NHS Borders Clinical Strategy
"An evolving conversation"

Key Principles for redesigning our services to ensure high quality healthcare
What do you think?

This Consultation will run from 10th March – 6th June 2014

Extra copies and additional formats

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1. Foreword

NHS Borders provides healthcare services to our local population of 113,000. We take great pride in the delivery of healthcare to our local community and all 4000 staff who work within NHS Borders carry out their role with the aim of improving the lives of our patients and the health of our local communities.

Our vision is for NHS Borders to be a leader in the quality and safety of care we provide, doing this by the continual improvement and development of local services to meet the needs of our population. This will require innovation in the design of our services ensuring they are sustainable, equitable and fit for purpose to meet the demands of the future.

To achieve our vision we intend to continue to work with you, and to build on the strong relationships we have with Scottish Borders Council and the voluntary sector to provide services which are person-centred, seamless and integrated. In the immediate future this will require a focus on developing the right services for those in their early years of life, older people and the most vulnerable in our community.

In addition we will continue to focus on our staff, our most valuable asset, who are central to the delivery of person-centred, safe and sustainable healthcare. We will work to a common set of values which guide the work we do, the decisions we take and the way we treat each other. By promoting excellence in organisational behaviour we believe we can improve patient experience and the quality of care we provide.

NHS Borders is committed to involving volunteers and the voluntary sector to improve the outcomes for patients and carers. We will increase the range of high quality volunteering opportunities, as we recognise volunteering enhances the services we provide, has benefits for our patients and helps build stronger communities.

We acknowledge that there are challenges ahead of us. Challenges which will require us to think differently, with you and our partners, about the way we deliver our services to maintain the quality and coverage we are currently able to provide. However we intend to grasp this challenge and consider it an opportunity to innovate for the future.

We firmly believe that by ensuring the services we provide are thriving, as well as transforming the traditional models of delivery, that we can continue to deliver health services which lead the way in the Borders. By the relentless pursuit of quality within our organisation we can drive down costs and improve the effectiveness and safety of our services.

We aim to achieve our vision through our Clinical Strategy which has six Key Principles. We would like to engage with you to seek your thoughts and views on the Key Principles of the Strategy. The appendices of this consultation document include a number of examples of models of care to show how services could operate with these principles applied.

We look forward to working with you to continually develop and evolve our local services across the Scottish Borders.

Calum Campbell
Chief Executive, NHS Borders

John Raine
Chairman, NHS Borders

2. Executive Summary

To accommodate the increasing demand across all of NHS Borders services will require a radical and innovative approach to how we provide them. This presents an opportunity to explore new models of care to ensure our future provision is sustainable with a focus on integration of services where possible.

We can seize this opportunity to ensure care is person-centred, integrated and responsive. We want to ensure NHS Borders is an efficient and effective organisation and our performance and quality is amongst the best in Scotland. A positive factor which will enable NHS Borders to achieve this aim is the relatively small size of the organisation meaning we can adapt more readily.

The aim of this consultation document is to help you understand, and for us to get your thoughts on, our proposed Key Principles of the NHS Borders Clinical Strategy. We would like to engage and involve you so that you are able to feedback your thoughts and views on the Key Principles.

We are inviting responses to this consultation paper between 10th March and 6th June 2014. More information on how to respond can be found at the end of this document (page 21).

3. Introduction

NHS Borders along with all other health boards are aware of the challenges in delivering reliable and responsive high quality healthcare, and in improving people's health. These include increased public expectations, changes in lifestyles, demographic change, an ageing population, new opportunities from developments in technology and information, and the current economic climate which brings with it significant financial constraints. The Clinical Strategy provides the basis for us all to focus our combined efforts on what is required to address these current and future challenges, and to ensure high quality healthcare for ourselves and for generations to come. These challenges are described below.

3.1 A Changing Population

Compared with most other areas in Scotland, population growth is a unique challenge for the Borders. The population has risen by almost 10% in the last 20 years to just over 113,000 in 2011 and is predicted to rise further. For healthcare services, an increasing local population will mean more demand for our services. There is also an expected rise in the proportion of the population aged over 65 years of age, which will also impact on our services.

Borders residents can also expect to live longer compared with other parts of Scotland. As the local population becomes increasingly elderly, there will be a rise in people with multiple and complex long term conditions, which will increase the burden on our organisation. People will from time to time have flare ups and ill health as a direct result of a long term condition. A lack of planning could mean that care is delivered in a haphazard and reactive way, and with an increasing population, our acute services are likely to become stretched beyond their limits. The system in its current form will not be able to continue to deliver high quality healthcare to meet the needs of our population.

