

Q1: copies of communications both internally, and externally between the Scottish Government, NHS Ayrshire and Arran and/or the Scottish Health Council about the transfer of ICU beds from Ayr to Crosshouse hospital in the last two years.

DOC 1

**From:** [redacted: s.38(1)(b)]

**Sent:** 30 November 2022 17:26

**To:** Cabinet Secretary for Health and Social Care

**Cc:** DG Health & Social Care; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; Maitland H (Helen); Burns J (John); Communications Health & Social Care; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; Hutchison D (David); Chief Medical Officer; Deputy Chief Medical Officers; Chief Nursing Officer; Leitch J (Jason); Strategic Briefing Unit for Health; Minister for Mental Wellbeing & Social Care; Minister for Public Health, Women's Health & Sport

**Subject:** Line to clear - Ayr A&E - Ayrshire Post

Good evening,

We're being asked to comment on [redacted: s.38(1)(b)] writing to Mr Yousaf about the claims that [redacted: out of scope].

NHS A&A statement rejecting this is below.

I would be grateful for clearance of the following line agreed with policy and spads.

Health Secretary Humza Yousaf said:

"These reports are categorically untrue. As has been made clear by the health board there are absolutely no plans to move A&E or ICU services away from Ayr Hospital."

#### Query

I was hoping to get a comment on [redacted: s.38(1)(b)] writing to Humza Yousaf about concerns for [redacted: out of scope]. [redacted: s.38(1)(b)] says that reports are that the ICU and [redacted: out of scope] could close at the hospital.

Could I please have a response as soon as possible about whether this is to be the case?  
If so, what alternative steps would be in place to combat these closures?

[redacted: out of scope]

#### Statement by Claire Burden, Chief Executive

#### What is the short, medium and long-term future of acute services, critical care services and Emergency Department (ED) services at University Hospital Ayr?

There are no plans to close the Emergency Department (ED) or to remove critical care services at University Hospital Ayr. It is important to acknowledge that there are staffing challenges across all of NHS Scotland and that NHS Ayrshire & Arran is no exception. The single acute vision, (one team over two sites), aims to offer more attractive teams to join. Cross site working can help take pressure off smaller teams.

[redacted: out of scope]

Thanks

[redacted: s.38(1)(b)]

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## DOC 2

**From:** Cabinet Secretary for Health and Social Care

**Sent:** 30 November 2022 18:05

**To:** [redacted: s.38(1)(b)]; Cabinet Secretary for Health and Social Care

**Cc:** DG Health & Social Care; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)];

[redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; Maitland H (Helen); Burns J (John); Communications Health & Social Care; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; Hutchison D (David); Chief Medical Officer; Deputy Chief Medical Officers; Chief Nursing Officer; Leitch J (Jason); Strategic Briefing Unit for Health; Minister for Mental Wellbeing & Social Care; Minister for Public Health, Women's Health & Sport

**Subject:** RE: Line to clear - Ayr A&E - Ayrshire Post

Thanks [redacted: s.38(1)(b)],

Mr Yousaf is content.

Thanks,

[redacted: s.38(1)(b)]

Private Secretary to the Cabinet Secretary for Health and Social Care – Humza Yousaf

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## DOC 3

**From:** [redacted: s.38(1)(b)]

**Date:** Tuesday, 28 Feb 2023 at 7:12 pm

**To:** [redacted: s.38(1)(b)], [redacted: s.38(1)(b)]; Maitland H (Helen), [redacted: s.38(1)(b)], Burns J (John)

**Cc:** [redacted: s.38(1)(b)], [redacted: s.38(1)(b)], [redacted: s.38(1)(b)], Hutchison D (David), First Minister FMQs, DG Health & Social Care

**Subject:** NHS A&A lines on critical care beds.

Hi all,

For awareness, NHS A&A have shared the lines below which have been issued to the Ayrshire Post who inquired about critical care services. SG haven't been approached.

### Critical care services

#### Statement by Joanne Edwards, Director of Acute Services

Within NHS Ayrshire & Arran, critical care services are currently provided from both University Hospitals Ayr and Crosshouse, with an Intensive Care Unit (ICU) and High Dependency Unit (HDU) in each.

However, it is becoming increasingly difficult to sustain the current critical care service model on the University Hospital Ayr site. To maintain the safety and sustainability of critical care services across the organisation, we need to make changes to how the service operates.

While critical care services will continue to be provided from both University Hospitals Ayr and Crosshouse, the three current level 3 Intensive Care Unit (ICU) beds in University Hospital Ayr will transfer to Crosshouse on an interim basis. It is important to note that we are not 'losing' any beds. The three ICU beds in Ayr will be added to the existing ICU bed footprint in Crosshouse.

Transferring these beds to Crosshouse will ensure safe and sustainable critical care services in both University Hospitals Ayr and Crosshouse. Patients with the highest acuity clinical needs will have access to an Intensive Care Medicine (ICM) Consultant 24 hours a day, seven days a week. This will also reduce the burden on anaesthetic colleagues in University Hospital Ayr. We will also enhance the current level 2 high dependency bed provision in Ayr, through the input of consultant intensivists to these beds during core weekday hours.

ends

Date of release: Tuesday 28 February 2023

Thanks

**[redacted: s.38(1)(b)]**

Team Leader Communications Health and Social Care  
Scottish Government

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#### DOC 4

**From:** Burns J (John)

**Sent:** 28 February 2023 19:29

**To:** **[redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)];** Maitland H (Helen); **[redacted: s.38(1)(b)]**

**Cc:** **[redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)];** Hutchison D (David); First Minister FMQs; DG Health & Social Care

**Subject:** RE: NHS A&A lines on critical care beds.

Hi,

I have just had a call from the Medical Director. I have asked for a briefing.

John

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#### DOC 5

**From:** McGuffie, Crawford

**Sent:** 01 March 2023 09:09

**To:** Burns J (John)

**Cc:** Claire Burden (NHS Ayrshire & Arran)

**Subject:** NHS A&A Critical Care Provision

John

Huge thanks for your valuable time and wise counsel last night.

I have enclosed a briefing document as agreed.

The key points are around the interim nature of these proposals because of concerns around the safety and sustainability of services. The briefing focuses on critical care provision and the ambition to raise the critical care provision across Ayrshire during this period with the necessary focus of Intensive Care Beds on the UHC site.

**[redacted: out of scope]**

Please let me know if you need anything in addition from me

Thank you again

Crawford

Dr Crawford McGuffie

Medical Director

NHS Ayrshire and Arran

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## **DOC 6 (text from attachment to DOC 5)**

### **NHS Ayrshire & Arran**

#### **Changes to Safeguard Sustainability of Critical Care Services**

**1<sup>st</sup> March 2023**

#### **Executive Summary**

In order to maintain the safety and sustainability of Critical Care services in NHS Ayrshire & Arran (NHSAA), the Board's Corporate Management Team (CMT) has made the decision to change the way that Critical Care services are delivered.

This change will see the retention of Critical Care services at University Hospital Ayr (UHA) in the form of four level 2 (HDU) beds. However, the three level 3 (ICU) beds currently on the UHA site will transfer to University Hospital Crosshouse (UHC).

The timeline for this change is dependent on capital enabling works to the ICU at UHC which are likely to take between 9 and 12 months. Given this lead time and the current fragility of ICU services on the UHA site it is the view of CMT that making this decision with the level of urgency afforded to it is justified as a means safeguarding the sustainability of Critical Care Services across NHSAA.

The decision is interim in nature insofar as it is the best feasible solution available to us at this time in order to ensure service sustainability.

#### **Background**

Critical Care units are defined in the Guidelines for the Provision of Intensive Care Services (GPICS) as, 'specially staffed and equipped area of a hospital dedicated to the care of patients with life-threatening conditions. It encompasses areas that provide Level 2 (high dependency) and/or Level 3 (intensive) care as defined by the Intensive Care Society.'

NHSAA currently provides level 3 (ICU) care on its two acute sites: UHA and UHC. On each site the ICU beds sit within a wider combined (ICU and HDU) critical care area. There are currently three level 3 and four level 2 beds at UHA and nine level 3 and six level 2 beds at UHC.

#### **Drivers for Change**

The primary driver for this change is the inability to guarantee the sustainability of Critical Care services in NHSAA due to challenges with the medical staffing of the ICU at UHA.

**[REDACTED: (section 30(b)(ii))]**

The decision is interim in nature insofar as it is the best feasible solution available to us at this time in order to ensure service sustainability. It is not immediately introducible due to capital enabling works required at UHC to improve and expand the ICU there. These works will take around 9 to 12 months to complete.

