

Social costs associated with centralisation of hospital services in Skye: a preliminary analysis¹

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NHS Scotland 2020 vision

2020 Vision - Safe, effective and person-centred care which supports people to live as long as possible at home or in a homely setting

Introduction

This paper reconsiders the redesign of health and social care services in Skye, Lochalsh and South West Ross (SLSWR) which was first mooted in 2008. This redesign had at its heart the building of a new hospital in Broadford combined with the centralisation of community hospital beds in Broadford and the closure of Portree hospital, along with key related services such as a centralised A & E services. The redesign was based on an options appraisal process which did not include the so-called social cost, which are intertwined with patient safety issues, of such a change, despite it being a mandatory requirement so to do.

When NHS boards plan a centralised model in the main population centre of an area there is little need to consider social costs. The redesign in SLSWR, however, centralised hospital provision away from the main population centre, a unique experiment for an area with a unique social demographic, and such social costs were not factored into the modelling. There have already been many problems arising from this centralisation model, with the community now being at a crucial juncture with respect to the way ahead. It is therefore a timely point at which to revisit the crucial issue of social costs with respect to the redesign of health and social care services in SLSWR and the continuing failure of NHS and the Scottish Government to ensure that due diligence is undertaken.

Background

Since the inception of the redesign process, there has been considerable concern expressed by residents of north Skye and Raasay about the provision of health and care services. Pre-eminent are barriers to accessing these services, particularly urgent care and 24-hour care for those unable to be looked after in their own homes, and the consequent risks to patient safety.

These concerns arose from the major redesign of health services in Skye, Lochalsh and SW Ross which began in 2008. An option appraisal (OA) was carried out which, given mandatory guidelines, omitted to measure or even consider social costs. Although the preferred option from this OA was the subject of public consultation from May to September 2014, this was after the decision had effectively been taken to centralise hospital-based services in Broadford in the south of Skye, away from the main population centre. During this consultation which entailed 50 public meetings, north Skye community members expressed their concerns about the implications of this plan, many of which are the very social costs this paper attempts to quantify. These concerns are summarized in an appendix to an NHS Highland Board paper in December 2014 and extend to 15 pages (Appendix 11

¹ The authors are grateful to Professor Alistair McGuire, Head of Department of Health Economics at the London School of Economics, for his helpful comments on earlier drafts of this paper, and especially his comments relating to issues of patient safety.

on page 79)^{2,3}. At no time were these concerns, which are based on underlying social costs, taken into consideration in preparing the full business case approved by the Scottish Government in 2019. The result is that although a new hospital has been built in Broadford, to be officially opened by the Health Secretary on 27 May 2022, north Skye campaigners are once again actively expressing concerns about reduced access to core health services and concerns about patient safety. This is primarily due to the failure to implement the recommendation of Sir Lewis Ritchie in May 2018 which would, if implemented fully, have mitigated the adverse impacts of the redesign on the community.

The key aim of this paper is not to revisit the omission of social costs from the initial OA, but to ensure that current and future planning explicitly recognises the validity of evaluating these in decision making. Failure to do so will result in an ongoing perpetual conflict between the NHS board and the population it exists to serve.

Option Appraisal

Option appraisal in the public sector in Scotland is required to follow guidance set out in the UK Treasury's Green Book⁴. This identifies that all relevant costs should be assessed under the following headings:

1. total direct public costs (to originating organisation):
 - capital
 - revenue
2. total indirect public costs (to other public sector organisations):
 - capital
 - revenue
3. wider costs to UK society:
 - monetisable including cash costs
 - quantifiable but unmonetisable costs
 - qualitative unquantifiable costs
4. total risk costs (the costs of mitigating or managing risks):
 - optimism bias (decreased as estimated risk costs are included)
 - estimated or measured risk cost

Furthermore, the Scottish Capital Investment Manual⁵ (SCIM) states Wider Social and environmental costs and benefits for which there is no market price need to be assessed. These will often be more difficult to assess but are no less important *and should not be ignored*, simply because they cannot be easily costed'. In addition, 'These non-monetary costs and benefits (such as environmental, social or health) *must* be taken into account and should not be assumed to be any less important than the monetary values. *Their values may be crucial to the decision.*'

This paper aims to identify the potential changes in social costs, highlighted in 3 above, associated from the plans identified in "The Modernisation of Community and Hospital Services in Badenoch & Strathspey and Skye, Lochalsh and South West Ross", approved by Scottish Government in 2019. In

² <https://www.nhshighland.scot.nhs.uk/Meetings/BoardsMeetings/Documents/Board Meeting 2 December 2014/4.1 Redesign of Services SLSWR.pdf>

³ See also: Response by Kilmuir Community Council to the 'Proposed modernization of community and hospital services in Skye, Lochalsh and SW Ross'. This paper is available from the authors on request.