3.2 A Changing Workforce

NHS Borders benefits from a dedicated workforce which is committed to providing the highest quality services for our patients. However our workforce itself is becoming older and we need to plan now how we will address gaps in the coming years. By 2020, approx 8% of the current workforce will be eligible to receive the state pension. Of this 8% just over 40% currently have direct clinical roles and if they choose to retire at this point, this may result in challenges in recruitment for some of our services. Plans need to be put in place now to ensure that there are no gaps or loss of expertise across our services.

In addition there are a number of changes which have been introduced across Scotland such as "Reshaping the Medical Workforce in Scotland", which is already impacting on the way we deliver services. An example of where we are now working differently because of these changes is in the Paediatric Hospital at Night service. For this service we have introduced new roles and skill mixing between the different professions, to ensure we can continue to deliver our services effectively and safely based on our workforce.

There are a number of factors which drive an urgent need to change our models of care and workforce configuration. This includes changes in patient populations, especially an increasingly elderly population, and more patients living with long term chronic conditions. Other challenges within the workforce include a new contract for doctors, the European working time directive, and an aging workforce.

The traditional model of delivering care in hospitals and in the community is very focused on care being delivered by doctors and other medics in a clinical setting. As we move towards 2020 there will be a requirement to deliver care in radically different ways, maximising self care and community support where possible and avoid hospital admissions wherever possible.

3.3 A Changing Economic Climate

In addition to increasing demand, as in recent years, NHS Borders will need to deliver significant efficiency savings. For NHS Borders just to stand still, we will need to make savings on the overall budget and deliver more activity with this reduced resource. Over the last 4 years we have been successful in achieving notable efficiency savings. However based on current targets between 2015 and 2020 it is estimated that a further £25 million of efficiency savings will need to be achieved.

NHS Borders has a good track record in managing its finances and is committed to continuing to do so in the future. Over the last few years NHS Borders has achieved its financial targets annually. It has also worked hard to ensure the amount of income it receives matches what it spends and therefore it has a balanced budget on a recurring basis.

Annually the Scottish Government uplifts the health budget by an inflationary percentage, however inflation in areas such as drugs is considerably greater than the general uplift. In order to fund inflationary increases greater than the general uplift and achieve a balanced budget NHS Boards must implement cash releasing efficiency savings.

The financial challenge that the public sector is embracing is clear and well understood. It is essential that our services are provided and developed appropriately within the funding available to us and for which the Board is responsible. In order to continue to deliver quality patient care the organisation must keep a firm grip on its finances as well as drive improved quality and efficiency which is critical to service delivery and public credibility. That means having a clear focus that is firmly and openly set on providing patient care that is safe, effective, sustainable and affordable.

3.4 Focus on Health & Well-being

To deliver effective health care services we must ensure our resources are appropriately targeted at the health needs of the population. Services must reflect the widely recognised demographic trends with a small increase in children and a large increase in the elderly. These two groups have very different health needs; the elderly have chronic multiple conditions but there is much that can be done to prevent or lessen the impact of this on the individual and service. Given the shrinking resources with which to deliver health care, services must provide value and financial sustainability; they must not only be evidenced as effective but must also be cost effective.

Demands on health care services can be reduced by improving population health and well-being. The NHS has an important focus in this along with our key partners within Scottish Borders Council and the third sector.

3.5 Technological Capability – based on evidence

Technology is becoming part of the majority of peoples daily lives from smartphones and digital TVs to telephones and tablet devices. They are used to using technology to undertake many aspects of their daily lives, from banking and ticket booking to on-line shopping. They want the option to undertake contact with the NHS in a similar way: to book appointments, order their medicines, access the people looking after them for advice and support and accessing their own information on-line.

Similarly, staff rightly demand technology that supports them to do their jobs and to deliver the best care as effectively as possible. Advances in technology presents us with an opportunity to really support staff in delivering new models of care, for example, remote monitoring of patients at home or in hospital, or remote access to clinical experts.

We already have good foundations and strong partnerships to ensure we are well placed to make the most of all that technology can offer to new models of patient-centred, safe care.

The next section of this document sets out the six Key Principles of the Clinical Strategy which we would like to hear your views on.

4. NHS Borders Clinical Strategy "Key Principles"

The six Key Principles are detailed below with examples of what we mean by each of these principles.

Redesigning our services to ensure they are future-proofed and will meet the challenges outlined above will take effective leadership, teamwork and creativity. There is an opportunity for the organisation to trial innovative models, moving away from our current traditional, bed-based systems. All NHS Borders services should be patient-centred, safe, high quality, and efficient (i.e. delivered within our means). They will need to evolve rapidly to ensure that the following principles are embedded within standard practice:

1. **Services will be Safe, Effective and High Quality:**

    a. Patient Safety will remain NHS Borders' number one priority and at the centre of all of our services.
    b. We will continue to develop standardised care pathways to ensure effective, high quality services, supporting staff to develop the skills to deliver them.
    c. We will continue to identify and address avoidable harm, for example, post operative infections and hospital acquired infections will become an exception within our hospitals.
    d. There will be continued work to further reduce our Hospital Standardised Mortality Ratio (HSMR).
    e. The Patient Safety programmes in both Primary and Secondary care will continue to be implemented and driven forward.