#### **Anticipated Impact**

When the three level 3 beds are transferred to UHC, all patients requiring this level of care in NHSAA will receive it at UHC. Reviewing two years of pre-pandemic data we would expect around 2.5 intubated level 3 patients would require to be transferred per week from UHA to UHC. This would include critically ill patients who present to the Emergency Department, patients requiring intubation following emergency surgery and a smaller number of ward inpatients who become very seriously and unexpectedly unwell.

**[REDACTED: (section 30(b)(ii))]**

#### **Process**

We have communicated this decision by CMT directly to our staff working in Critical Care at UHA and at UHC on Tuesday 28 Feb. We will issue wider staff communication over the course of Wednesday 1 March. We have engaged with trades union representatives throughout this communication process to make sure our teams feel supported and represented.

We will undertake a regular programme of communication and engagement throughout the course of the next 12 months with staff impacted by this change.

We will involve our clinical staff in helping design the model of care for critical care patients who will remain at UHA.

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## DOC 7

**From:** Burns J (John) <[John.Burns@gov.scot](mailto:John.Burns@gov.scot)>  
**Sent:** 01 March 2023 10:25  
**To:** [redacted: s.38(1)(b)]  
**Subject:** FW: NHS A&A Critical Care Provision

[redacted: s.38(1)(b)]

Email below [DOC 1].

*John*

John G Burns  
Chief Operating Officer - NHS Scotland  
Directorate of the Chief Operating Officer

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## DOC 8

**From:** [redacted: s.38(1)(b)]  
**Sent:** 01 March 2023 10:37  
**To:** [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]  
**Subject:** FW: NHS A&A Critical Care Provision

Hi [redacted: s.38(1)(b)]

See email below. can you go back to Crawford and ask whether SG was notified of the changes and the plan to put out comms to media in advance? It is not thought they have but we better not assume that.

Thanks

[redacted: s.38(1)(b)]

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## DOC 9

**From:** [redacted: s.38(1)(b)]  
**Sent:** 01 March 2023 11:03  
**To:** [redacted: s.38(1)(b)]  
**Subject:** NHS Ayrshire and Arran - Critical care beds

Hi [redacted: s.38(1)(b)],

This is on the Boards website from yesterday and seems to suggest the beds are being moved now on an interim basis and there will be no reduction in beds overall.

[NHS Ayrshire & Arran - Critical care services \(nhsaaa.net\)](https://nhsaaa.net)

[redacted: s.38(1)(b)]

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## DOC 10

**From:** [redacted: s.38(1)(b)]  
**Sent:** 01 March 2023 11:14  
**To:** [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]  
**Subject:** RE: NHS A&A Critical Care Provision  
**Importance:** High

Hi [redacted: s.38(1)(b)]

Just spoke to [redacted: s.38(1)(b)] who has more questions around the brief shared by the board. As the sponsor team they were also not advised of this service change and have more questions that may need a response from Crawford that we would want in the FMQ. I have agreed with [redacted: s.38(1)(b)] that if we have not already gone back to Crawford then [redacted: s.38(1)(b)] will pick this up.

I don't think we have done yet but great if you can confirm asap that no emails have been sent to the board on this as yet.

We can stay close to [redacted: s.38(1)(b)] on this throughout today and we can also pick relevant lines from the FMQ as it is developed to add to our A&E FMQ.

Please await further update from [redacted: s.38(1)(b)] before we submit any changes to our FMQ to FMQ team.

Thank you

[redacted: s.38(1)(b)]

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## DOC 11

**From:** [redacted: s.38(1)(b)]  
**Sent:** 01 March 2023 11:21  
**To:** [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]  
**Subject:** RE: NHS A&A Critical Care Provision

Hi [redacted: s.38(1)(b)],

No problem, no I hadn't reached out to Crawford yet so will leave that for [redacted: s.38(1)(b)] to pick up.

I've drafted a section on this for the A&E FMQ brief but will leave off sending until [redacted: s.38(1)(b)] has updated.

Thanks,

[redacted: s.38(1)(b)]

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## DOC 12

**From:** [redacted: s.38(1)(b)]  
**Sent:** 01 March 2023 12:17  
**To:** Crawford McGuffie

**Cc:** Burns J (John); [redacted: s.38(1)(b)]  
**Subject:** FW: NHS A&A Critical Care Provision  
**Importance:** High

Good afternoon Crawford: I'm preparing some briefing for Ministers on this and I'd be grateful if you could give me a call asap to cover some points of detail.

Many thanks

[redacted: s.38(1)(b)]  
Territorial Board Sponsorship: Ministerial Support

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#### DOC 13

**From:** [redacted: s.38(1)(b)]  
**Sent:** 01 March 2023 12:37  
**To:** [redacted: s.38(1)(b)] (NHS Healthcare Improvement Scotland)  
**Subject:** RE: Systems Pressure letter

[redacted: s.38(1)(b)]: as discussed, please find attached paper sent from the Board Medical Director this morning [DOC 6].

Grateful if you could confirm that HIS had no contact from the Board about this – we hadn't.

Thank again

[redacted: s.38(1)(b)]

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#### DOC 14

**From:** [redacted: s.38(1)(b)] (NHS Healthcare Improvement Scotland)  
**Sent:** 01 March 2023 13:14  
**To:** [redacted: s.38(1)(b)]  
**Cc:** [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]  
**Subject:** RE: Systems Pressure letter

Hi [redacted: s.38(1)(b)],

Copying in colleagues who would be more closely linked to the work for completeness and confirming that this is not one that we have had contact with from NHS A&A.

Thanks for bringing us in on this one.

[redacted: s.38(1)(b)]

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#### DOC 15

**From:** [redacted: s.38(1)(b)]  
**Sent:** 01 March 2023 14:26  
**To:** Burns J (John)  
**Cc:** [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]  
**Subject:** RE: NHS A&A Critical Care Provision  
**Importance:** High

John: I've spoken to Kirsti Dickson and Crawford at the Board and agreed the lines in the attached FMQ brief – are you content for me to forward, copying to Cab Sec for info?

Thanks

[redacted: s.38(1)(b)]

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DOC 16: TEXT FROM ATTACHMENT TO DOC 15

### **CRITICAL CARE BEDS**

- *28 Feb*: NHS Ayrshire & Arran issued a short statement to local media (also published on their website) announcing interim plans to transfer their three 'level 3' (ICU) critical care beds from Ayr Hospital to Crosshouse Hospital in Kilmarnock.
- The Board currently provides three ICU beds and four 'level 2' (HDU) critical care beds at Ayr Hospital; with nine ICU beds and six HDU beds at Crosshouse.
- The Board's plan cannot be immediately introduced as it will require the physical upgrade of critical care facilities at Crosshouse (estimated at 9-12 months) to accommodate the additional 3 ICU beds. The ICU beds will be maintained at Ayr in the meantime and, under the plans, the 4 HDU beds will be retained.
- The primary driver for this change is medical staffing of the ICU at Ayr.

[REDACTED: (section 30(b)(ii)]

- The Board has given assurances over contact with affected staff/unions.

**Patient safety is of paramount concern and the Health Board has been clear that these are interim plans to ensure adequate consultant medical cover; thereby maintaining the safety and sustainability of local critical care services.**

- The overall complement of critical care beds for the area would remain the same under this interim measure and only a small number of the most seriously ill patients would require transfer from Ayr to Crosshouse Hospital – the Board estimates under 3 per week.
- The Board has assured us that all feasible options will continue to be explored to maintain the ICU beds at Ayr Hospital; and that local communities and their representatives will be kept fully updated as this work progresses.
- For the avoidance of any doubt, both the Scottish Government and NHS Ayrshire & Arran remains committed to the provision of high quality services on the Ayr Hospital site, including the A&E Department and its support services.

[REMAINDER OF DOC OUT OF SCOPE]

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DOC 17

**From:** Burns J (John)

**Sent:** 01 March 2023 14:41

**To:** [redacted: s.38(1)(b)]

**Cc:** [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]

**Subject:** RE: NHS A&A Critical Care Provision



[redacted: s.38(1)(b)]

Thanks. I am content this is forwarded.

*John*

John G Burns  
Chief Operating Officer - NHS Scotland

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## DOC 18

**From:** [redacted: s.38(1)(b)]

**Sent:** 01 March 2023 14:54

**To:** First Minister FMQs; [redacted: s.38(1)(b)]; Burns J (John) >; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; Maitland H (Helen); [redacted: s.38(1)(b)]

**Cc:** [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; Hutchison D (David); DG Health & Social Care; McLaren D (Douglas); [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; Cabinet Secretary for Health and Social Care

**Subject:** RE: NHS A&A lines on critical care beds.

Hi [redacted: s.38(1)(b)]: please find FMQ attached, as cleared by John Burns.