⁴ [The Green Book \(2020\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/426262/gb2020.pdf)

⁵ <https://www.pcpd.scot.nhs.uk/Capital/scimpilot.htm>

particular, it concentrates on the plan that the new hospital in Broadford ‘ *will also host the main diagnostics, Accident & Emergency and Out of Hours centre for the area. It will be staffed and equipped to provide stabilisation, assessment, initial management and treatment 24/7.*’

The original redesign model was one of centralisation of services at a new hospital in Broadford and the closure of Portree hospital along with out of hours A & E cover in Portree. The 12 community hospital beds in use in Portree were to be replaced by a 10 bedded extension to Budmhor care home. The decision to create this centralised model of health care was based on an options appraisal process which ignored the ‘wider social and environmental costs and benefits’ of the redesign.⁶ However, it is this failure to recognise these wider costs that is at the heart of all of the problems that have existed in North Skye with respect to the delivery of health and social care services since the initiation of the redesign process. The gravity of this omission can be quickly appreciated, for example with respect to A & E provision, by recognising the social demographic of Skye.

Portree and North Skye are the most remote communities from a general hospital in all of the UK. Portree is the only township in Skye, Lochalsh and South West Ross (SLSWR), it is the main population, employment, education and sports centre and Portree and North Skye is the main base for the year round influx of tourists who bring considerable gains to the local and wider Scottish economy. Portree also is a major cruise liner destination with over 40 scheduled visits in 2022, with on average 2,000 people disembarking from these ships into Portree.

All of this means that the risk of individuals needing urgent or A & E care are much greater in North Skye than anywhere else in SLSWR. Additionally, Portree is the only centre in SLSWR that maximises the number of people that can be reached in the critical 30-minute window and by a very significant number)⁷ and also, on a population adjusted basis, the 60-minute window. Therefore, any closure of the Urgent Care/ A & E unit in Portree is clearly going to compromise public safety and lead to potential unnecessary loss of life. This is reinforced by the extreme shortage of community hospital beds on Skye which has knock on implications for the ambulance service, with ambulances having to transfer patients from Skye to Raigmore Hospital, a 240 mile round trip. This often means that there is no ambulance available in North Skye which has further obvious implications for safety.

Prior to the original redesign of health and social care in SLSWR, Portree had an A & E unit which had equal status with the unit in Broadford hospital. We know from the testimony of our local clinicians that many lives were saved over the years that would have been lost had the unit not existed.

Since the original design has been mooted the problems with a centralised model have been recognised and led to the publication of the Ritchie report⁸ which noted with respect to A & E:

‘After careful consideration, we take the view that the proposal to provide all OOH urgent and emergency care services at one community hospital site in Broadford, is neither sufficiently accessible nor equitable, for all the population served. The proposed closure of OOH services at Portree Hospital is disadvantageous to the people of north Skye, with its larger population, socioeconomic and geographic hinterland, growing tourist numbers, travel costs burden and volume of service requirement.’ (Ritchie report, page 6)

⁶ <https://hiskyosite.files.wordpress.com/2018/05/your-life-in-their-hands-final.pdf>

⁷ <https://hiskyosite.files.wordpress.com/2018/05/your-life-in-their-hands-final.pdf>

⁸ INDEPENDENT EXTERNAL VIEW OF SKYE, LOCHALSH AND SOUTH WEST ROSS OUT OF HOURS SERVICES May 2018

However, since the Richie report was published the model of delivering urgent care to the population of north Skye has broken down and is often not available during day-time hours, far less in the out-of-hours time-frame

In trying to rebuild this and other crucial services it is crucially important that the social costs of the plans approved in 2019 are reviewed formally. This short paper identifies areas which should be subject to further investigation and provides a preliminary analysis of those areas of costs that can be valued. A full economic analysis of the relevant social costs is required, as set out in SCIM, and should be undertaken we believe by the Scottish Futures Trust, perhaps with the involvement of the health economics department of a Scottish University, especially if there is a desire to see a balanced and equitable provision of social care in SLSWR. The failure so to do will inevitably lead to a permanent state of conflict between the North Skye community and NHS Highland since the underlying source of all of the issues can be attributed to the failure to address the social cost issue.

