

**Fife Health
& Social Care
Partnership**



Proposed Reconfiguration of Minor Injuries Units in North East Fife

Participation & Engagement Feedback Report

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1. Introduction

Fife Health and Social Care Partnership continues to modernise and transform health and social care services, to ensure that services are safe, effective and person centred. As part of this transformation work the partnership recently reviewed the Minor Injuries Care Service within North East Fife.

A clinically led Options Appraisal process was carried out for the Minor Injuries Care Units at Adamson Hospital in Cupar and St Andrews Community Hospital, which looked at ways to optimise patient care and ensure the sustainability of the service for the future.

1.1 Why are changes being considered?

A clinically led Options Appraisal was carried out to ensure that the Minor Injuries Care Service in North East Fife is:

- Providing high-quality patient care efficiently.
- Fit for purpose and able to meet clinical needs.
- Delivering sustainably within available workforce and financial resources.

1.2 What is the Current Model?

Minor Injuries Care Service in North East Fife currently operates within two sites:

St Andrews Community Hospital Minor Injuries Unit (MIU): Operational Monday to Friday **08:00-18:00**, with x-ray facilities available Monday to Friday from **09:00-16:30**.

Adamson Hospital, Cupar Minor Injuries Unit (MIU): Operational Monday to Friday **08:00-18:00** with x-ray facilities available Monday to Friday from **09:00-12:30**. If a patient requires an x-ray after 12.30pm they are referred to St Andrews Community Hospital.

1.3 What Changes are being considered?

The clinically led Options Appraisal process **identified three options** for the future of Minor Injuries Care Service in North East Fife, as detailed in **Appendix 1**. The options were scored utilising the Guiding Principles in Health and Care Service Design and Delivery (Ritchie, 2015) criteria.

- **Option 1** - No Change.
- **Option 2** - Reconfigure both Minor Injury Units (MIU's) into one single MIU based at St Andrews (staffed by two Emergency Nurse Practitioners).
- **Option 3** - Reconfigure both Minor Injury Units into one single MIU based at St Andrews (staffed by two Emergency Nurse Practitioners and one Health Care Support Worker).



Option 3 was identified by clinical leads as the preferred model.

If Option 3 is approved to be implemented, **Minor Injuries Care Service currently delivered at Adamson Hospital in Cupar would relocate into one single Minor Injuries Unit based at St Andrews Community Hospital.**

This option will provide a Minor Injuries Care Service for the people of North East Fife, that will operate Monday to Friday **8am to 6pm**, with X-ray facilities available Monday to Friday from **9am to 4.30pm**.

2.Engagement Purpose

This report provides feedback on the public engagement conducted to gather views on the clinically led Options Appraisal for the future of the North East Fife (NEF) Minor Injuries Units (MIU’s).

The purpose of the engagement was to share the clinically led Options Appraisal, developed with a focus on improving clinical outcomes, patient and staff safety, and ensuring long term sustainability. The partnership sought to hear from those living and working in NEF about their views on the proposed options before any decision is made by the Integration Joint Board (IJB).

This report summarises both quantitative (survey data) and qualitative (open feedback) responses, capturing the feedback from those who took part in the consultation.

3.Engagement Timeline

October 2024 - January 2025	February 2025	March 2025	April - May 2025
<ul style="list-style-type: none">Engagement Planning	<ul style="list-style-type: none">Live EngagementSurvey	<ul style="list-style-type: none">Live EngagementSurveyCommunity CouncilsPublic Event	<ul style="list-style-type: none">Analysis of responsesReporting Governance Decision



4. Stakeholder Engagement

4.1 Engagement Methods

Engagement took the form of:

Survey

A Microsoft Forms Survey was launched on 5th February 2025, for a five-week period, specifically targeting members of the public, protected characteristic groups (as outlined in the Equality Act 2010) and vulnerable groups within North East Fife.

A link to the survey was promoted in the following ways:

- Directly to targeted groups of delivery partners by email.
- Direct to Cupar & St Andrews Community Councils.
- Directly to subscribers of NHS Public Partner Volunteers Panel, Fife Council Peoples Panel and Fife Health & Social Care Partnership Participation & Engagement Subscribers.
- Directly to unpaid carers via Participation & Engagement Carer Subscribers and Carers Providers Forum led by Fife Carers Centre.
- Publicised in local media and paper copies were available within Cupar local library.

Community Council and Public Engagement Events

The following public engagement events were held.

- Tuesday 25th March 2025: Royal Burgh of Cupar Community Council Meeting
- Thursday 27th March 2025: Public Online Engagement Event
- Monday 7th April 2025: Royal Burgh of St Andrews Community Council Meeting.

Engagement Design

The survey, community council engagement sessions and the public online engagement event were designed to:

- Inform, Educate and Consult with the public on the 3 Options.
- Provide a clear understanding of the clinically led Options Appraisal process, the preferred clinically led option being proposed to the public and the reasons for the proposed change.
- Make certain that the public had the opportunity to provide feedback, to ask questions, and ensure their feedback and views were collected and considered in final decision making by the Integration Joint Board.

Responses will ensure:

- Informed decision making that reflects both clinical evidence and community input.
- Feedback is incorporated into the reconfigured service model going forward.
- Feedback will support the development of the Equalities Impact Assessment (EQIA) Part 2.



4.2 Engagement Reach

Who we engaged with

Survey Respondents

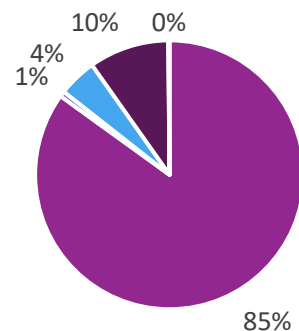
The consultation received **1,238 responses**.

2 paper copies of the survey and **8** emails, with comments, were received and included in the feedback analysis.

A breakdown of survey respondents is provided in Figure 1.