Thanks

[redacted: s.38(1)(b)]

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## DOC 19

**From:** [redacted: s.38(1)(b)]

**Sent:** 01 March 2023 16:12

**To:** Cabinet Secretary for Health and Social Care

**Cc:** Communications Health & Social Care; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; Burns J (John); [redacted: s.38(1)(b)]; Maitland H (Helen); ); [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; Hutchison D (David); Nicolson S (Stuart);

Ingebrigtsen R (Ross); Mackintosh E (Emily); Minister for Public Health, Women's Health & Sport; Minister for Mental Wellbeing & Social Care; Leitch J (Jason); Deputy Chief Medical Officers; DG Health & Social Care; Chief Medical Officer; Chief Nursing Officer; Strategic Briefing Unit for Health

**Subject:** FOR CLEARANCE - University Hospital Ayr ICU beds moved - The Sun/Daily Mail

Good afternoon Cabinet Secretary/PO

We have had media queries from the Sun and the Daily Mail regarding the moving of ICU beds from University Hospital Ayr.

They are both asking why this has happened despite a pledge last year from Cab Sec that it wouldn't.

I have liaised with Spads and policy colleagues and have a draft response.

[REDACTED: (section 30(b)(ii))]

Kind regards

[redacted: s.38(1)(b)]

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DOC 20

**From:** Cabinet Secretary for Health and Social Care

**Sent:** 01 March 2023 16:52

**To:** [redacted: s.38(1)(b)]; Cabinet Secretary for Health and Social Care

**Cc:** Cc: Communications Health & Social Care; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; Burns J (John); [redacted: s.38(1)(b)]; Maitland H (Helen); [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; Hutchison D (David); Nicolson S (Stuart); Ingebrigtsen R (Ross); Mackintosh E (Emily); Minister for Public Health, Women's Health & Sport; Minister for Mental Wellbeing & Social Care; Leitch J (Jason); Deputy Chief Medical Officers; DG Health & Social Care; Chief Medical Officer; Chief Nursing Officer; Strategic Briefing Unit for Health

**Subject:** FOR CLEARANCE - University Hospital Ayr ICU beds moved - The Sun/Daily Mail

Thanks Colin,

Mr Yousaf has tweaked as below:

**A Scottish Government spokesperson said:**

“The A&E at Ayr Hospital will remain and it is not closing, the decision to transfer ICU beds is one for the local Health Board, and as they have made clear no beds are being lost.

“Ministers have been clear with the Board that all feasible options must be explored to maintain the ICU beds at Ayr Hospital; and that local communities and their representatives must be kept fully updated as this work progresses.

“Patient safety is of paramount concern and the Health Board has been clear that these are interim plans to ensure adequate consultant medical cover in order to maintain the safety and sustainability of local critical care services.

“The overall complement of critical care beds for the area would remain the same under this interim measure and only a small number of the most seriously ill patients would require transfer from Ayr to Crosshouse Hospital – the Board estimates fewer than three per week.”

“With the Board, we are committed to the provision of high quality services on the Ayr Hospital site, including the A&E Department and its support services.”

Thanks,

[redacted: s.38(1)(b)]

Private Secretary to the Cabinet Secretary for Health and Social Care – Humza Yousaf  
The Scottish Government

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DOC 21

**From:** [redacted: s.38(1)(b)]

**Sent:** 02 March 2023 10:00

**To:** [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; First Minister FMQs; [redacted: s.38(1)(b)]; Burns J (John); [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; Maitland H (Helen); [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]

**Cc:** [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]; Hutchison D (David); DG Health & Social Care; McLaren D (Douglas); [redacted: s.38(1)(b)]; Cabinet Secretary for Health and Social Care

**Subject:** RE: NHS A&A lines on critical care beds.

Hi all,

NHS A&A have shared their latest and slightly updated lines, issued to media yesterday.

**Interim changes to critical care services**  
**Statement by Joanne Edwards, Director of Acute Services**

Within NHS Ayrshire & Arran, critical care services are currently provided from both University Hospitals Ayr and Crosshouse, with an Intensive Care Unit (ICU) and High Dependency Unit (HDU) in each.

However, it is becoming increasingly difficult to sustain the current critical care service model on the University Hospital Ayr site due to significant difficulties in recruiting senior medical staff.

To secure the safety and sustainability of critical care services across the organisation, we need to plan to facilitate changes to how the services operate.

These changes are complex and require planning with our clinical teams. This may take between six and 12 months from now to implement the required changes. These actions will reduce the likelihood of an emergency staffing crisis.

While critical care services will continue to be provided from both University Hospitals Ayr and Crosshouse, the three level 3 Intensive Care Unit (ICU) beds in University Hospital Ayr will transfer to Crosshouse on an interim basis.

It is important to note that we are not 'losing' any beds. The three ICU beds in Ayr will be added to the existing ICU bed footprint in Crosshouse.

It is also important to note that critical care provision will continue on the University Ayr Hospital site via the High Dependency Unit (Level 2 Care).

These changes will ensure safe and sustainable critical care services in both University Hospitals Ayr and Crosshouse. Clinical teams have advised that it is time to separate anaesthetic rotas from intensive care rotas on the University Hospital Ayr site. This should improve recruitment prospects separately in both anaesthetics and intensive care and is something that was done at University Hospital Crosshouse a number of years ago.

Patients with the highest acuity clinical needs will have access to an Intensive Care Medicine (ICM) Consultant 24 hours a day, seven days a week.

This will also reduce the burden on anaesthetic colleagues in University Hospital Ayr and provide trained intensive care consultant presence on the Ayr site during core weekday hours.

These interim changes to the provision of level 3 critical care at University Hospital Ayr will have no impact on Emergency Department Services.

Over the coming weeks and months we will be engaging closely with our clinical teams as part of our thorough planning process, ahead of implementing these interim changes.

Thanks

**[redacted: s.38(1)(b)]**

Team Leader Communications Health and Social Care

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Q2: A list of all services that have been transferred, whether on a temporary or permanent basis since January 2023.

and

Q3. A list of further services that are being considered for transfer from Ayr to Crosshouse hospital in the next three years.

‘NHS Ayrshire & Arran has confirmed that no services have been transferred since January 2023 and, other than the interim arrangements for the three Intensive Care Unit beds, there are no current plans for the transfer of services’.

Q4. Copies of communications between NHS Ayrshire and Arran and the Scottish Government on service changes, not including ICU since January 2022.

**DOC 1**

**From:** [redacted: s.38(1)(b)]

**Sent:** 28 February 2022 15:35

**To:** Claire.Burden@aapct.scot.nhs.uk

**Cc:** Burns J (John) <John.Burns@gov.scot>; Speirs P (Paula) <Paula.Speirs@gov.scot> [redacted: s.38(1)(b)]  
[redacted: s.38(1)(b)] [redacted: s.38(1)(b)]

**Subject:** FW: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Good afternoon

I refer to the attached letter of 24 February from Health Care Improvement Scotland's Community Engagement team in relation to NHS Ayrshire & Arran's proposals for chemotherapy (SACT) services.

**(for attached letter, see DOC 2)**

We note that HIS-CE have expressed their view that the Board's proposal to make the interim changes permanent meet the threshold for major change. In line with the national *Planning with People* guidance, this would require at least 3 months of formal public consultation and, ultimately, Ministerial approval.

We will have to brief Ministers and in order to do this it would be helpful to have some background and updates. A while ago - early 2020 - we received some activity data, as noted below, in relation to the previous proposals and it would be useful to have these updated, including the change of location in Ayr noting that the proposal now is for services to be delivered from Ailsa Hospital.

*Impact of proposals on activity at Ayr Hospital (now Ailsa Hospital)*

*The Board advise that there were 1,153 SACT episodes in NHS Ayrshire & Arran during the 6 month period from February to July, 2019. An average of 211 weekly treatment episodes were undertaken at this time: 124 in Crosshouse and 87 at Ayr Hospital.*

*The Board's assessment is that, under their proposals, they will still be able to deliver approximately 75% of current activity at Ayr Hospital; this would amount to around 65 treatment episodes per week (or 3,380 per annum). (does it remain the case that 75% of activity previously provided at Ayr Hospital will be provided at Ailsa?)*

*It should be noted that these figures do not include: (i) the potential for future repatriated treatments from the Beatson, though these would most likely be Tier 2 and go to Crosshouse under the proposals; or (ii) the predicted 45% increase in treatments over the next 5 years, which would most likely be shared across both sites.*

In order to properly brief Ministers I would be grateful if you could confirm the next steps planned by the Board including timescales, update the data previously provided and please include any further data that would be helpful, and confirm the level of local interest to date on the revised, interim arrangements from elected representatives, campaign groups, local media, etc.