Social costs

Social costs are private **costs** borne by individuals directly involved in a transaction together with the external **costs** borne by third parties not directly involved in the transaction.

Social costs can take many forms, not all of which are able to be valued. It is essential that all costs are identified, measured and valued where possible, as stated in the SCIM manual.

Social cost categories to be considered:

- a. Travel and time costs
- b. Other out of pocket expenses
- c. Patient safety issues
- d. Pain and discomfort
- e. Impact on other services – additional pressure on other emergency services etc
- f. Other impacts – including reduced ‘attractiveness’ of North Skye as a place to live and work and concerns that views of North Skye have not been listened to

Methods of valuation

Social costs able to be valued

Additional time, travel and out of pocket expenses associated with different locations of care can be measured directly via the use of questionnaires of people affected. They can also be estimated from routinely available data.

This preliminary analysis uses routinely available data to estimate time, travel and out of pocket expenses.

Social costs that may be able to be valued

There are a number of methodologies which can be used to estimate the value people place on avoiding adverse effects of different types of service provision, such as additional pain, discomfort and patient safety. Some of these have been used in the insurance industry for decades, but more recently economic methods have been developed, such as the discrete choice experiment, which has been used for example in Scotland to value relative attributes of patient centred care.⁹

Patient safety

The golden hour is a frequently cited concept, relating to the period of time immediately after a traumatic injury during which there is the highest likelihood that prompt medical and surgical treatment will prevent death¹⁰. On continental Europe the time dimension that is increasingly emphasised is that of the 30-minute time horizon and this would seem to be of particular relevance in the Skye context given the population demographic referred to above. One way to consider the impact of centralisation of service on patient safety would be to assess the number of A&E attendances or emergency admissions that were able to be seen within that time period; unfortunately no data are routinely available in the public domain to assess this impact although we understand such data may be available from NHS.

There are a number of methods which can place a value on disability or human life¹¹. The most common of these are the value of a prevented fatality (VPF), which presents a single value of value of life at all ages, the Judgement or J-value which addressed the benefit conferred when a safety measure or a health care intervention 'saves' a person's life and finally the use of the Quality Adjusted Life Year, a measure of the value of one year in full health. In the UK the value placed on a QALY in healthcare decision making lies in the range of £20-30,000.

Findings from a community survey¹² undertaken in March and April 2022 on health & care, which resulted in 212 responses, are pertinent to the analysis. Eighty percent of responders had experience of use of urgent care at Portree Hospital and many reported issues with access to the facility and the resulting requirement to attend Broadford instead.

⁹ Eg Burton CD, Entwistle VA, Elliot AM et al. the value of different aspects of person-centred care: a series of discrete choice experiments in people with long term conditions. BMJ Open 2017

¹⁰ https://www.medicinenet.com/what_is_the_golden_hour_in_medicine/article.htm

¹¹ <https://www.bristol.ac.uk/media-library/sites/policybristol/PolicyBristol-Report-April-2018-value-human-life.pdf>

¹² Community Health & Wellbeing / Comms Officer - The Sir Lewis Ritchie Report – Community Feedback Survey May 22

This preliminary analysis does not include any estimate of the monetary value of additional pain and discomfort nor patient safety, which may be substantial. However, we have included a realistic example of a person who becomes seriously ill with a life threatening illness in North Skye and subsequently dies. If the appropriate facilities are not in place to treat the person this introduces an extra layer of risk with respect to the individual not receiving the appropriate treatment.

Social costs unable to be valued

Other impacts of changes in service provision cannot easily be valued, but these should be identified and enumerated wherever possible. This can be undertaken by surveying the population to determine their concerns and the impact these have.

Assumptions made

In all analyses, it is essential that any assumptions made are stated, in order that the impact that the assumptions have on the results can be assessed.

People affected

It is assumed that people in the North and West of Skye (n=7479) would be adversely affected by any change and people in the South of Skye (n=2810) not affected.