Figure 1: Survey respondents

- A member of the public
- An elected member representing your community
- A person who works or volunteers to provide Health and Social Care
- An unpaid carer
- A Community Council or Community Group submitting a collective response



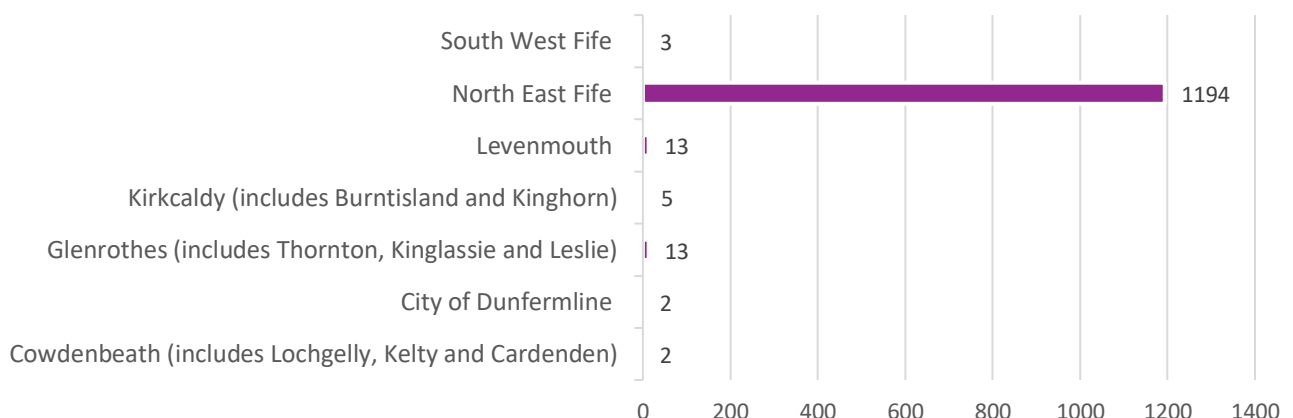
Community Council & Public Attendees

The engagement events had **85** attendees, as detailed:

Royal Burgh of Cupar Community Council Meeting	- 50
Public Online Engagement Event	- 21
Royal Burgh of St Andrews Community Council Meeting	- 14

Localities

Whilst the engagement was open to everyone across Fife, to ensure it was proportionate to those who may be affected engagement was undertaken within North East Fife to ensure that the voices of the community were captured.



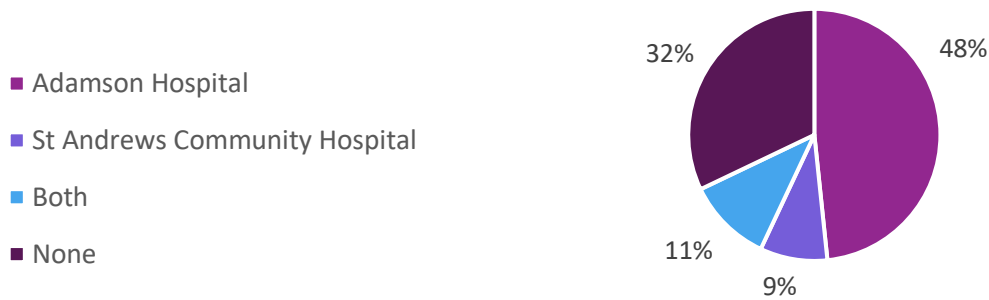
96% of the survey responses were received from people living within North East Fife.



Minor Injuries Care Services Usage

From the **1,237** people who responded to this question, **840** people (**80%**) reported that they had accessed a Minor Injuries Unit in North East Fife within the last 12 months. A breakdown is provided in Figure 2.

Figure 2: MIU Attendance



Through discussion at Cupar Community Council meeting and from comments within the survey, it was identified that people were accessing other services within Adamson Hospital suggesting some confusion in the difference between Minor Injuries Unit (MIU) and Community Treatment and Care (CTAC) services.

Equalities, Diversity and Inclusion

From the survey responses received **626** people completed the equality, diversity and inclusion questions. The breakdown of data is detailed in **Appendix 2**.



5. Themes from Engagement

Themes from the feedback can be shaped around the following areas.

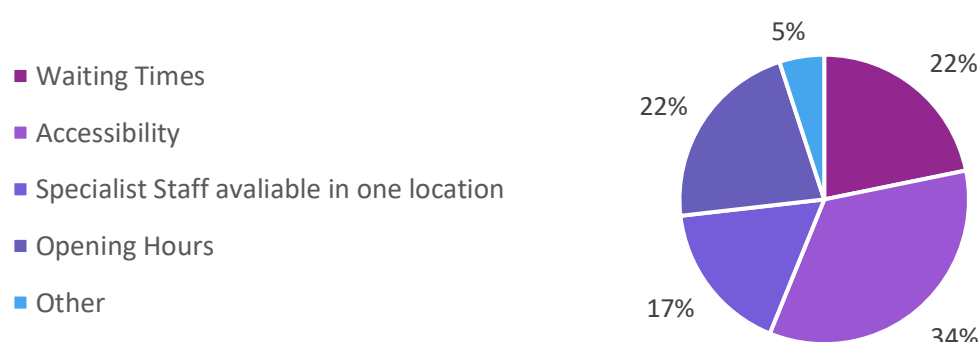
5.1 What this proposed change may mean for you, your family or those who care for you

If the clinically preferred option was to go ahead, we wanted to understand any concerns or challenges that may arise for you, your family or those who care for you.

What are the most important aspects to you when accessing minor injuries care services?

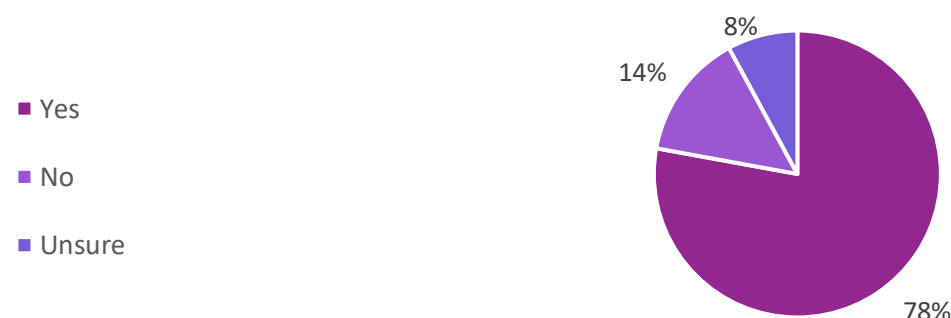
From the **1,238** people who responded to this question, **Accessibility** was the principal aspect with **Waiting Times** and **Opening Hours** being the next important. A breakdown of all aspects is provided in Figure 3.