In summary, it would be helpful to have an update on (i) next steps, (ii) background and data, and (iii) local interest on revised, interim arrangements and grateful to receive this **by close this Friday, 4 March**.

Many thanks

[redacted: s.38(1)(b)]

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## **DOC 2 (text from attached letter from Health Care Improvement Scotland's Community Engagement team noted in DOC 1)**

By email to:

Claire Burden

Chief Executive

NHS Ayrshire & Arran

Chief Executive and Chair's Office

Eglinton House, Ailsa Hospital

Dalmellington Road, AYR KA6 6AB

24th February 2022

Dear Claire

Review of Chemotherapy (SACT) services, NHS Ayrshire and Arran

Thank you for the information relating to the arrangements that have been put in place over the past 24 months to ensure patient safety and maintain service delivery of Chemotherapy services in response to the COVID pandemic.

As I explained in my letter of 23<sup>rd</sup> December 2021, this information would be shared through our internal governance structure alongside the proposal you previously engaged on (from January to March 2020) and the view we gave in our letter of 5<sup>th</sup> May 2020 on the impact of that proposed change.

After full and detailed deliberation, the Scottish Health Council committee remains of the view that the proposed changes to Chemotherapy services, which would involve making the current interim arrangements permanent, meet the threshold for major service change and should be subject to public consultation in line with national guidance.

While we understand that the interim arrangements were implemented in response to COVID-19, we must also reflect that the changes, which reach beyond the proposal engaged on in early 2020, as stated by NHS Ayrshire and Arran "*clearly correlate with [our] pre-pandemic intentions and the requirements of the WOS SACT model*".

We recognise the valued work that NHS Ayrshire and Arran has undertaken to date on engaging with people on the SACT service review, for example, the public engagement exercise in early 2020, updated equality impact assessment, establishment of a steering group and evaluation of the interim arrangements with people who have lived experience and staff. However, our committee feels it is important to share information on the regional model and local interim arrangements more widely with people and communities and provide them with an opportunity to raise questions, meaningfully participate in this service change and inform the decision making process.

### Next steps

In recognition of the work that NHS Ayrshire & Arran has undertaken to date, *Healthcare Improvement Scotland – Community Engagement*, as outlined previously, recommends that the consultation process:

- Ensures there are patient and public representatives on the steering group to help inform the consultation process, including participation methods and consultation materials
- Makes information on the interim model of care publicly available with the reasons for change clearly explained. The scope of public consultation and opportunities for people to influence proposals must also be articulated, for example identify areas where the public may not be able to influence but be clear about where they may offer solutions or views on how the service operates moving forward. This is in line with guidance, which states “*If there are areas that the engaging organisation believes cannot be influenced... they must be clearly explained. Any such limitations should be evidenced, and organisations receptive to challenge over scope. It is important to be ready to revisit assumptions or decisions following discussions with the community, or the emergence of new evidence*”.
- Facilitates wider feedback and contribution from the public and communities to inform the decision-making process
- Considers with people whether proposed measures to mitigate adverse impacts are sufficient and if other options may be further explored, for example in relation to transport and travel. Ensure that any options identified are taken forward, as appropriate, to reduce adverse impacts.

The points raised represent the view of *Healthcare Improvement Scotland – Community Engagement*. If you feel that a final decision is required as to whether these proposals are ‘major’, the guidance states that this can be sought from the Scottish Government. We would welcome the opportunity to discuss the practicalities of this with you given that *Healthcare Improvement Scotland – Community Engagement* has a role to quality assure the process for service changes that meet the threshold of ‘major’.

Kind regards

Ruth Jays, Director Healthcare Improvement Scotland – Community Engagement

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### DOC 3

**From:** [redacted: s.38(1)(b)] On Behalf Of Claire Burden (NHS Ayrshire & Arran)

**Sent:** 04 March 2022 11:51

**To:** [redacted: s.38(1)(b)]

**Cc:** Burns J (John) <John.Burns@gov.scot>; Speirs P (Paula) <Paula.Speirs@gov.scot [redacted: s.38(1)(b)] [redacted: s.38(1)(b)] [redacted: s.38(1)(b)] Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>

**Subject:** FW: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Dear [redacted: s.38(1)(b)]

Thank you for your email of 28<sup>th</sup> February 2022.

Please find attached response to your request, sent on behalf of Claire Burden, Chief Executive NHS Ayrshire and Arran.

**(for attachment, see DOC 4)**

Kind regards

**[redacted: s.38(1)(b)] | Head of Chief Executive and Chair's Office**

NHS Ayrshire and Arran | Eglinton House, Ailsa Hospital, Dalmellington Road, AYR KA6 6AB

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### DOC 4 (text from response from NHS Ayrshire & Arran noted in DOC 3)

#### **Impact of interim service changes on Systemic Anti-Cancer Therapy (SACT) delivery within NHS Ayrshire and Arran due to COVID-19**

The COVID-19 pandemic has required us to rapidly reconfigure services and provide care in new and different ways. During the initial pandemic response it was necessary to adapt very quickly to develop a pathway of care for managing patients with COVID-19 alongside maintaining a level of service for other patients. One service area that had to be reviewed and interim changes implemented to ensure a high quality, risk stratified and safe service was chemotherapy delivery.

As a result of COVID-19, a series of interim service changes were considered, and a best fit plan was implemented. The focus of the change was to protect this vulnerable patient group, ensure the maintenance of safe access to chemotherapy service and to support wider site / divisional COVID-19 plans.

The best fit plan put in place secures an Ayrshire wide inpatient Chemotherapy and Tier 2 outpatient service, inclusive of Systemic Anti-Cancer Therapy (SACT), that is delivered at University Hospital Crosshouse. Tier 3 outpatient SACT is delivered from a dedicated upgraded unit in Kyle & Park within Ailsa Hospital Ayr. We continue to deliver some Tier 3 at UHC for those patients for whom travel to Kyle Chemotherapy Unit may be more difficult or impractical. This model has been developed from the learning from leading Chemotherapy units across the UK and includes the implementation of tested clinical protocols from these specialty units.



## **SACT data 01 January - 30 September 2021**

The Board were advised that during the first wave of COVID-19 there was a reduction in SACT activity. However, since March 2021, the number of treatment episodes has exceeded pre-COVID levels by 9% (WoSCAN SACT data, Apr 2021). This increase has been seen across the West of Scotland and these figures exceed regional modelling undertaken in recent years.

In the first 9 months of 2021 a total of **817** patients received at least one cycle of parenteral chemotherapy (*that is either intravenous or subcutaneous*) within a day unit in NHS Ayrshire and Arran. Collectively, these patients received **5,978** SACT episodes of treatment.

- Of the **276** patients from the catchment of Ayr Hospital, **81 (30%)** had at least one treatment at UHC over this period. Of the 1788 treatment episodes provided to these Ayr catchment patients however only **172 (10%)** were delivered at UHC. This equates to just over 2 treatments at UHC for each Ayr catchment patient for whom this applies.
- At the same time **132** patients from the UHC catchment area, had at least one treatment delivered at Ayr, with an average of 14% of treatment episodes for UHC catchment patients delivered at Ayr.
- For those **33** patients living equidistant between the 2 hospital sites, **80%** of treatment episodes were delivered on the UHA site.

The above data confirms that prior to the transfer of Tier 2 chemo from UHA to UHC in October 2021, there was already in place significant pre-existing cross site transfer of SACT activity; notably vulnerable patients, whose chemotherapy regimens were still being designed and tested with them. This care and treatment planning has always taken place at Crosshouse due to the extended services provided there not least the laboratory support and potential high intensity recovery needed for this patient group should there be an adverse reaction to a new regimen.

From this data we would anticipate approximately **150 - 160** patients from the Ayr catchment will require to travel to UHC for SACT per year, with each patient requiring on average 2 such trips over the course of their treatment. This would account for approximately 15% of the total treatments delivered to this patient group.

Of the total activity in 2021, 58% of the overall treatment episodes were delivered in University Hospital Crosshouse (UHC) and 42% in University Hospital Ayr (UHA). This is in keeping with the overall NHS Ayrshire and Arran population split.

