

PE1591/Q

Petitioner submission of 2 March 2017

We welcomed the actions of the committee on 22 December 2016, referring the critique in our previous submission for a response from the Cabinet Secretary for Health, and asking her to answer further questions that have arisen in relation to the proposed hospital re-design in Skye, Lochalsh and South West Ross (SLSWR). However we are **very** concerned about the nature of the response given to the Committee by the Cabinet Secretary. She has failed to answer specific key questions asked of her and has completely ignored addressing the fundamental issues concerning the location of the new hospital in SLSWR, identified in Professor Ronald MacDonald's critique submitted on 8 December 2016 (PE1591/O).

On closer inspection it appears that the Cabinet Secretary's response contains a great deal of cutting and pasting text from previous responses suggesting a lack of intent to take seriously the critical issues arising.

1. The first question asked for a response to the critique in our submission of 8 December 2016 (PE1591/O).

That critique shows NHS Highland (NHS) in its options appraisal for the siting of a new hospital for SLSWR, has not followed the guidance contained in the mandatory Scottish Capital Investment Manual (SCIM) for such an exercise. Ms Robison reiterates that her decision has been made and she has dismissed the additional evidence placed before her. However, by so doing she is in breach of standard protocol for an investment decision of this nature since no investment decision should be regarded as irrevocable if significant new information is brought to bear which evidences the absence of required protocols. There can be absolutely no doubt that a raft of significant new information has been brought to bear on this case in terms of our submission to the committee on 8 December 2016.

2. Parliamentary questions regarding national guidance for infrastructure investment.

A crucial assertion in our submission, considered at the 22 December 2016 meeting of the Committee, was the assumed mandatory nature of the Scottish Government's SCIM. Since then **Donald Cameron MSP** has asked the Scottish Government parliamentary questions on our behalf to clarify the status of the SCIM and the Treasury Green Book as stated in Professor MacDonald's paper which was attached to our 8 December submission (referred to as 'the critique').

Question S5W-05907: Donald Cameron, Highlands and Islands, Scottish Conservative and Unionist Party

To ask the Scottish Government whether NHS boards must follow the guidance in the Treasury's *Green Book* when carrying out an options appraisal of infrastructure investment.

Answered by Shona Robison (17/01/2017):

The Scottish Capital Investment Manual (SCIM) provides guidance in a NHS context on the sector-specific processes and techniques to be applied in the development of infrastructure and investment programmes and projects within NHS Scotland.

Within the SCIM, the Option Appraisal Guide builds on the HM Treasury Green Book guidance and specific Scottish Government guidance issued on assessing Value for Money. The guidance is mandatory for all NHS Scotland Bodies taking forward infrastructure investment proposals. The Option Appraisal Guide is the primary guide for information regarding investment appraisal in NHS Scotland and it should be read in conjunction with both the Green Book, which remains an authoritative guide to the principles of appraisal and evaluation, and the SCIM Business Case Guide.

3. Does the Cabinet Secretary take responsibility for the failure to include evaluation of the relative costs and risks of the possible locations for the new hospital?

In his critique paper, at each point at which there had been a significant omission by NHSH in their location options appraisal for the new hospital, Professor MacDonald carefully quoted from both the SCIM and the Green Book so that there can be absolutely no doubt about the veracity of his findings. We contend, as stated in our previous submissions, that the failure of NHSH to follow this mandatory national guidance, as clearly demonstrated in the papers submitted to the Committee on 7 October (PE1591/L) and 8 December 2016 (PE1501/O) will lead to:

- increased risks to the health and wellbeing of the greatest number of people in this area, particularly those who are most vulnerable due to age and socioeconomic deprivation. To give just one example what happens to the most populous part of the area if the A87 is blocked? Thousands of people – both locals and tourists – will have no access to an A&E, a risk which would not arise, for the North or South, if the hub is placed in Portree.
- Removing the hospital and A&E from Portree, the centre of by far the most populous part of the whole area, will impose very large economic costs on the most populous northern part of the area. These will run into many hundreds of thousands of pounds (if not millions) and NHSH were supposed to have costed these at full economic cost, but they have simply ignored such. Professor MacDonald's paper asks if the Cabinet Secretary is going to pay these costs from the overall health budget but she is again silent on this issue.
- The increased mortality rate due to the wrong siting of the hospital will clearly raise issues of culpability. Who, for example, is going to pick up the costs of the unnecessary civil actions from having a wrongly sited hospital? If the hospital is to be sited in the wrong location the public have a right to know the

extra mortality rate from this and what this will cost the public purse and who will ultimately take responsibility for this?