Figure 3: Important Factors when accessing MIU's



Do you have any concerns about how the clinically preferred model might impact on you, your family or those who care for you?

From the **1,238** people that responded to this question, **964** people (**78%**) were concerned, **98** people (**8%**) were unsure and **176** people (**14%**) were not concerned.





From those that provided their age group, the age of people most concerned were '**45 and over**' which accounted for **80%** of responses.

A breakdown of those that expressed concerns by '**type of responder**' shows that **Unpaid Carers** were most concerned. The concerns they had were reflective of the general population concerns.

	No	Not Sure	Yes
A member of the public (1050)	15.3%	8.7%	76.0%
A person who works or volunteers to provide Health and Social Care (57)	17.5%	7.0%	75.4%
An Elected Member representing your community (8)	50.0%	12.5%	37.5%
An unpaid carer (119)	0.8%	0.8%	98.3%
A Community Council or Community Group submitting a collective response (2)	0%	50%	50%
Did not Specify (2)	0%	0%	100%

Concerns raised

From the **949** respondents who shared their concerns, the key themes identified were:

- **Accessibility and Convenience**, particularly in relation to the distance and time required to get to St Andrews.
- **Poor Public Transport** from Cupar and surrounding areas with multiple buses required.
- **Insufficient Parking** at St Andrews Community Hospital including availability of disabled spaces.
- **Financial implications** associated with the additional travel requirements.
- **Increase in waiting times** at St Andrews.
- **Delay in receiving treatment** and the impact on individuals' health and wellbeing.





Other concerns raised included:

- The impact of there being no access to radiology service in Cupar.
- The increased pressure on GPs in Cupar, with potential issues being exasperated further due to the proposal Cupar North expansion.

5.2 What this proposed change may mean for your community

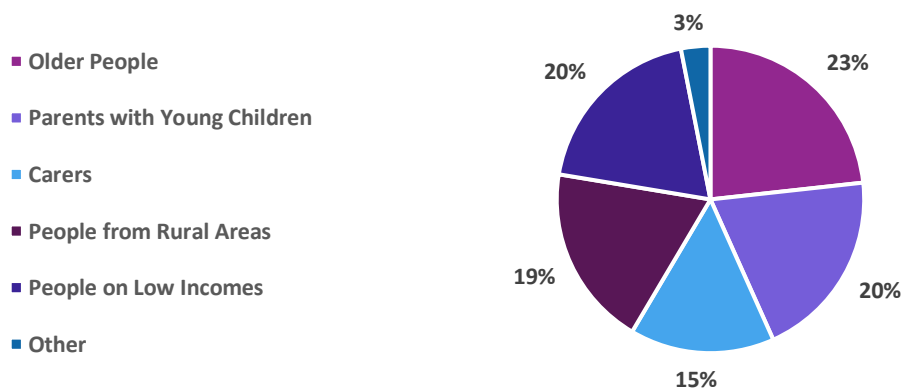
If the clinically preferred option was to go ahead, we wanted to understand any concerns or challenges that may arise for any particular people and protected characteristic groups within your community.

Do you have any concerns about how the clinically preferred model might impact on particular people in your community?

From the **1,238** people that responded to this question, **1,057** people (**85%**) were concerned for other people within the community, **76** people (**6%**) were unsure and **104** people (**8%**) were not concerned.

The specific groups that may be affected is provided in figure 4.

Figure 4: Potentially impacted community groups



Do you have any concerns about how the clinically preferred model might impact on people within the protected characteristic groups in your community?

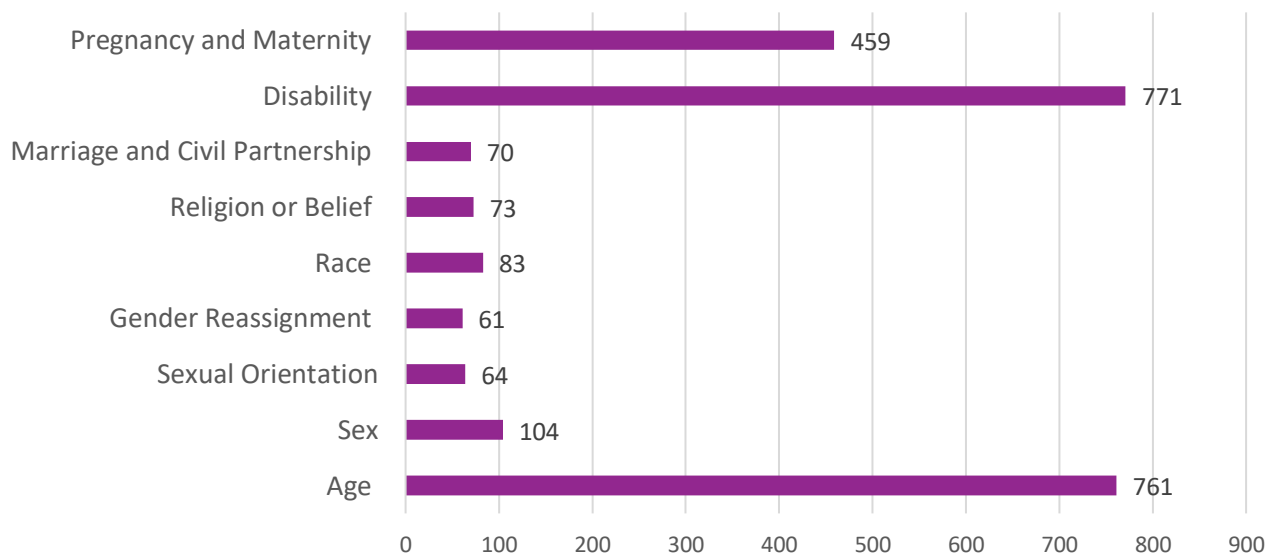
The **Equality Act 2010** ([Equality Act 2010: guidance - GOV.UK](https://www.gov.uk/guidance/equality-act-2010-guidance)) protects individuals from discrimination based on nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. The act ensures people are protected from discrimination in various scenarios including when using public services.