### **Kyle & Park Chemotherapy Unit**

The introduction of the new and upgraded chemotherapy unit at Kyle & Park Ailsa Hospital is of particular significance. The Kyle Unit provides a spacious environment out with the acute hospital setting, with areas for multidisciplinary team working and adjacent out-patient appointment facilities. Being situated out with the acute hospital environment has many benefits for patients and staff, not least the safety aspect by not having to enter the main hospital but also in terms of accessibility. Establishing a Tier 3 model of service delivery on a non-acute site has not been done before in Scotland.

The Christie Model of SACT delivery is a tried and tested way of delivering Tier 3 Chemotherapy in a local setting that does not require acute support. Our service review group used the Christie Model principles when considering what might be possible for Tier 3 SACT delivery within Ayrshire and Arran and expanded on these to include haematology regimens following the risk stratification principles.

This service model provides future scope, aligning with our Caring for Ayrshire ambition, to consider new SACT regimens and non SACT therapies potentially being added in a staged approach. It provides opportunities for collaboration with our third sector partners, such as Ayrshire Cancer Support, and scope to develop non-medical prescribing clinics, offering a 'one stop shop' for our patients. This could extend in the future to other community based settings.

### **Engagement activity to date**

Throughout the 18 month period of change the Board has implemented an effective and meaningful engagement process to seek views from local patients on the current interim service model. Their lived experience has provided rich insight and valuable information to help inform planning and decision making. To date approximately 300 patients have shared their feedback and views, which in the main has been extremely favourable. We have also undertaken a targeted approach to seek information on travel and transport with a view to better understanding the local context and impact on patient journey. Outcomes from this engagement work were presented to the Board at their meeting in January 2022. The Board paper is on the NHS Ayrshire & Arran website [here](#).

### **Next Steps**

In line with current National Guidance we are now in a position to review these interim service changes brought about by the pandemic and consider a more permanent model for service delivery. Although the robust engagement to date supports making the current interim arrangements permanent, we have recently received notification that this would meet the threshold for major service change and is therefore subject to public consultation in line with national guidance.

As such we are in the process of developing a plan to implement a 3 month period of public consultation to start mid-May 2022 (following local elections) to ensure that the views of potentially affected people are sought, listened to and acted on. This will include sharing information on the regional model and local interim arrangements more widely with people and communities and provide them with an opportunity to meaningfully participate in this service change and inform the decision-making process.

The Board can advise that there has been no recent local interest from elected representatives, campaign groups or local media on the revised, interim arrangements to date.

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## **DOC 5**

**From:** [redacted: s.38(1)(b)]

**Sent:** 15 March 2022 10:10

**To:** 'claire.burden@aapct.scot.nhs.uk' <claire.burden@aapct.scot.nhs.uk>

**Cc:** Burns J (John) <John.Burns@gov.scot>; Speirs P (Paula) <Paula.Speirs@gov.scot>; [redacted: s.38(1)(b)] [redacted: s.38(1)(b)] [redacted: s.38(1)(b)] 'kirstin.dickson@aapct.scot.nhs.uk' <kirstin.dickson@aapct.scot.nhs.uk>

**Subject:** FW: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Good morning

Thank you for the helpful note in relation to the Board's review and confirmation that the Board are treating this as major service change. As you will know, the final decision on major service change is ultimately subject to Ministerial approval.

I note you are developing a plan to implement a three month period of public consultation to start mid-May 2022 and it would be helpful if you would keep in close contact with us as this work progresses, so we can keep Ministers up to date.

It would be helpful if you could share your consultation and communication plans with us when ready and grateful if you could confirm when you intend to publicise the intention to consult and advice on the next steps, etc.

I note you have a Board meeting on 28 March and not sure if comms'/publicising etc will be agreed then, but helpful to receive further advice as soon as possible in order that we can advise Ministers.

Many thanks

**[redacted: s.38(1)(b)]**

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## DOC 6

**From:** **[redacted: s.38(1)(b)]**

**Sent:** 22 March 2022 14:55

**To:** Claire Burden (NHS Ayrshire & Arran) <claire.burden@aapct.scot.nhs.uk>

**Cc:** john.burns <john.burns@gov.scot>; paula.speirs <paula.speirs@gov.scot>; **[redacted: s.38(1)(b)]** **[redacted: s.38(1)(b)]** **[redacted: s.38(1)(b)]** Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>

**Subject:** RE: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Good afternoon

I am following up on my e-mail of 15 March. I am conscious that your Board meeting is next week and we will need to brief Ministers' on the Board's comms plan/publicity and any key messages in relation to the review.

Grateful to receive advice by mid-day Thursday of this week.

Many thanks.

**[redacted: s.38(1)(b)]**

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## DOC 7

**From:** Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>

**Sent:** 22 March 2022 15:01

**To:** **[redacted: s.38(1)(b)]** Claire Burden (NHS Ayrshire & Arran)claire.burden@aapct.scot.nhs.uk>

**Cc:** Burns J (John) <John.Burns@gov.scot>; Speirs P (Paula) <Paula.Speirs@gov.scot>; **[redacted: s.38(1)(b)]** **[redacted: s.38(1)(b)]** > **[redacted: s.38(1)(b)]**

**Subject:** RE: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Apologies **[redacted: s.38(1)(b)]** for not responding to your earlier email.

At the moment we are working on developing our plans for consultation lining on with colleagues from HIS Community Engagement to seek their advice on what would be an appropriate approach to consultation at this stage given the interim service move that we described in the earlier briefing. I

am hopefully that we will have a plan agreed in April and should be able to begin a consultation process after the local elections in early May.

There is no further update in relation to planning the consultation at this stage and so there won't be any further update to NHS Board at its meeting next week.

Best wishes,

Kirsti

***Kirstin Dickson***  
***Director for Transformation & Sustainability***

**NHS Ayrshire & Arran**  
**Directorate of Transformation & Sustainability**  
Afton House, Ailsa Hospital, Dalmellington Road, Ayr, KA6 6AB  
**Tel:** 01292 885836 (ext. 15836)  
**Mobile:** 07771 944400  
**Email:** [kirstin.dickson@aapct.scot.nhs.uk](mailto:kirstin.dickson@aapct.scot.nhs.uk)  
**MS Teams:** [kirstin.dickson@aa.nhs.scot](mailto:kirstin.dickson@aa.nhs.scot)  
**[redacted: s.38(1)(b)]**

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## DOC 8

**From:** [redacted: s.38(1)(b)]  
**Sent:** 17 May 2022 12:19  
**To:** Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>; Claire Burden (NHS Ayrshire & Arran) <claire.burden@aapct.scot.nhs.uk>  
**Cc:** john.burns <john.burns@gov.scot>; Paula Speirs <paula.speirs@gov.scot>; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]  
**Subject:** RE: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Good morning Kirstin

I wondered if there had been any progress with the work and plans on the Review of chemotherapy services e.g publication of intention to consult; comms plan; next steps etc?

As you know, we need to keep Cabinet Secretary up to date with the position and grateful to receive advice as soon as possible.

Kind regards

**[redacted: s.38(1)(b)]**

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## DOC 9

**From:** Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>

**Sent:** 17 May 2022 15:38

**To:** [redacted: s.38(1)(b)]; Claire Burden (NHS Ayrshire & Arran)  
claire.burden@aapct.scot.nhs.uk

**Cc:** Burns J (John) <John.Burns@gov.scot>; Speirs P (Paula) <Paula.Speirs@gov.scot>; [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]

**Subject:** RE: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Hi [redacted: s.38(1)(b)]

Plans are still in development. We met with leads from HIS Community Engagement team on 21<sup>st</sup> April to clarify expectations with respect to the consultation requirement and around points of guidance from HIS CE team in relation to that. We have agreed to further discuss the plan with HIS CE before moving forward to implement. At that stage I'd be happy to share the plan for the consultation exercise with you and provide any additional information that would be useful to ensure the Cabinet Secretary is suitably briefed.

Best wishes,

Kirsti

***Kirstin Dickson***  
***Director for Transformation & Sustainability***

**NHS Ayrshire & Arran**  
**Directorate of Transformation & Sustainability**  
Afton House, Ailsa Hospital, Dalmellington Road, Ayr, KA6 6AB  
**Tel:** 01292 885836 (ext. 15836)  
**Mobile:** 07771 944400  
**Email:** kirstin.dickson@aapct.scot.nhs.uk  
**MS Teams:** kirstin.dickson@aa.nhs.scot  
**[redacted: s.38(1)(b)]**

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## DOC 10

**From:** [redacted: s.38(1)(b)]

**Sent:** 05 July 2022 13:51

**To:** Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>; Claire Burden (NHS Ayrshire & Arran)  
<claire.burden@aapct.scot.nhs.uk>

**Cc:** [redacted: s.38(1)(b)]; [redacted: s.38(1)(b)]

**Subject:** RE: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Hi Kirsti

Following up on your e-mail of 17 May, I am e-mailing to ask that if there are any developments on thinking/plans/next steps for taking forward the review of chemotherapy services, would you share as soon as possible with my colleagues [redacted: s.38(1)(b)] (included here)?

