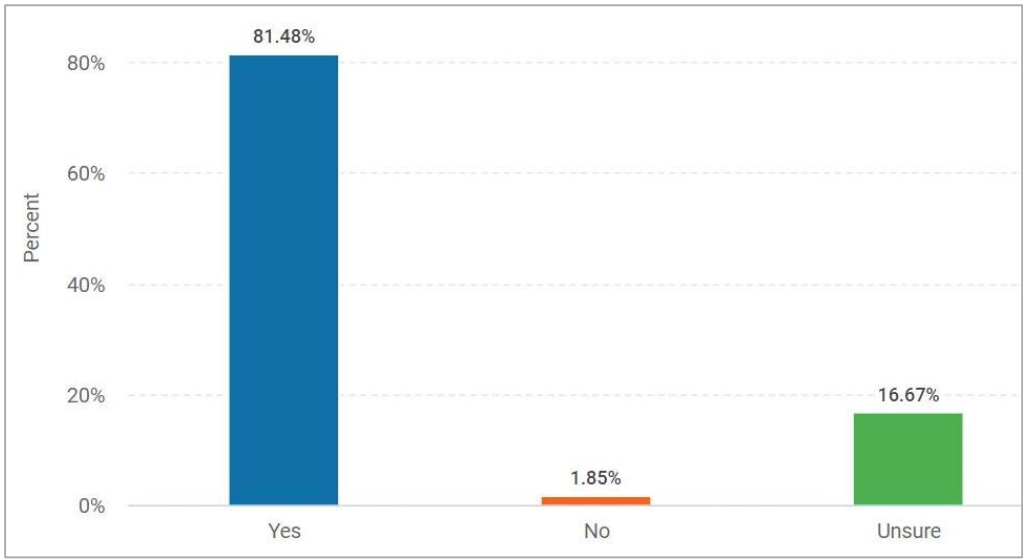
2. How would you rate the current SACT service delivery model?



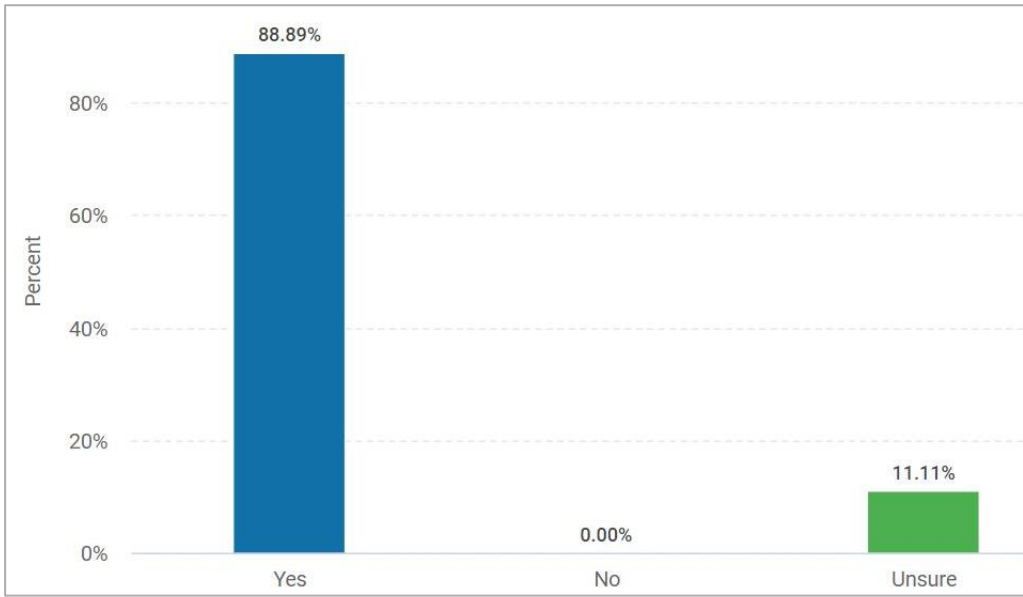
3. Do you feel that the use of SACT assessment telephone consultations has been beneficial?



4. Over the past 2 years, there has been an increase in non-medical prescribers of SACT (nurses, pharmacists). Do you feel this has been beneficial?



5. Are you supportive of the proposal to retain the Kyle Chemotherapy Unit at Ailsa Hospital Campus for Tier-3 SACT delivery?



Public meetings and events

From the outset we wanted to ensure an inclusive process that would encourage involvement and stimulate discussion. We wanted to demonstrate that NHS Ayrshire and Arran listens, is supportive and genuinely takes account of views and suggestions. To do this we took the approach to plan fewer public meetings but offer to take our consultation to people and groups instead.

As well as the 3 planned public information drop-in sessions and online event, we promoted widely the offer for the consultation team to attend local groups or meetings on request. We recognised the need for a balanced and wide-ranging consultation, using a range of approaches.

Two groups invited the project team along, Girvan and South Carrick Villages Locality Planning Partnership and Troon and Villages Locality Planning Partnership, both in South Ayrshire. Although there were only a few members of the public at these meetings there was some good discussion and several questions were captured.