From the **1,223** people that responded to this question, **747** people (**61%**) were concerned for those who fall within a protected characteristic group, **152** people (**12%**) were unsure and **324** people (**26%**) were not concerned.

The specific groups that people felt would be impacted the most were **Age**, **Disability** and **Pregnant and Maternity**. A full breakdown is provided in figure 5.

Figure 5: Potentially impacted protected characteristic groups



Concerns raised

From the **696** respondents who shared their concerns, about both the vulnerable community groups and the protected characteristics groups, the key themes identified were:

- **Inability** for people to get to St Andrews, especially for those who do not drive.
- **Logistics** in travelling to St Andrews in terms of time, distance, parking and the lack of public transport options.
- **Difficulty in travelling** when injured, in pain and/or when mobility issues.
- **Stress and Anxiety** caused by additional travel to an unfamiliar environment.
- **Financial implications** especially for low-income families.
- **Availability of support** for Carers to attend St Andrews.
- **Delay** in receiving care and deterioration of health conditions.
- **Increased pressure** on GPs, patient transport, ambulances and Accident & Emergency services.



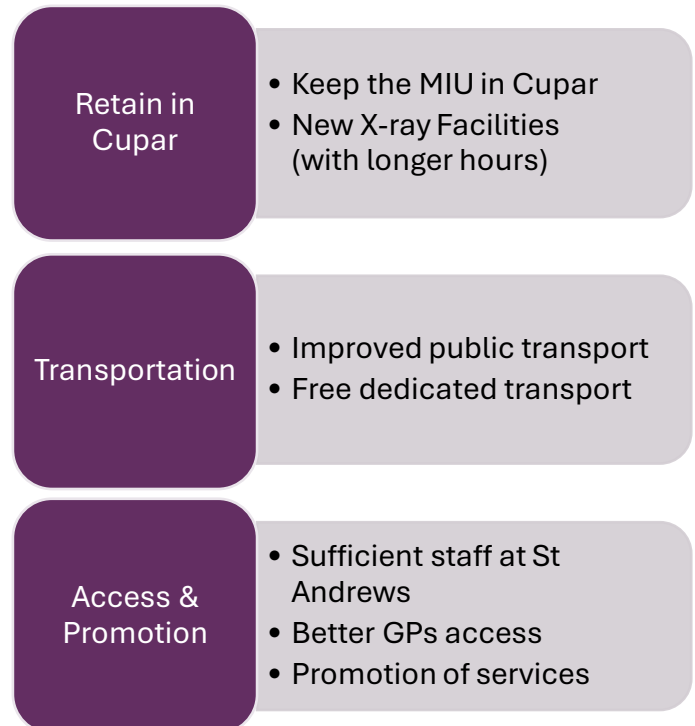


5.3 What would help to overcome any concerns raised

If the clinical preferred option was to go ahead, we wanted to understand what would make it easier to overcome the challenges raised.

From the **916** people who responded to this question, the key resolution themes identified were:

- The primary response was to **retain the current** minor injuries unit at Adamson Hospital with extended hours. As well as provision of a **new X-ray facility** at Adamson Hospital with longer opening hours.
- This was followed by improvement in **transportation** to get to St Andrews including enhanced public transport options and a free dedicated hospital transport
- The third theme was **access to care**, by ensuring there are sufficient staff at St Andrews Community hospital and better access to GPs. As well as promotion of the services available and where to go for them.



5.4 What are the Benefits

If the clinically preferred option was to go ahead, we wanted to understand what benefits this could have for people.

From the **125** people who responded to this question, the key benefits were identified as.

- Enhanced service for North East Fife with better quality of care through efficient use of resource. There was support that this is the correct option to maximise cost and efficiencies.
- Ability to have an X-ray in the same place throughout the day.
- Easier than travelling to Kirkcaldy.

5.5 Community Council and Public Engagement event feedback

The strength of feeling was heard throughout the engagement sessions around the impact on communities if the minor injuries unit at Adamson Hospital was to be reconfigured to a single unit at St Andrews Community Hospital.

The points and questions raised at all the engagement events correlated to those provided in the survey.



The key concerns and questions raised can be themed within the categories:

- Accessibility due to transport options and parking at St Andrews.
- Perception that this is a financial driven decision with the outcome already decided upon.
- Requirement for enhanced understanding around the 'Pathway to Care' for different conditions.
- Future staffing model if the clinical preferred model is approved.
- Clarity of information and supporting data for the clinically preferred model.

Royal Burgh of Cupar and District Community Council

For Cupar and surrounding districts, residents were concerned as to the impact on the local communities by the loss of radiology services as well as the Minor Injuries Unit (MIU). The MIU has always been viewed as a walk-in service.

Despite assurances that other services will be maintained at Adamson Hospital, particularly the Community Treatment and Care (CTAC), consultation respondents overwhelmingly rejected the proposed MIU relocation, citing:

Unaddressed Gaps in Service Provision

While CTAC services cover chronic conditions, respondents emphasised that MIUs served distinct acute needs (e.g. suspected fractures, wounds requiring immediate imaging).

Cupar Community Council engagement session feedback specifically referenced "loss of urgent care capacity" as unacceptable.

Demographic Barriers

The aging population (30% over 65 in catchment area) requires proximate services, and CTAC cannot replace walk-in emergency care.