I am heading off on leave and not back until very end of July and I wouldn't want this to be missed if there are any developments. If [redacted: s.38(1)(b)] are kept up to date then we can ensure that Ministers are briefed accordingly.

Thank you.

[redacted: s.38(1)(b)]

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## DOC 11

**From:** Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>

**Sent:** 15 July 2022 14:56

**To:** [redacted: s.38(1)(b)]; Claire Burden (NHS Ayrshire & Arran) <claire.burden@aapct.scot.nhs.uk>

**Cc:** [redacted: s.38(1)(b)] ; [redacted: s.38(1)(b)]

**Subject:** RE: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

[redacted: s.38(1)(b)]

Unfortunately work has been delayed at our end due to pressures in the system. As soon as we have an update I will let you know.

Best wishes,

Kirsti

***Kirstin Dickson***  
***Director for Transformation & Sustainability***

**NHS Ayrshire & Arran**

**Directorate of Transformation & Sustainability**

Afton House, Ailsa Hospital, Dalmellington Road, Ayr, KA6 6AB

**Tel:** 01292 885836 (ext. 15836)

**Mobile:** 07771 944400

**Email:** kirstin.dickson@aapct.scot.nhs.uk

**MS Teams:** kirstin.dickson@aa.nhs.scot

[redacted: s.38(1)(b)]

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## DOC 12

**From:** [redacted: s.38(1)(b)]

**Sent:** 11 October 2022 14:31

**To:** Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>

**Cc:** [redacted: s.38(1)(b)] ; [redacted: s.38(1)(b)]

Claire Burden (NHS Ayrshire & Arran) <claire.burden@aapct.scot.nhs.uk>

**Subject:** FW: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Good afternoon Kirsti

I'm e-mailing to ask if there has been any movement on the work in relation to the Board's review of chemotherapy services?

I presume not, however it's been a wee while so thought it worthwhile just to touch base and ask.

Kind regards

**[redacted: s.38(1)(b)]**

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## DOC 13

**From:** Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>

**Sent:** 11 October 2022 15:02

**To:** **[redacted: s.38(1)(b)]** Claire Burden (NHS Ayrshire & Arran)  
<claire.burden@aapct.scot.nhs.uk>

**Cc:** **[redacted: s.38(1)(b)]** **[redacted: s.38(1)(b)]**; Claire Burden (NHS Ayrshire & Arran)  
<claire.burden@aapct.scot.nhs.uk>

**Subject:** RE: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Hi **[redacted: s.38(1)(b)]**

As you've suggested in your email, there is nothing concrete to update you on. Work is progressing locally and with HIS CE team to develop the consultation plan. I'm anticipating that we can move towards agreeing that plan towards the end of the year which would suggest that the consultation window would likely be in early 2023. Once I have the certainty of that timeline agreed I will be in touch to provide an update and a briefing in relation to the consultation plan.

Best wishes,

Kirsti

***Kirstin Dickson***

***Director for Transformation & Sustainability***

**NHS Ayrshire & Arran**

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Afton House, Ailsa Hospital, Dalmellington Road, Ayr, KA6 6AB

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**Email:** kirstin.dickson@aapct.scot.nhs.uk

**MS Teams:** kirstin.dickson@aa.nhs.scot

**Business Manager:** **[redacted: s.38(1)(b)]**

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## DOC 14

**From:** Claire Burden (NHS Ayrshire & Arran) <claire.burden@aapct.scot.nhs.uk>

**Sent:** 11 October 2022 15:19

**To:** Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>; **[redacted: s.38(1)(b)]** **[redacted: s.38(1)(b)]** **[redacted: s.38(1)(b)]**

**Subject:** RE: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Dear Kirsti,

Thank you for the update. I wanted to take this opportunity to reassure colleagues that this is a active programme of work that teams are working to juggle into current commitments.

This piece of work has executive sponsorship, and the Board are appraised of the request for this consultation.

Evidence capture from service users, health care professionals and the system partners are considered and included in this review.

As shared, the formal plan outlined re: deadline, is not demonstrable of effort and alignment to conclude this.

I hope that is reassuring,

With regards

*Claire*

**Claire Burden**  
**Chief Executive, NHS Ayrshire and Arran**  
Eglinton House, Ailsa Hospital, Dalmellington Road, AYR KA6 6AB

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## DOC 15

**From:** [redacted: s.38(1)(b)]

**Sent:** 30 December 2022 12:07

**To:** Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>; Claire Burden (NHS Ayrshire & Arran) <claire.burden@aapct.scot.nhs.uk>

**Cc:** [redacted: s.38(1)(b)] [redacted: s.38(1)(b)]

**Subject:** RE: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Hi Kirsti

I am following up on your reply in October in relation to the Review of Chemotherapy services where you set out that you were anticipating that the Board could move towards agreeing plan/way forward towards the end of the year, with the suggestion that the consultation would likely be in early 2023.

With those timescales in mind, I'd be grateful to receive an update on the plans for the Review including publication of intention to consult/consultation period; next steps, timelines; comms plan; etc?

Grateful to receive advice by close Friday 13<sup>th</sup> January and please include those on c.c list in your reply.

With best wishes for 2023  
[redacted: s.38(1)(b)]

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## DOC 16

**From:** Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>

**Sent:** 09 January 2023 09:52

**To:** [redacted: s.38(1)(b)] Claire Burden (NHS Ayrshire & Arran)  
<claire.burden@aapct.scot.nhs.uk>

**Cc:** [redacted: s.38(1)(b)] [redacted: s.38(1)(b)]

**Subject:** RE: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Hi [redacted: s.38(1)(b)]

Happy New year and best wishes to you too for 2023.

Work has progressed well over the months running up to the end of the year and we have developed the attached proposed plan for consultation with advice, guidance and endorsement from the HIS CE team. The attached paper was approved at our Corporate Management Team meeting in December and is planned to go to our NHS Board meeting on the 30<sup>th</sup> January for their approval to progress with consultation. Proposed timelines are set out in the attached plan that show the 3 month consultation period beginning in February. As is the nature of these planning documents and associated materials they will continue to evolve as we progress towards and through the consultation period and I am happy to provide updated versions and associated materials as they are available if that would be helpful. Equally happy to respond to any questions you may have in relation to the plans as they stand.

**(DOC 17 is the paper referred to above and is attached at Annex 1)**

Best wishes,

Kirsti

***Kirstin Dickson***

***Director for Transformation & Sustainability***

**NHS Ayrshire & Arran**

**Directorate of Transformation & Sustainability**

Afton House, Ailsa Hospital, Dalmellington Road, Ayr, KA6 6AB

**Tel:** 01292 885836 (ext. 15836)

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**MS Teams:** kirstin.dickson@aa.nhs.scot

**Business Manager:** [redacted: s.38(1)(b)]

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## DOC 18

**From:** [redacted: s.38(1)(b)]

**Sent:** 18 January 2023 11:43

**To:** Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>; Claire Burden (NHS Ayrshire & Arran) <claire.burden@aapct.scot.nhs.uk>

**Subject:** RE: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Hello Kirsty

Many thanks for forwarding the paper. I wonder if you could advise/clarify some points as follows:

In the papers received last year the Board was able to estimate that: the current/proposed model will involve delivery of approx. 85% of chemotherapy for Ayr residents locally, inc. at the new purpose-built unit (Kyle Unit) at Ailsa Hospital in Ayr. Is this still the case and has it been borne out by activity to date?

The Board should ensure that there is enough time after the 3 month consultation to properly analyse the responses which will inform the Board consideration, alongside the report from HIS-CE (who will also need sufficient time to prepare this) on how consistent the public engagement process has been with the *Planning with People* national guidance; ahead of the decision-making Board meeting. With that in mind, do you have an idea of when the paper will go to the Board to consider?

And finally to note that the Board papers for 30 January meeting should be clear that, under the established major service change process in the *Planning with People* guidance, once the Board makes its decision, as informed by the consultation analysis, this will be submitted to the Cabinet Secretary for approval with key supporting info (usually the pack that goes to the Board decision-making meeting plus a covering letter from Chair).

