

NHS Tayside Consultation Feedback December 2017

Rebuttal Report

Executive Summary

NHS Tayside conducted a public consultation between 3rd July 2017 and the 4th October 2017. The purpose of this consultation was to seek public feedback on a preferred option for future general Adult Psychiatry Acute admission and Learning Disability in-patient services which had been identified following a process of option appraisal and modelling.

In December 2017 NHS Tayside published their consultation feedback report which included their interpretation of the results and the supporting documentation.

The NHS Tayside Feedback Report was 30 pages in length plus all the supporting documentation. However, this report, was so at odds with the work and analysis undertaken by PLUS Perth and was so misleading in its analysis that 98 points of concern were identified. To try and analyse and present a rebuttal report in the traditional sense ultimately would have resulted in a report similar to the PLUS Perth Final Report. Therefore, it was felt that to have the greatest impact we would take each point in turn and reference our source for that particular point. We acknowledge that this has made the report very complicated as the main body of the text needs to be read alongside the NHS Report which is at **Annex A**.

In addressing the 98 points, consistent themes kept repeating themselves and within this Executive Summary we will highlight the main areas of concern. The reader will be able to confirm the validity of these themes from the main body of the Report.

Financial Management

This is a common thread throughout the report. However, **Annex C** encapsulates the complete disregard for realistic long-term financial planning and governance of the planning process. The internal memo from 2009 summarises the total contract spend over a 40-year period at £440m. This tender was agreed without being opened to NHS Tayside Board member scrutiny. It is interesting to note that local press appears not to have established the full extent of the overall cost to Tayside and it appears that the NHS has been able to withhold this figure from the public.

Patient Safety

Throughout this whole exercise of centralising GAP beds at Carseview, the NHS have always preceded their arguments with this topic. Local press and PLUS Perth have referred to many tragic fatalities within Tayside and we argue that the underlying issues have still not been addressed by NHS Tayside. Moreover, they appear to have been side-lined in the interest of portraying a positive narrative for the public.

The NHS has used misleading statements throughout the report about redesigning mental health services within Tayside but fundamentally the service delivery and model of care is exactly the same but from one site instead of three.

Since the PFI contract was signed there has been a gradual shift away from community-based services towards the acute in-patient facilities which have only recently been opened. This is completely at odds with the Scottish Governments aim of “integration.” Coupled with NHS Tayside’s desire to move towards large, centralised facilities there has also been a 40% increase in the use of psychotropic medications over the last 10 years which does coincide with the withdrawal of community services in order to finance the PFI projects. **Annex E.**

Target Audience

The NHS report has placed great emphasis on the potential financial savings and patient safety. This is NOT a coincidence. If you examine the public consultation process CEL 4 guidance section 14 which states that:

“It will...look to the Board...to provide evidence that the views of potentially affected people and communities have been sought, listened to, and acted on: and treated with the same priority (unless in exceptional circumstances e.g. patient safety) as clinical standards and financial importance.”

The continued emphasis on patient safety allows the NHS to exert the “exemption” rule. Couple the safety argument with finance and the NHS feel that their argument to centralise beds is unassailable. The language of the NHS report is extremely flowery and very positive. Clearly the language used is very deliberate and is designed to “tick” particular legislative requirements of the Scottish Government at the expense of public and stakeholder feedback plus reasoned arguments against the NHS proposal. This is not the spirit of partnership and collaboration envisaged when the Integration Authorities were established in Law in 2014.

Workforce Sustainability

Throughout the NHS report there are numerous references to a workforce model which they are proposing which they state will be sustainable into the future. However, there is no recognition of the reality that this proposed workforce model is even now, not sustainable. The NHS references various studies which all show that the current workforce levels will reduce significantly in the coming 5 years, but their proposal does not acknowledge this reality. This report as well as the PLUS Perth Final Report clearly show that the NHS workforce model being proposed is unsustainable. We suggest that the likely outcome will be a further reduction in beds at Carseview post 2020 of between 25% and 50% to accommodate the anticipated workforce levels.

Public and Stakeholder Collaboration

A PLUS Perth Board Member summarised very eloquently the NHS position with regard to collaboration as follows:

There are two main issues of principle here, in my opinion:

1) The IJB is the governing body (the Board) of the process of the integration of health and social care in the area, in the same way in which the PLUS Board is responsible for the delivery of the purposes of PLUS Perth & Kinross. Neither can allow itself to be dictated to by any of those delivering services for which it is responsible, although they may be influenced in their decision-making by the arguments of such individuals or bodies. It seems that the whole decision-making process here has been controlled by one of the Integration partners, NHS

Tayside, with the other partners (the local authority and the voluntary sector organisations) not being allowed to participate as partners as they ought to have done. The false statements made - and accepted (such as that the Health Council would review and report on the process at the mid-way stage) seem to be part of this "control" process.

2) The delivery of health services in a community, particularly in the days of an integrated service, has to be not only about delivering effective and cost-effective services to people within that community but also about meeting the health needs and wishes of the residents of that community, in particular those in receipt or likely to be in receipt of the resulting services. For that reason, an effective and trustworthy consultation process is essential, and the results of that consultation must be taken fully into account when decisions are made. I accept that the consultation might not necessarily dictate the final outcome (e.g. the majority of consultees might want something unachievable or unaffordable), but the final decisions must be ones which are acceptable to the majority of them. That is clearly not the case here.

Finally, the NHS report is the culmination of a journey that started in March 2016 and despite NHS protestations throughout the whole process that no decision has been made, they have recommended an option which runs contrary to patient safety, reasoned financial arguments, workforce realities and finally and most importantly stakeholder and public sentiment.