Transport Barriers:

2022 Census shows 17.8% of households in Cupar ward having no access to a car or van.

Royal Burgh of St Andrews Community Council

St Andrews Community Council responded overall positively to the proposed change but highlighted concerns about travel for residents of Cupar, particularly older people, those with disabilities, and individuals without access to transport. Their main request was for extended operating hours at St Andrews.



5.6 Other Comments

We asked if people had any additional comments, suggestions or concerns that Fife Health and Social Care Partnership needed to consider around the clinically preferred model.

From the **817** people that provided comments, a large percentage related to concerns previously raised and are documented above. The strength of comments was in relation to:

- **Education and communication:** of facilities at Adamson and how to access different services as detailed within Right Place Right Care.
- **Availability of staff:** whether there will be sufficient staff at St Andrews to ensure there is no increase in waiting times.
- **Increased pressure:** that will be placed on GPs and other already stretched services, as it is challenging to make GP appointments.
- **Removal of a localised service:** which contradicts the ethos of a patient centred approach.

Whilst the consensus opposed the idea of the clinically preferred model, there were over 35 additional comments that reference positivity and the need to establish the right balance between, 'the costs of effective treatment for the best patient outcome' and maximising the benefits for care.

Several questions were also asked within the comments. These aligned with those raised at the community council and public engagement events or as detailed within the Frequently Asked Questions that are available online.

www.fifehealthandsocialcare.org/NEFfaq



6. Conclusion

The purpose of this consultation was to share the clinically led option appraisal for the minor injuries care service in North East Fife and consult with the public to gather the views, impacts, barriers and benefits before any decision is made. Consultation took the form of an online survey and engagement events with over 1,300 people consulted.

The feedback gathered through the survey, in-person meeting hosted by Cupar Community Council and the online engagement session demonstrated a clear consensus rejecting the clinically preferred option and expressing support for Option 1, to maintain the current Minor Injuries Unit at Adamson.

This was despite the presentation of three clinical options which outlined patient safety risks, operational challenges, and long-term sustainability concerns, as well as clinical and sustainability realities that prevented there being a further feasible Option to base the reconfigured singular Minor Injuries Unit at Adamson. These included:

- NHS Fife unavoidable clinical and operational decision to decommission Adamson Hospital's X-ray machine due to safety concerns and lack of capital funding for replacement and a decision out with the Integration Joint Boards Influence. Given radiology is not a delegated service FHSCP are bound by the decision to decommission.
- NHS Fife's clarification that public fundraising could not legally cover the purchase of new NHS equipment due to capital expenditure rules and staffing implications.
- Explanations around infrastructure suitability, staffing, and service viability of why the X-ray machine from St Andrews could not be moved to Cupar.

Most respondents were concerned with the accessibility challenges that would be faced if the Minor Injuries Units for NEF are reconfigured to a singular Minor Injuries Unit at St Andrews. These were:

- The logistics of travelling to St Andrews particularly for those without cars, the elderly, the disabled and those reliant on the poor public transport options.
- Insufficient parking at St Andrews Community Hospital.
- Increased waiting times and delays in receiving treatment.
- Challenges with Nationally run NHS 24 (111) service, particularly long call waiting times.

These issues emphasise the importance of ensuring that any changes to the Minor Injuries Care Service in North East Fife address not only clinical and sustainability priorities but the practical accessibility and equity for vulnerable groups. The disconnect between clinical imperatives and public expectations emphasises the need for a decision that is both evidence-based and takes account of the concerns, as well as the need for solutions that mitigate unintended impacts on patient care and community trust. The Integration Joint Board's choice must balance these competing priorities.



It should be noted that the consultation also identified the opportunity to raise awareness of the services that are available at Adamson as well as the National Standards for Right Care Right Place, where the preferred option is to call NHS 24 (111) for minor injuries which in turn will support ensuring sustainable services within Urgent Care.

Next Steps

- This Engagement Feedback Report together with the clinically led options appraisal will be taken through governance for both Fife HSCP & NHS Fife for scrutiny before submission to the Integration Joint Board for a final decision on 28th May 2025.
- The concerns and potential impact for individuals, the community and protected characteristics groups will be reviewed and incorporated within the Equalities Impact Assessment (EQIA) Part 2.
- The decision from the Integration Joint Board will be communicated to participants and communities.
- A communication campaign is to be developed to support awareness of Right Care Right Place and the care services that are available at Adamson Hospital and St Andrews Community Hospital.

Fife Health and Social Care Partnership would like to thank everyone who responded to this consultation for their time and for sharing their views.

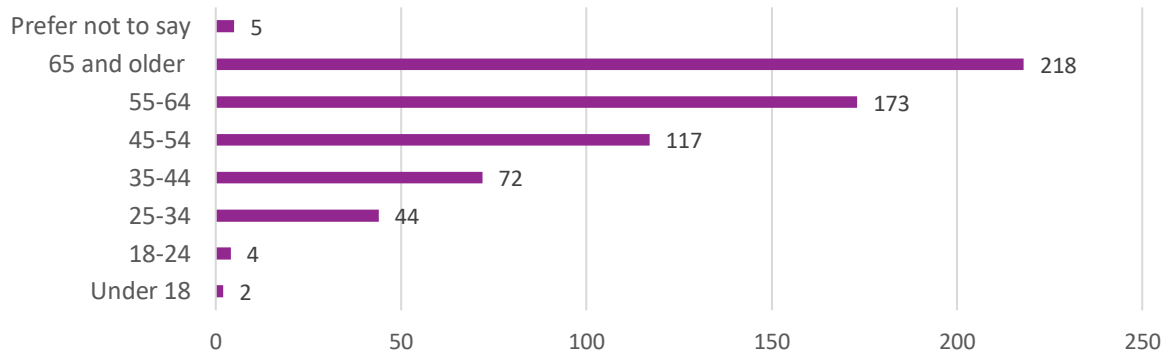
Appendix 1: Clinically Led Option Appraisal