2. **Services will be Person-Centred and Seamless:**

    a. The individual (along with family and carers) will be at the heart of new service delivery models to ensure better outcomes, as genuine partners in their treatment and care.
    b. Integration between health, local authority and the third sector will provide better working arrangements and co-location of services, to ensure seamless care for the patient.
    c. Care will be delivered in an integrated way, with patients, carers, primary and secondary care clinicians, Social Care and the third sector working together as a team to manage conditions.
    d. Discharge from hospital will be smooth and timely, engaging with the patient, carers and multidisciplinary team, to reduce the risk of readmission and support safe, effective care in the community.

3. **Health Improvement and Prevention will be as important as treatment of illness**:

    a. Every healthcare contact will be a health improvement opportunity – NHS staff will encourage, sign-post and refer as appropriate to help patients with lifestyle changes and any wider issues that may affect their health.
    b. We will continue to strive to reduce Health inequalities, by working in partnership with the local authority and the population of the Borders.
    c. For our patients with long term conditions, we will anticipate their needs, and strive to address any problems before they become emergencies, to avoid hospital admission where possible, (the "anticipatory care" approach).
    d. We will work with our local authority and other partners to support people to become more resilient, take more responsibility for their own health, and to

build on assets in their communities to maintain and improve their health and wellbeing. We will focus particularly on early intervention and prevention in our most deprived communities.

4. **Services will be delivered as close to home as possible**:

    a. We will develop community services to help people receive their treatment and care within their own communities so that they will only be admitted to hospital when clinically necessary.
    b. Treatment and care will be provided in the most appropriate setting, which may include the GP practices, community hospitals, day centres etc.
    c. We will continue the journey whereby specialist or secondary care services are increasingly provided in health centres, community hospitals or in a day care setting, (e.g. day case treatment becoming the norm for planned surgery).
    d. We will continue to develop better alternatives to hospital admission.

5. **As a consequence of the above principle, admission to hospital will only happen when necessary, and will be brief and smooth:**

    a. The focus for the general hospital will be the planned treatment of patients requiring surgical intervention, or the stabilisation of acutely unwell medical patients.
    b. Admission processes will continue to be simplified and standardised with minimal delays for those requiring hospital treatment.
    c. The goals of admission will be reached as soon as possible, with minimal time wasted waiting or queuing for expert opinions, investigations or diagnostic procedures.
    d. Discharge from hospital will be smooth and timely, working with patients and carers to reduce the risk of readmission, by engaging local health and care services as soon as their needs allow.

6. **Services will be delivered efficiently, within available means**:

    a. The use of new technology in all aspects of healthcare will be maximised.
    b. More streamlined pathways of care to reduce delays and wastage and improve the patient experience.
    c. Treatments and service provision will take account of evidence, cost effectiveness and opportunity costs.
    d. NHS Borders subscribes to the development of a Fair and Just culture to ensure that all staff in the workforce feel valued and supported in delivering both the current service and pursing the necessary changes.

These principles are in line and fully support the 2020 vision for Healthcare in Scotland. The vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting. We will have a healthcare system where we have integrated health and social care, a focus on early intervention and prevention and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with no risk of re-admission.

We want your views on the Key Principles. You can do this by giving us your answers to the following questions:

1. **Do you agree and support the Key Principles of NHS Borders Clinical Strategy?**

2. **Do you agree that the delivery of these Key Principles will enable NHS Borders to best meet the healthcare needs of the Borders population?**

3. **Are there any Key Principles missing? If so, please give a practical example of how this would work in practice?**

4. **Did the examples of models of care, shown at the Appendices of this document (page 13), help you to understand the application of the Key Principles?**

Please give us your answers on the Engagement Response Sheet at the end of this document (page 21).

5. How to give us your views

The public consultation process for Clinical Strategy is very important to NHS Borders. We want everyone in the Borders to be aware of our "Key Principles" and we want your comments.

Please complete the Engagement Response Sheet which you will find at the end of this document (page 21).

This consultation document is one of the main ways we are consulting with people, we will also be:

- Holding a series of public "road-shows" held across the Borders – information on the road-shows will be available on the NHS Borders website or telephone Freephone 0800 7314052 for details of where and when these will be held.
- Meeting with staff.
- Meeting with voluntary sector groups/organisations.
- Meeting with local community groups.
- Providing updates via the local media, e.g. Radio Borders.
- This document will also be available in local GP Practices and Libraries.

Length of consultation
The consultation runs from 10th March to 6th June 2014.