If at all possible, it would be helpful to have advice by close tomorrow.

Kind regards

[redacted: s.38(1)(b)]

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## DOC 19

**From:** Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>

**Sent:** 19 January 2023 12:01

**To:** [redacted: s.38(1)(b)] Claire Burden (NHS Ayrshire & Arran) <claire.burden@aapct.scot.nhs.uk>

**Subject:** RE: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Hi [redacted: s.38(1)(b)]

In relation to your queries below:

- I can confirm that the majority of chemotherapy for south Ayrshire residents for the cancer types treated in Ayrshire is delivered locally from the Kyle unit. Of the oncology SACT regimes 17 of 46 are delivered from first cycle at Kyle with the remainder usually being

delivered after cycle 2. For the haematology SACT regimes 7 of the 35 from cycle 1 and again the remainder usually delivered after cycle 2. Assuming no issues of complexity or adverse responses to treatment.

- Recognising the need for post consultation period analysis and input from HIS CE it is likely that a decision making paper would go to the board later in the year possibly to the October meeting (9<sup>th</sup>) or the December meeting (4<sup>th</sup>). We are in discussion with HIS CE team around their timeframes to provide feedback on the consultation process that will inform which meeting is most likely. As this is agreed, I can advise more definitively on that timeline. It is likely that we will provide board with an update at the August meeting (14<sup>th</sup>) on the consultation exercise to keep them updated on that. That will not involve any decision making on the service but be for awareness only.
- Board will be reminded of the process for decision making and approval at the meeting in January.

I hope this is a helpful update. Should you require any further information please don't hesitate to get in touch.

Best wishes,

Kirsti

***Kirstin Dickson***  
***Director for Transformation & Sustainability***

**NHS Ayrshire & Arran**  
**Directorate of Transformation & Sustainability**  
Afton House, Ailsa Hospital, Dalmellington Road, Ayr, KA6 6AB  
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**MS Teams:** kirstin.dickson@aa.nhs.scot  
**Business Manager:** [redacted: s.38(1)(b)]

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**DOC 20**

**From:** [redacted: s.38(1)(b)]  
**Sent:** 19 January 2023 15:06  
**To:** 'Dickson, Kirstin' <kirstin.dickson@aapct.scot.nhs.uk>; Claire Burden (NHS Ayrshire & Arran) <claire.burden@aapct.scot.nhs.uk>  
**Subject:** RE: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Hi Kirsti

Many thanks for getting back to me.

In terms of care delivered locally, it is not clear to me from the numbers you have provided what this equates to in terms of the % delivery of chemotherapy locally for Ayr residents, including from the Kyle Unit. I can't properly interpret or understand the numbers you have given. If I take the 17 out of 46 oncology SACT regimes and 7 of the 35 haematology SACT

regimes, I am assuming that is 17 patients out of 46 in total and 7 patients out of 35 in total, and that is just short of 30% being delivered locally for Ayr residents and I'm sure that can't be correct.

As noted, the advice last year was that the current/proposed model will involve delivery of approx' 85% of chemotherapy for Ayr residents locally and I really just need to know if it is still anticipated it will be 85% or has this changed, and if so what % is it.

Thanks again.

**[redacted: s.38(1)(b)]**

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## DOC 21

**From:** [redacted: s.38(1)(b)]

**Sent:** 20 January 2023 12:24

**To:** Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>; Claire Burden (NHS Ayrshire & Arran) <claire.burden@aapct.scot.nhs.uk>

**Subject:** RE: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Hello Kirsti

I'm following up on my e-mail yesterday and wondering if you are able to advise re the % delivery of chemotherapy locally for Ayr residents?

Apologies for chasing – I thought this information would be readily available. If it would be possible to let me know by later this afternoon I can then get the advice moving at our end.

Thanks again.

**[redacted: s.38(1)(b)]**

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## DOC 22

**From:** Claire Burden (NHS Ayrshire & Arran) <claire.burden@aapct.scot.nhs.uk>

**Sent:** 20 January 2023 12:44

**To:** [redacted: s.38(1)(b)] ; Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>

**Subject:** RE: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Morning [redacted: s.38(1)(b)]

I am sure Kirsti will come back to you but I believe this is how you have interpreted the update.

The update confirms that every patient eventually had treatment cycles into the Kyle, either on their first or second treatment round – first and second cycles.

i.e. the first cycle for some patients need high dependency support so the first cycle of treatment can be at Crosshouse but if the patients respond without negative reactions their subsequent treatments are at Ayr. So it is not the percentage you have suggested, that relates for first treatments only.

It is extremely positive that the Kyle unit is offering full treatment pathways.

Does that make sense?

- I can confirm that the majority of chemotherapy for south Ayrshire residents for the cancer types treated in Ayrshire is delivered locally from the Kyle unit. Of the oncology SACT regimes 17 of 46 are delivered from first cycle at Kyle with the remainder usually being delivered after cycle 2. For the haematology SACT regimes 7 of the 35 from cycle 1 and again the remainder usually delivered after cycle 2. Assuming no issues of complexity or adverse responses to treatment.

With regards  
Claire

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## DOC 23

**From:** Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>

**Sent:** 20 January 2023 12:48

**To:** [redacted: s.38(1)(b)] >; Claire Burden (NHS Ayrshire & Arran)  
<claire.burden@aapct.scot.nhs.uk>

**Subject:** RE: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Hi [redacted: s.38(1)(b)]

Apologies not to get back to you yesterday. I've asked for some additional data to support your question.

In relation to what you queried yesterday, the numbers relate to regimes of treatment rather than patients. I was trying to highlight that for a significant number of patients in South Ayrshire their treatment regimes will be delivered at Kyle from first cycle of their treatment and where that isn't the case it would be from second cycle onwards with earlier cycles at UHC. This allows us to ensure patient safety within those treatment regimes. This means that we are achieving our ambition to have as many south Ayrshire patients receiving outpatient/daycase chemotherapy within their nearest treatment location at Kyle.

Once I have the actual data on south Ayrshire patients and their location of treatment I will forward this on to you.

Best wishes,

Kirsti

***Kirstin Dickson***  
***Director for Transformation & Sustainability***

**NHS Ayrshire & Arran**  
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**MS Teams:** kirstin.dickson@aa.nhs.scot  
**Business Manager:** [redacted: s.38(1)(b)]

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## DOC 24

**From:** [redacted: s.38(1)(b)]

**Sent:** 20 January 2023 13:32

**To:** Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>; Claire Burden (NHS Ayrshire & Arran) <claire.burden@aapct.scot.nhs.uk>

**Subject:** RE: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Hi Kirsti

Many thanks. Hopefully it is a straight forward % as previously.

Kind regards

[redacted: s.38(1)(b)]

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## DOC 25

**From:** Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>

**Sent:** 20 January 2023 14:44

**To:** [redacted: s.38(1)(b)] ; Claire Burden (NHS Ayrshire & Arran) <claire.burden@aapct.scot.nhs.uk>

**Subject:** RE: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Hi [redacted: s.38(1)(b)]

Unfortunately I've heard back from the cancer team this afternoon and they have confirmed that they will need to run a full report from ChemoCare to be able to give an exact figure in relation to south Ayrshire residents receiving their chemo at Kyle. This data will not be available today to inform your briefing. I've been advised that it could take more than a week for the data to be produced. As soon as it is available I will forward on to you. My apologies that we aren't able to provide it straight away.

Hopefully the information provided earlier in relation to treatment regimes will suffice for now.

Best wishes,

Kirsti

*Kirstin Dickson*

*Director for Transformation & Sustainability*

## **NHS Ayrshire & Arran**

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**Business Manager:** [redacted: s.38(1)(b)]

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## DOC 26

**From:** [redacted: s.38(1)(b)]

**Sent:** 20 January 2023 15:57

**To:** Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>; Claire Burden (NHS Ayrshire & Arran) <claire.burden@aapct.scot.nhs.uk>

**Subject:** RE: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Hi Kirsti

That information was provided last year as part of the work being done and advice given we received on the proposed model – that was approx' 85%.

I would have thought that the % of chemotherapy for Ayr residents being delivered locally is information that would be known as part of your on-going work on this service change? How do you know the impact on Ayr residents with out this. Unfortunately the data provided yesterday didn't really help me understand what % of Ayr residents will continue to be treated locally (as I said my interpretation was this equated to approx. 30% - but I don't understand what the numbers relate to).

I will really need to know what % very early next week, even a confirmation that it is still approx. 85%. We need to get advice to the Cabinet Secretary next week.