OPTION 1	OPTION 2	OPTION 3
<p>No Change (Maintain the Status Quo)</p> <p>Current challenges being experienced around this model would remain including:</p>	<p>Reconfigure both Minor Injury Units into one single Minor Injury Unit based at St Andrews Community Hospital</p> <p>(staffed by 2 Emergency Nurse Practitioners)</p>	<p>Reconfigure both Minor Injury Units into one single Minor Injury Unit based at St Andrews Community Hospital</p> <p>(staffed by 2 Emergency Nurse Practitioners and 1 Health Care Support Worker)</p>
<ul style="list-style-type: none"> • Frequent challenges around workforce and sustainability over two sites. • Lack of access to x-ray for patients at Adamson after 12.30pm means assessment and treatment may be delivered in two different locations. In addition, the Xray machine at Adamson will be required to be decommissioned in April 2025. • Risk of sub-optimal care experience due to potential for re-direction of x-ray services • Not effective or efficient use of available resources. 	<ul style="list-style-type: none"> • Person-centred care. • High quality patient care. • Allow patients to be assessed and treated in a more effective and efficient manner. • A better level of service for patients during periods of peak demand. • Seamless care in one location. • Assessment and treatment in one location. • Effective and efficient use of available resources. • Ensures people receive the right care, at the right time in the right place. • Ensures radiology services are available until 4.30pm weekdays. • Sustainability of service. 	<ul style="list-style-type: none"> • Person-centred care. • High quality patient care. • Allow patients to be assessed and treated in a more effective and efficient manner. • A better level of service for patients during periods of peak demand. • Seamless care in one location. • Assessment and treatment in one location. • Effective and efficient use of available resources. • Ensures people receive the right care, at the right time in the right place. • Ensures radiology services are available until 4.30pm weekdays. • Sustainability of service. • Introduces an additional Health Care Support worker which will free up capacity of ENPs to ensure additional care delivery and more effective use of resources.

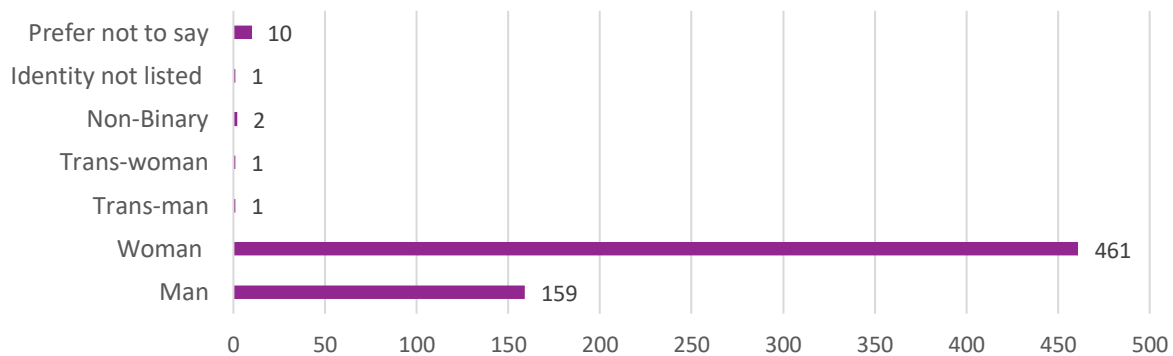
Appendix 2: Equality, diversity and inclusion data

From the responses received from the public and unpaid carers **626** people completed the equality, diversity and inclusion questions contained in the survey. Responses are summarised below:

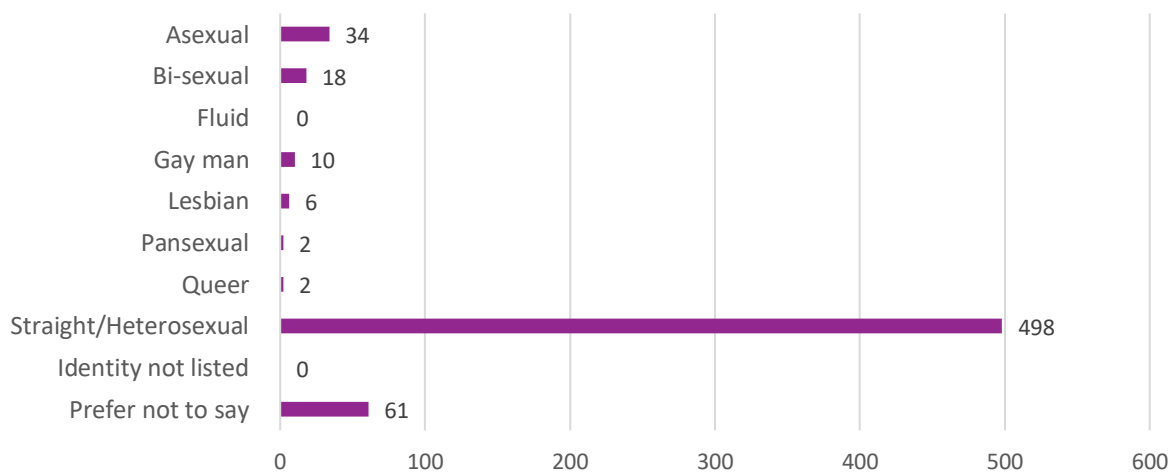
Age



Gender

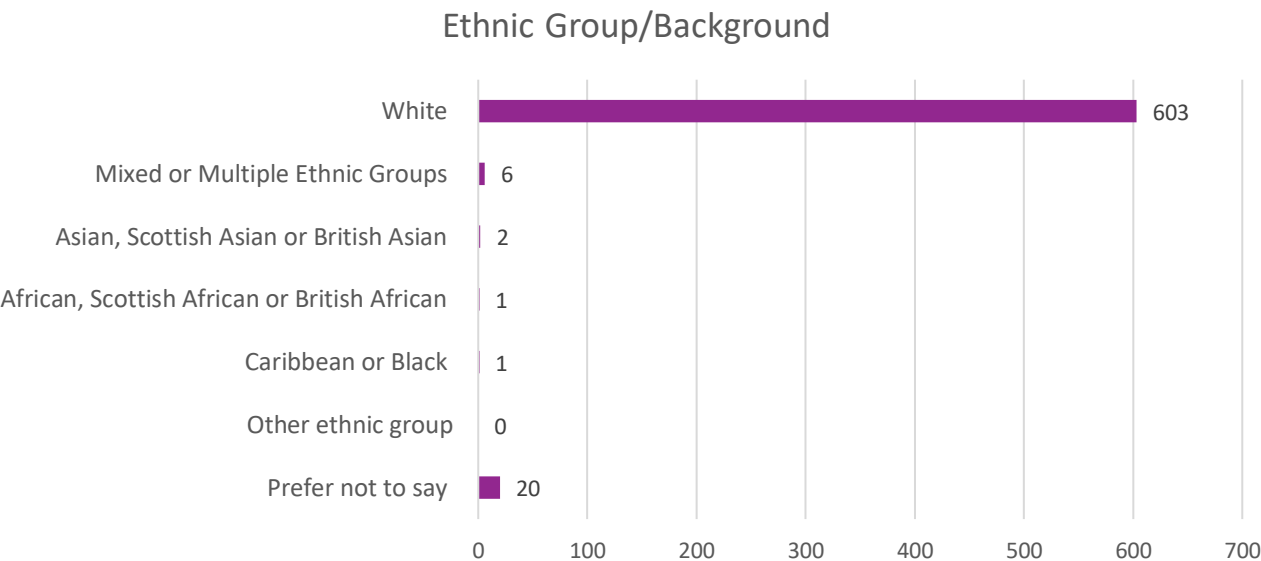


Sexual Orientation

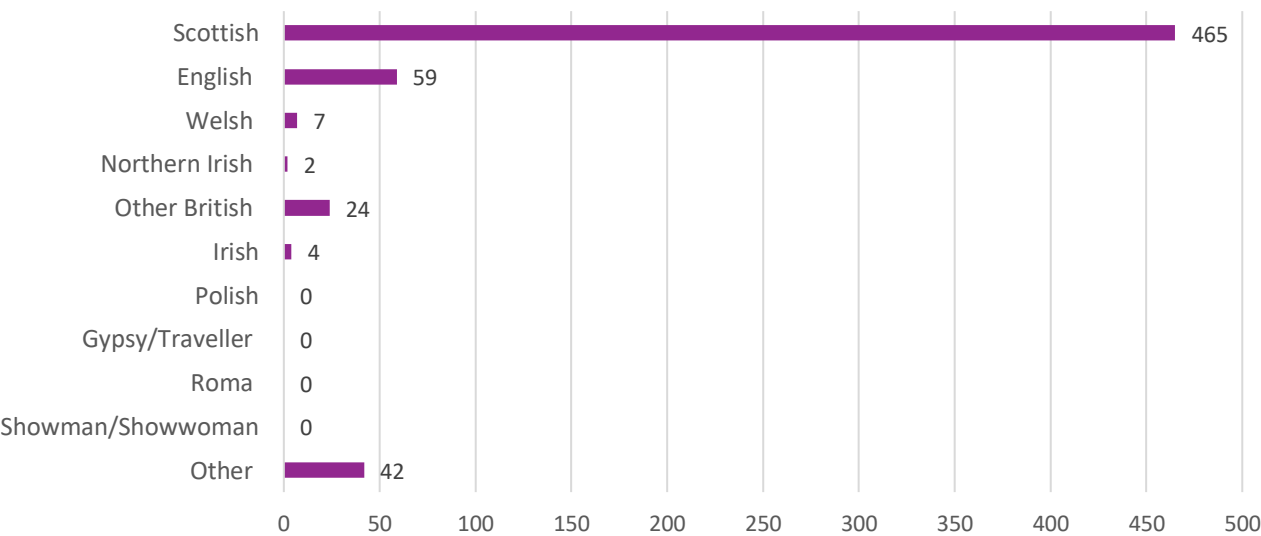




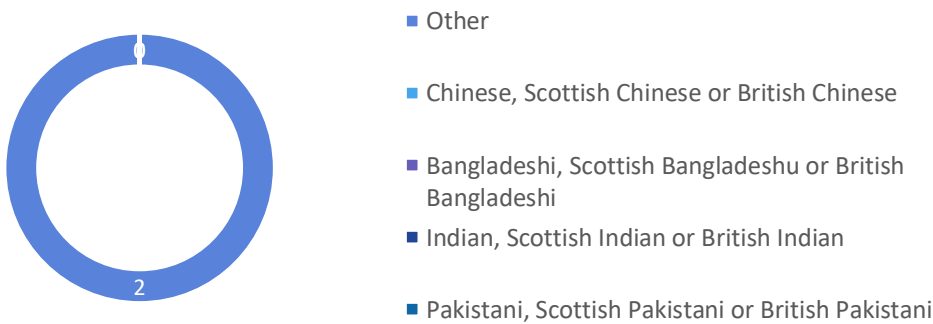
Ethic Group /Background



Ethnic Group breakdown for White

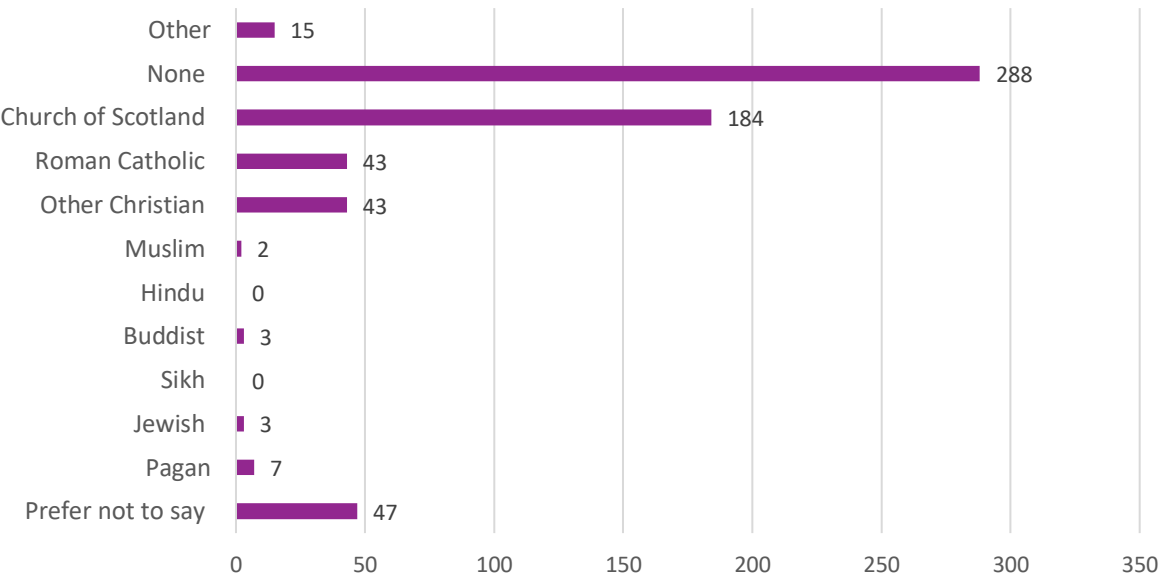