Taken from Table 3 in NHS Highland *Skye and Lochalsh Population and demography*¹³.

Area	Population 2017	Likely to be affected?
Skye West	677	Y
Skye North East	678	Y
Skye Central North	1042	Y
Portree North	1186	Y
Portree West	635	Y
Dunvegan & Waternish	771	Y
Uig	965	Y
Portree East & Rural	577	Y
Duirnish	580	Y
Skye East & Raasay	541 (368 excluding Raasay)	Y excluding Raasay ¹⁴
Sleat	925	N
Skye South East	941	N
Broadford	944	N

It is recognised that these figures do not take account of the fact that Portree is the main centre for work, tourism and education, being the location of the island's High School and West Highland College. Portree's population is also rising in population in contrast to other areas of the Highlands

¹³ *Paper 1 of a population needs assessment for Skye and Lochalsh*. April 2019.

¹⁴ It is estimated that the population of Raasay is 173, thus the population affected in Skye East has been adjusted to reflect this figure

with annual growth estimated at 1.2% by HIE which has clear implications of where the greatest burden of social costs will be in the future.

Age distribution

In 2016 the proportion of the population in Skye & Lochalsh over 75 was 9.3%, this population is projected to more than double by 2036 and to increase by nearly 150 percent by 2041. In 2021, 27% of the Skye & Lochalsh population was in the 16-44 age group and 27% over 65¹⁵.

Travel distances and time

Taken from Google maps, assumes all roads are open and normal traffic conditions

Location	Distance to Portree (time in minutes)	Distance to Broadford (time)	Additional travel distance (additional time)
Portree	n/a	25 (32)	25 (32)
Staffin	17 (29)	42 (61)	25 (32)
<u>Edinbane</u>	14 (20)	39 (52)	25(32)
<u>Uig</u>	15 (21)	40 (53)	25 (32)
<u>Glendale</u>	29 (47)	45 (68)	16 (21)
<u>Dunvegan</u>	21 (29)	39 (55)	18 (26)
<u>Carbost</u>	17 (26)	24 (35)	7 (9)
Camastianavaig	5 (10)	26 (36)	21 (26)
<u>Weighted average across North Skye</u>			21.8 (28)

Assuming that there is no disruption to road conditions, the return weighted average additional distance travelled to Broadford rather than Portree is 43.6 miles and 56.4 minutes.

The assumption of no disruption to travel times is key to this analysis. The major road (the A87) connecting Portree and Broadford is a major route used by residents, tourists, local businesses and for freight access to the Western Isles via the ferry port at Uig. One section of the road, from Sligachan to Broadford (16 miles), involves a section of significant ascent and descent through a mountain pass. There is no alternative road available. Significant disruption to this road is not uncommon, resulting from adverse weather, accidents and heathland fires. Such disruption will inevitably increase the time cost.

¹⁵ Paper 1 of a population needs assessment for Skye and Lochalsh. April 2019.

Travel costs

The cost per mile for use of a private car is based on an estimate of the cost of purchase, insurance, fuel and depreciation. The current NHS reimbursement rate for business travel is 56 pence / mile¹⁶ and this has been used in the calculations. It is assumed as a baseline that all travel is by private car. Although some people will use public transport, this is likely to incur significantly increased time costs which would even out the reduced out of pocket cost. At present the only direct bus routes to Broadford from the north of the island are via Portree. In many cases the only option would be to use a taxi, at a cost of around £40-50 each way.

Time costs

Time costs have been estimated based on average earnings in Highland Local Authority Area. In 2020 this figure was £13.53 per hour¹⁷ (23 pence / minute) for all employment. This figure has been applied to additional time for all attendances at hospital services. It is recognised that this may overestimate the value of time for some people and underestimate for others, but there is no current consensus on the value of lost non-working or leisure time.

Out of pocket expenses

A proportion of people attending hospital will have additional costs, such as childcare or carer costs, which are likely to be higher with care provided at Broadford rather than Portree, as result of the additional time required to travel. An assumption of 20% of people in the 16+ age groups will require one hour of additional childcare or carer costs at an estimated cost of £15, when attending either an outpatient attendance or A&E was used in the baseline analysis.