Three planned public information sessions were held, one in each of the three Ayrshire’s.

- South Ayrshire: Grain Exchange, Ayr on 03/03/2023
- North Ayrshire: Fullarton Connexions, Irvine 28/03/2023
- East Ayrshire: Ayrshire Cancer Support, Kilmarnock 17/05/2023

The events were an informal, drop-in format, an opportunity for the public and other key stakeholders to come along, hear information, ask questions and pick up copies of the consultation materials and public survey. The events were well advertised via NHS Ayrshire and Arran social media channels, news releases, emails to key contacts, including Locality Planning Partnerships, Health & Social Care Partnership colleagues, Third Sector Interfaces and the Ayrshire Cancer Forum. Posters were also designed to promote the events.

Although the first event in South Ayrshire was well attended with 47 people dropping in, 36 of whom engaged with the consultation team, unfortunately the other two events were poorly attended, with no attendees at the North Ayrshire session and only and 2 at the East Ayrshire session. A summary report of the public events is provided in appendix 11.

Online consultation event

On Wednesday 10th May 2023, the online public information session took place on Microsoft Teams from 7pm to 8.30pm. The event was widely promoted through various channels and could be booked via Eventbrite. All those signed up for the event were emailed prior to the session with the MS Teams joining instructions and a summary of what would be discussed at the online event. There were 8 members of the public and 6 NHS Ayrshire & Arran staff in attendance. Dr Caroline Rennie provided a presentation of the SACT journey and proposed changes and gave opportunity for attendees to ask questions, feedback and give thoughts on what they had seen and heard. It was a very interactive discussion with lots of questions and really informative conversation.



Focus Group

Following feedback via the online engagement hub from a member of public with a sensory impairment, the consultation team met with the Sensory Impairment Operational Group to discuss the best ways of engaging to meet the needs of those with sensory impairments. Recognising the importance to engage with people who may be disproportionately impacted by this service change. A focus session was arranged with the Ayrshire Deaf Club, with an additional BSL interpreter to attend the meeting so the information conveyed to the group could be accurately communicated. There were 16 group members present. When asked if the information shared helped with their knowledge of the SACT consultation and changes, the general feeling was that the information shared was helpful and understood.

Mid-way Review

Factoring in a mid-way review was helpful to take the time to evaluate all aspects of the consultation to identify any gaps, issues, learning or areas for improvement. During the midway point we reviewed the survey responses to date. The number was a bit lower than anticipated, so we planned for some extra promotion via social media and email to generate wider publicity. We also took the opportunity to develop another news release to promote the mid-way point and to refocus our social media plan.

Looking at questions posed at the public meetings and through the survey responses we were able to target some proactive posts in response. The SRG also reviewed responses to date and discussed the key emerging themes, which helped inform the mid-way report for the Chemotherapy Oversight Group. We used this opportunity to update the Frequently Asked Questions document, tailored to the themes and questions raised. The online engagement hub was also refocussed to ensure all essential documents were clearly visible and accessible and to look at opportunities to look at some additional engagement tools, such as the sharing stories function and newsletters.

A meeting took place with Healthcare Improvement Scotland to share progress, discuss key themes and raise any points or issues.

Evolving Service

NHS Ayrshire & Arran has the aim of delivering a safe and equitable SACT service to local patients. We want to promote the highest, safest standard of cancer care and ensure that cancer services fully meet the needs of patients.

SACT activity has continued to increase by nine percent per year and is expected to continue to increase. Without a new approach there would be a major impact on waiting times, patient experiences and outcomes. In addition, more SACT is being delivered orally or by sub cutaneous injection instead of, or in addition to, intravenously. This provides opportunities to treat people at or nearer home. With rapid developments in chemotherapy treatments, our SACT service will continue to adapt over time, as appropriate, to best serve local patients in the medium and the longer term.

Making decisions

The views and comments gathered and the outcome of the consultation, will be made available on our public website and engagement online hub, providing full details of the feedback received. <https://jointheconversation-nhsaaa.co.uk/>

The feedback gathered will be used to help NHS Ayrshire and Arran Board Members to understand if there are any negative impacts that would still need to be addressed and consider the impact of the changes for people.

The NHS Ayrshire and Arran Board will consider responses to the consultation and give due consideration to any alternative suggestions that are put forward. A full meeting of the Board will consider the proposals and make a decision. A range of information, including responses to the consultation and a report from Healthcare Improvement Scotland, will help inform the Board's decision.

The outcome of the consultation will be widely available and clearly communicated to people and communities by a range of methods.

Appendix

1. SACT Consultation Plan
2. Stakeholder Reference Group
3. Consultation Summary Document
4. Consultation Materials
 - Consultation poster
 - A5 flyer
 - Public event poster
 - Digital banners
 - Social media graphics examples
 - Patient Pathway visuals
 - Public survey
 - Frequently Asked Questions (FAQ)
5. Communications and media report
6. Dissemination list
7. Online engagement hub summary
8. Social media plan
9. Public survey responses
10. Patient survey responses
11. Public meetings and events summary