- The wider economic and social costs: removing a crucial part of the infrastructure of North Skye – 24 hour medical cover at Portree Hospital and associated Accident and Emergency - is bound to seriously impact on the tourist industry in the area, the vast majority of which is based in North Skye. Since Skye is the second most popular tourist location in Scotland, this will obviously impact on the whole of the Scottish economy.

If NHS Scotland had followed mandatory guidance we could be assured that the redesigned service will represent the maximum benefit from and the best use of public funds. As it stands the proposal to site the new hospital in Broadford with the closure of Portree Hospital and A&E does not give us this assurance and indeed is the cause of significant concern as evidenced by the signatories to this petition and the many comments on the Facebook page Save Portree Hospital.

4. The Cabinet Secretary appears to be confused about the role of the Scottish Health Council

In her response to the Committee's questions of 22 December 2016 Ms Robison once again states that since the Scottish Health Council has approved the public consultation on the redesign carried out by NHS Scotland, that this somehow validates the location option appraisal exercise. From this we gather that she has not even read Professor MacDonald's submission since in that the following is clearly stated:

The Scottish Health Council does not comment on clinical or financial issues; the adequacy of Board compliance with the technical requirements laid out in The Green Book option appraisal process; or the effectiveness of a Board's engagement with its own staff.

Scottish Government Practice Note CEL 4 (2010) 10 February 2010 para 14

5. The Cabinet Secretary has not addressed the concerns highlighted by our elected representatives

As detailed in the Official Record of the 22 December 2016 Committee meeting, two of our MSPs attended to represent our concerns.

Kate Forbes MSP highlighted 3 factors that she understood from Professor MacDonald's paper (PE1591/O) to have not been adequately taken into consideration by NHS Scotland, and on which she would like a response from the Cabinet Secretary and NHS Scotland:

- population density
- income deprivation in the north of Skye
- travel related risks: for example, when the A87 is blocked, how are people in the most populous area of North Skye expected to get to an A&E if it is Broadford based?

Ms Forbes also highlighted local concerns about the adequacy of ambulance services.

Rhoda Grant MSP highlighted public concerns about patient transport services and stated that her comments from the Committee meeting of 29 September 2016 still stand. In essence her point arises because the area with by far the largest population will have to travel a much further distance to essential health services in the future than at present. She highlights the facts that public transport is not good, the weather is poor and the patient transport service does not work well. People without access to their own transport are rightly concerned about how they will access the hospital in Broadford or the palliative and elderly care that is provided in Portree at the moment, but will no longer be if the redesign proposals go ahead. As noted above these extra journeys and time off work will be much greater than the present situation and should have been costed at full economic cost but this has not been considered despite being a mandatory process.

Ms Grant stated 'I do not see anything in the petition papers saying that discussions have been had with people (in the north of Skye) to give them a degree of comfort about the services that they will receive.' We can confirm that although NHSH has ticked the boxes of public consultation there is no evidence that any of the key points made by people attending meetings have been taken into consideration in the redesign plans to date. And of course as noted in Professor MacDonald's paper all of the extra journeys and time due to the proposed new service should have, but have not been, costed at full economic costs to ensure that the best use is being made of public funds. Since this has not been done any savings that will be made from the proposed changes are meaningless if a huge economic burden is to be placed on the local community. That after all is why there are recognised and mandatory guidelines for options appraisals, which, incredibly, the Cabinet Secretary is quite content for NHSH to blatantly ignore. We find it alarming that the Cabinet Secretary can sweep aside these and all the concerns of our community presented to her via the Committee, even when supported by several MSPs, when there are issues of life and death at stake.

We are again grateful that the Petitions Committee continues to consider our petition and pose questions to the Scottish Government, but we are very dissatisfied at the lack of detail in the responses, and feel that just like NHS Highland the Cabinet Secretary for Health is refusing to listen to or give any credence to the legitimate concerns of this community. We urge the Committee to press the Scottish Government to examine the redesign proposals with respect to their own national capital investment guidance and contend that if they do they will realise that far from benefitting this community, the redesign will result in huge and unquantified costs and risks which could have been prevented.

If NHSH is not held to the standard detailed in the national guidance then the message to Health Boards who are struggling with budgets is clear. The current level of scrutiny permits plans which contain unacceptable economic and patient risk for expedient short term financial gain.