Use of health services

In the absence of Skye specific data, information from *Acute Hospital Activity and NHS Beds Information in Scotland Annual –Year ending 31 March 2018*¹⁸ was used to estimate the number of outpatient, A&E attendances and emergency admissions in the North Skye population. It is assumed that planned admissions are not adversely affected.

Per annum activity	Scotland data	North Skye estimate
Outpatient attendances (excluding maternity and mental health attendances)	Total 1.07million (approx. 1:5 of the population) <ul style="list-style-type: none">• 77% attended once• 17% twice• 6% 3 or more times	1930 attendances
A&E attendances	Total 1.6 million (approx. 1:3)	2468 attendances
Emergency admissions (excluding maternity and mental health attendances)	405,000 people admitted (approx. 1:12) <ul style="list-style-type: none">• 69% admitted once• 18% twice• 13% 3 + times	623 admissions
Length of stay for emergency admissions	6.8 days	4238 bed days

¹⁶ [Mileage allowances FAQs | NHS Employers](#)

¹⁷ (source Scottish Government Research briefing [Earnings in Scotland: 2020 | Scottish Parliament](#)

¹⁸ Information Statistics Division

In addition, data presented at the future direction meeting on 13 May 2022, showed that there were 1178 x-rays conducted at Portree Hospital in the 27 months to 24/4/2020 and a further 904 were undertaken at Broadford from the North Skye practices in this period. This suggests an annual rate of approximately 925 x-rays for north Skye residents.

Baseline Results

1. Time & travel costs

Each episode of care taking place in Broadford rather than Portree is estimated to cost the individual an additional **£37.31** in time and travel costs. Using the estimated activity figures presented above and assuming that each inpatient receives one visit per day, the total additional time and travel costs for North Skye per annum is **£380,000**.

2. Out of pocket expenses

A proportion of people attending hospital will have additional costs, such as childcare or carer costs, which are likely to be higher with care provided at Broadford rather than Portree. The baseline estimate of additional costs associated with outpatient and x-ray attendance is be **£7280** per annum

3. Patient safety

Any delay in obtaining treatment can be associated with patient safety issues.

It is clear, however, that the additional travel time to reach Broadford, compared with Portree, is likely to have a negative effect on patient safety, an increase in 'near misses' and potential for avoidable deaths. This may be offset, however, by access to a wider range of assessment and treatment facilities at a centralised facility. The recent community survey flagged up a number of patient safety issues, including the following experiences of use of urgent care in Portree, resulting in the need to go to Broadford

- I ended up not waiting as I was advised that I would have to wait 4 hours for my son to be seen after an accident at school (broken ankle). I understand the govt guideline is 4 hours but there were no other patients waiting. I ended up driving him in extreme pain to Broadford Hospital to be seen.
- there was no doctor available and the APN was unable to prescribe any effective pain relief. The ambulance which had deposited me in Portree was recalled to take me to Broadford, where they were busy. Pain relief was eventually administered 6.5 hours after the accident.
- Took an hour to be seen. Child was then sent to Broadford for treatment. Waited a ridiculously long time. Far more effective and time saving to attend local hospital and for them to decide if I need seen. Rather than involve three different people. Complete waste of NHS money
- My friend had cut her hand quite badly and I took her up to Portree Hospital. It was closed and a notice was on the door advising that we had to travel to Broadford for A & E services. It was pretty frightening and traumatic for my friend realising that she wouldn't get seen at that point and having to travel in the dark all the way to Broadford

During 2022 with the increased incidence of closure of the Urgent Care centre in Portree there have been a number of alarming cases of people not receiving timeous care for life threatening conditions such as an anaphylactic shock.

If we consider, as a means of an example, that one person each year dies unnecessarily due to the centralisation of services away from the main population centre. Given the social demographics noted above this is likely to be a conservative estimate.

Example of the implications of an avoidable death in a 40 year old:

- Loss of up to 41 years life expectancy for women or 37 years for men or 21 or 22 years of healthy life expectancy ¹⁹
- Distress to family, friends and wider community
- Loss of potential contribution to family, friends and wider community
- Loss of income for family
- Potential litigation and adverse publicity for health services

In this case, applying the valuation of £20-30,000 per QALY which is used in UK decision making, the following Table shows for one and two deaths over for various frequency assumptions, the total social costs to society giving a range of £840,00- 13.2million for one life lost over the various horizons to £1.68 to 26.2 million for 2 lives lost. Given as we noted above that the positive population growth in SLSWR is heavily skewed in favour of the Portree and North Skye community going forward we believe these results are on the conservative side.