Ethnic Group breakdown for Asian, Scottish Asian or British Asian

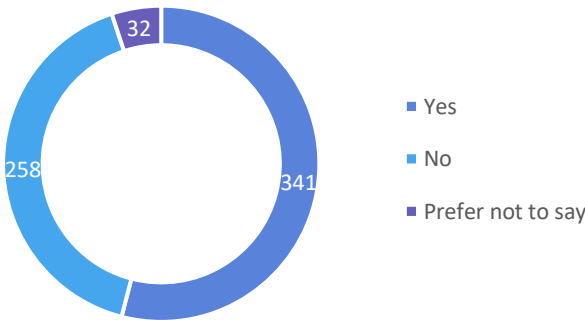




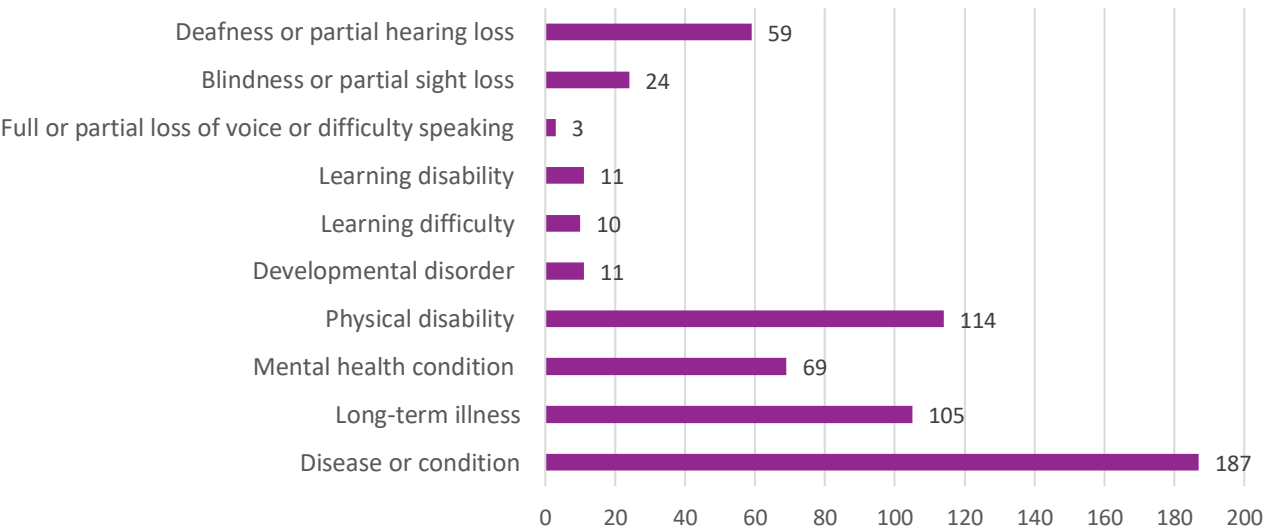
Religion or Belief



Health Condition and/or Disability

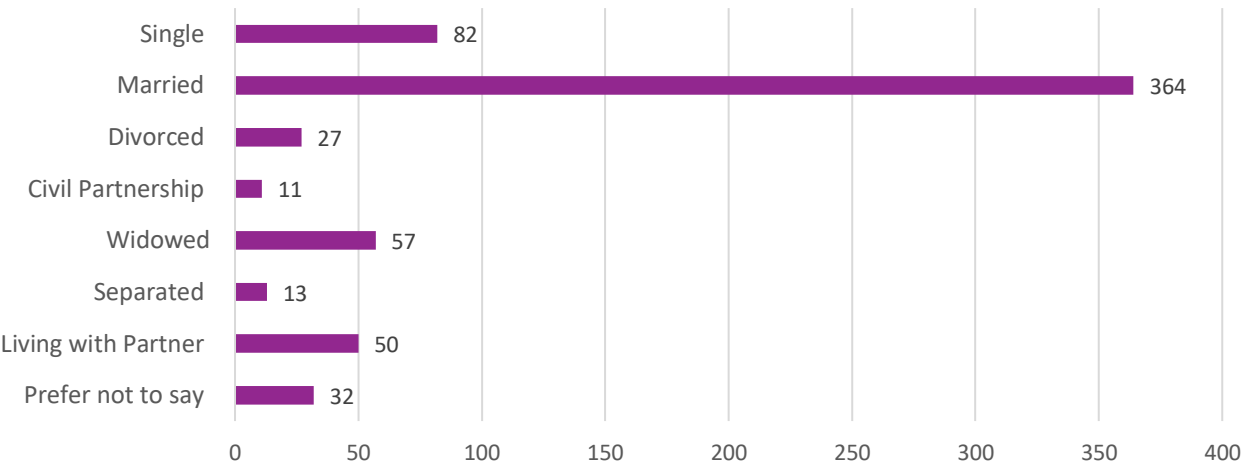


Health Condition and/or Disability





Relationship Status



Breastfeeding, Pregnant or recently Given Birth