Many thanks for your on-going help with this.

[redacted: s.38(1)(b)]

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## DOC 27

**From:** Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>

**Sent:** 20 January 2023 17:13

**To:** [redacted: s.38(1)(b)] Claire Burden (NHS Ayrshire & Arran) <claire.burden@aapct.scot.nhs.uk>

**Subject:** RE: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

Hi [redacted: s.38(1)(b)]

The information provided last year was, if I recall, specifically to answer a question that was asked on that occasion. It is not data that we have been using routinely to understand the impact of service change therefore isn't readily available and will have to be produced specifically to respond to your question again.

From the data that was provided yesterday you can assume that all south Ayrshire residents on Ayrshire delivered chemotherapy treatment pathways will be receiving their chemotherapy at the Kyle centre either immediately at the start of their treatment (cycle 1) or after their 2<sup>nd</sup> treatment visit (cycle 2) to ensure no adverse reactions. The exception to this will be patients who do have adverse reactions or where there is some complexity that requires them to be treated on the UHC site for that part of their treatment pathway which was always part of the model of care. Hence my statement in yesterday's response that the majority of south Ayrshire residents will be receiving their chemotherapy at Kyle. On that basis, I think you could conclude for the purposes of your briefing that approximately 85% is delivered until such times as I can make the data available that gives a more specific figure.

As I have explained, to provide the data that you have asked for will require a particular analysis to be run on the ChemoCare system that is hosted and operated by the team in Glasgow. As soon as that is available I will provide you with an updated position in relation to the query.

Best wishes,

Kirsti

***Kirstin Dickson***  
***Director for Transformation & Sustainability***

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---

## **DOC 28**

**From:** Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>  
**Sent:** 30 January 2023 14:55  
**To:** [redacted: s.38(1)(b)]  
Claire Burden (NHS Ayrshire & Arran) <claire.burden@aapct.scot.nhs.uk>  
**Subject:** RE: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

[redacted: s.38(1)(b)]

By way of further update. The consultation paper ([here](#)) was discussed and approved at today's NHS Ayrshire & Arran board meeting. The attached press release has been produced and shared with SG Comms team and HIS CE team.

**(See DOC 29 for attached press release referred to)**

Best wishes,

Kirsti

***Kirstin Dickson***  
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## **DOC 29 (txt from attached press release in DOC 28)**

### **Systemic Anti-Cancer Therapy in Ayrshire and Arran**

Members of NHS Ayrshire & Arran's Board have approved a period of public consultation regarding Systemic Anti-Cancer Therapy in Ayrshire. Systemic Anti-Cancer Therapy (SACT) is a collective term for all anti-cancer drug treatments, such as chemotherapy and immunotherapy.

Since 2020, we have made some changes to the way SACT services are delivered locally - primarily for patient safety reasons during the coronavirus pandemic. We have kept cancer patients in treatment and their families fully informed throughout this time. However, as NHS Ayrshire & Arran now proposes retaining some of the temporary changes, we are planning to start a period of consultation with the wider public next month (February).

Ayrshire and Arran NHS Board has agreed that a three-month period of consultation will begin on Monday 13 February. During the consultation, we will share details on the updated delivery model for SACT services with local communities so that people can give their feedback and views on the proposal to retain the changes that have been made. Further details on the consultation and how people can get involved will be shared when it gets underway. We will publish information on the NHS Ayrshire & Arran website <https://www.nhsaaa.net/about-us/get-involved/> and printed versions of the engagement information will be available in various community-based locations, as well as health care sites in Ayrshire.

NHS Ayrshire & Arran Director of Acute Services Joanne Edwards said:

"Our teams here at NHS Ayrshire & Arran have the aim of delivering a safe and equitable SACT service to local patients that need these types of treatments. Undoubtedly the pandemic created urgent need for swift changes to the way the service was being delivered pre-COVID. Our staff and cancer patients were kept informed and involved as these changes were enacted in 2020. However, we recognise that the wider public may not be aware of how cancer treatments like chemotherapy and immunotherapy are currently being delivered in Ayrshire, compared with prior to the pandemic. That is why we want to update everyone and describe what those temporary changes look like, as well as what the teams delivering this care want to keep on a more permanent basis.

"We have been liaising closely with Healthcare Improvement Scotland – Community Engagement (HIS-CE) to ensure the correct and most meaningful information is shared with members of the public. This is being prepared as part of an upcoming three-month consultation period, where we will describe and explain the current services, as well as the reasons we believe they should be retained going forward.

"That is not to say that this service should be set in stone forever, as this field of medicine is constantly evolving, with rapid developments in infusions and chemotherapy treatments. We know that we need to be in a position to adapt our service as appropriate to best serve local patients in the medium and the longer term.

"By taking the opportunity to read through the information during the consultation period, people living in Ayrshire can help us to ensure we understand the impact of retaining these changes and make any mitigations that people flag to us. It will also give us insight into how best to shape future services for SACT in Ayrshire. I'd encourage everyone to read the information when it is published and get involved by completing the upcoming survey from 13 February – your voice is important."

ends

**Date of release:** **Monday 30 January 2023**

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## **DOC 30**

**From:** Dickson, Kirstin <kirstin.dickson@aapct.scot.nhs.uk>

**Sent:** 16 February 2023 09:42

**To:** **[redacted: s.38(1)(b)]** Claire Burden (NHS Ayrshire & Arran)  
<claire.burden@aapct.scot.nhs.uk>

**Subject:** RE: HIS - Letter re Review of NHS Ayrshire & Arran Chemotherapy SACT Services

**[redacted: s.38(1)(b)]**

Attached is a further press release with a link to the web based tool that is being used to share consultation documents and information. Again this has been shared with SG Comms and HIS CE teams.

**(See DOC 31 for press release referred to)**

Best wishes,

Kirsti

***Kirstin Dickson***

***Director for Transformation & Sustainability***

## **NHS Ayrshire & Arran**

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**Business Manager:** **[redacted: s.38(1)(b)]**

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## **DOC 31 (txt from attached press release in DOC 30)**

### **Join the conversation about Systemic Anti-Cancer Therapy services**

People in Ayrshire and Arran are invited to take part in a public consultation on proposals to retain changes made to Systemic Anti-Cancer Therapy delivery during the COVID-19 pandemic. Systemic Anti-Cancer Therapy (SACT) is a collective term for all anti-cancer drug treatments, such as chemotherapy and immunotherapy.

The consultation period is now open and is running until Friday 19 May 2023.

Information setting out the proposed changes to SACT delivery is available online, as well as in local community settings, including libraries and health care sites. People are being asked to read the information and then participate in a survey where they can give their feedback and views.

Visit our website [www.jointheconversation-nhsaaa.co.uk](http://www.jointheconversation-nhsaaa.co.uk) for all the details, including:

- a consultation summary document setting out the changes made to local SACT delivery since 2020 and reasons;

- the Equality Impact Assessment (EQIA) documents;
- the link to the survey itself; and
- dates and venues for upcoming community meetings (both face-to-face and online options will be available to attend during the three-month period).

NHS Ayrshire & Arran Director of Acute Services Joanne Edwards said:

“We are asking everyone living in Ayrshire and Arran to join the conversation on Systemic Anti-Cancer Therapy, which includes types of treatment like chemotherapy and immunotherapy.

“Our consultation summary document explains that to keep our patients and staff as safe as possible, changes were made rapidly to the local SACT service during 2020 with the onset of the coronavirus pandemic. Part of this was to move SACT treatments out of University Hospital Ayr completely, moving day case chemotherapy to a bespoke unit separate from the acute hospital and having one inpatient cancer ward at University Hospital Crosshouse. Our staff and cancer patients were kept informed and involved as these changes were implemented. As the current delivery model has been regarded so positively, both by those in treatment as well as the teams delivering their care, there are now proposals to retain the changes.

“To get the full picture on how cancer treatments are being delivered in Ayrshire at the moment, I’d urge everyone to read the information which is being made available during our consultation.

Anyone who has feedback or views about the changes can participate in the survey before Friday 19 May.”

During the three month consultation period there will also be the opportunity to attend meetings in the community or online. The details for these will be shared when confirmed.

Ends

## **Background**

- The SACT consultation period will take place from Monday 13 February – Friday 19 May 2023.
- Information is now available online: [www.jointheconversation-nhsaaa.co.uk](http://www.jointheconversation-nhsaaa.co.uk) and printed copies will be sited in community venues including public libraries and health-cares sites around Ayrshire.

**Date of release:**

**Tuesday 15 February 2023**

For further media enquiries about this topic, please contact:

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