Frequency of event	Total cost over 20 years (not discounted)
2/annum	£16.8-26.2 million
1/annum	£8.4-13.2 million
1/ 2years	£4.2-6.6 million
2/5 years	£4.4-5.28 million
1/5 years	£2.2-£2.64 million
1/10 years	£840,00 -£1.32 million

4. Pain and discomfort

The additional pain and discomfort associated with the additional time and travel distance to Broadford can be considerable after, for example, an accident. It is also likely to be associated with higher levels of anxiety.

It is clear that the additional travel time to Broadford will be associated with higher levels of pain and discomfort than care provided in Portree and the implicit social cost of this is likely to be substantial.

¹⁹ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/life-expectancy/life-expectancy-in-scotland/2018-2020>

5. Impact on other services

Some of the hospital attendances will require the use of emergency services, most notably the ambulance service. This will have an impact on the availability of emergency services for other patients in the north of Skye.

Although this analysis has assumed travel to Broadford would be by private car, some of the journeys are likely to involve the use of ambulances. This leads to fewer ambulances being available for other emergencies in North Skye. The recent community survey, for example, flagged this up as a significant issue. For example:

- Know people who were seriously ill and had to wait three hours with what turned out to be triple aneurysm , Another friend died of a heart attack while waiting

6. Other impacts

A number of concerns have been raised about the centralisation of services in Broadford. These include, but are not restricted to:

- reluctance to seek help because of the distances and costs involved
- loss of skilled staff in the local area and difficulty in attracting staff to vacancies in the remaining health services
- reduced attractiveness of the north of Skye as a place to live and work because of the lack of local services
- concerns about the safety of service provision
- more people leaving the island for long term care as the underlying health services are unavailable to support them at home
- ill will associated with the loss of local services and the decision-making process that led to the decision

Although these factors cannot be enumerated, they are relevant to the wider view of social costs in such an analysis.

Comment and conclusion

There is little doubt, from extant reports referred to here and elsewhere, that people who live and work in North Skye know intuitively what the social costs that we refer to in this paper are and know how they impact on their health and social care. Unfortunately, there has been a failure to recognise these issues despite it being a mandatory requirement of Scottish Government. The implication of this is that due diligence with respect to the redesign of health and social care services in Skye, Lochalsh and South West Ross has never been undertaken.

As we have noted in this paper, and is clear from the recent experience of the population of North Skye, such a model of centralisation of services away from Portree to Broadford will be associated with additional and considerable social costs to the population of North Skye. A central theme of this paper is that the conflict between NHS Highland and the North Skye community will not be addressed until these social costs are considered in detail in an appraisal of service provision. The failure so to do will lead to a perpetual crisis in our health and social care provision, and this seems

especially pertinent since NHSH, have with the completion of Broadford hospital, restated a model of centralised hospital services in Broadford.

Time, travel and out of pocket costs falling on residents of North Skye have been estimated at a minimum of £387,000 per annum and these are likely to be a significant underestimate (and they do not of course include the substantial social costs associated with those who have to move to other centres to receive care home provision). Over the 20 year period that we have used for patient safety calculations, that would amount to a baseline social cost calculation of £7.74 million which does not account for any inflation over the period nor the fact that the key centre of population growth in SLSWR is skewed towards North Skye. Adding in our estimates of the social costs of one aspect of patient safety of loss of life discussed above we obtain range estimates, given the assumptions noted above, of £8.58-20.9 million for one life lost over the various horizons to £9.94 to 33.94million for 2 lives lost. Bearing in mind the projected life of the centralised model of care proposed by NHS Highland is 50 years these numbers would need to be scaled up further to get the true baseline scale of the redesign process if it continues to go ahead unaltered

Our analysis in this paper is limited by lack of local data on hospital service use and we have not attempted to place a value on aspects such as additional pain and discomfort, or the many other impacts of such a move implying our estimates are conservative at best. A formal appraisal of social costs should have been undertaken before any decision was taken to change the way services are provided in SLSWR, as set out in SCIM. It is now absolutely vital that further consideration of these social costs should be undertaken as a matter of urgency and be included in current and future health and care planning exercises.