How to comment
You can give us your views using the attached Engagement Response Sheet (page 21) and returning it to the Freepost address provided below. Alternatively, you can give us your views by completing the Electronic Feedback Form which you will find on the NHS Borders website and the link to this is also provided below.

Post:
Freepost RTHK-ZGZS-JTZC
NHS Borders
Education Centre
Borders General Hospital
MELROSE
TD6 9BS

Electronic Feedback Form: https://www.surveymonkey.com/s/3WNKS2Z

Please make sure that your comments reach us by no later than 6th June 2014.

How to contact us
If you have questions about this consultation please telephone Freephone 0800 7314052 or email public.involvement@borders.scot.nhs.uk.

The next steps
The public engagement period ends on 6th June 2014. We will gather and consider all the views that we receive and produce a Summary and Feedback document. Please give your name and address or email address on the Response Sheet if you would like to automatically receive a copy.

6. Appendices: Examples of models of care with the "Key Principles" applied

Being successful in overcoming the challenges to be faced over the next 3 – 5 years will require a redesign of services across the spectrum i.e. from Children & Young People (Paediatrics) to the Department of Medicine for the Elderly. This is required to make these services more efficient, effective, person-centred and accessible, available 24 hours a day and 7 days a week, where care is delivered close to people's homes in the community, with people only being admitted to hospital when it is absolutely necessary.

These are a few examples to show what a service could look like if the Key Principles were applied and how it would be different. We have described the current service and how it could be different under each principle

Appendix A: Children's Services

The Current Service

NHS Borders currently provides in-patient and out-patient care in a variety of clinical settings. Children's Services is made up of staff trained in the care of children and young people. They deliver this care in the hospital and in the community. The current in-patient Paediatric Service is a Consultant led service in a ward in the Borders General Hospital (BGH), which has 2 short stay beds, 2 high dependency beds and 6 inpatient beds.

In order to maximise the effectiveness of the team, the Paediatric Service has changed the skill mix of the team, extending the roles of nursing staff, and developing a service model. This model is delivered by Consultant Paediatricians and Advanced Paediatric and Neonatal Nurse Practitioners. Where our team cannot provide a service, patients are attended to in NHS Lothian. Children and young people are attended to on an out-patient basis in the BGH and ambulatory care is delivered from the in-patient ward instead of admitting children where appropriate. (Ambulatory care is a healthcare consultation, treatment or intervention using advanced technology and procedures, delivered on an out-patient basis to allow patients to depart after treatment on the same day).

In the community children and young people are supported by paediatric clinicians such as Health Visitors, Allied Health Professionals (AHPs), School and Community Nurses who work within locality teams.

Children and Adolescent Mental Health Services (CAMHS) are delivered from the Andrew Lang Unit in Selkirk with staff working throughout the Community.

A key team within the Service is the Child Protection Team (a multi agency team) based at the Langlee Centre in Galashiels.

How the service could look if the Key Principles were applied

In common with the key principles detailed in NHS Borders Clinical Strategy, the provision of Children's Services could be provided from the same site, from a Children and Young People's Centre (CYPC) at the Borders General Hospital. This Paediatric Centre would include an in-patient ward, a range of out-patient clinics and ambulatory care. Physiotherapy, occupational therapy, speech and language therapy and CAMHS would also run clinics here.

Principle 1: Services will be Safe, Effective and High Quality
Patient safety is the number 1 priority for Children's Services. A new centre could meet the needs of the developments in the service and allow for safe delivery of Children's Services. An effective Children's Service would see clinicians extending and expanding their scope of practice so they could deliver exemplary care as part of a multidisciplinary team. A CYPC could have a small in-patient unit for children and young people, however the majority of patients would be seen as near to their home as possible.

Principle 2: Services will be Person-Centred and Seamless
The child would continue be at the heart of care and the service would be developed with children and young people's input. The co-location of services, (all services provided from the same site), would reinforce seamless and integrated care. NHS Borders is committed to working in partnership with children and their families. Parents and carers of in-patients would be involved in their care whilst during their hospital stay; relative beds would be provided in every room.

The out-patient space could be an age appropriate space for patients and could have the flexibility to accommodate patients' families and provide the opportunity for more integrated working. NHS Borders would continue to work with other agencies to deliver Scottish Government programmes' - GIRFEC (Getting it right for every child) and the Early Years Collaborative.

Principle 3: Health Improvement and Prevention will be as important as treatment of illness
Child Practitioners would consider the wider needs of children and their families. They would work in partnership with families to look at the bigger picture of each child's health, addressing issues at the earliest opportunity possible. This could also tackle lifelong health improvement, have effect on public health and therefore service requirements in the future. In a CYPC there would be a focus on management of long term conditions. We would provide a service for patients that is close to home and less disruptive for patients and families than using services in Lothian.

Principle 4: Services will be delivered as close to home as possible
NHS Lothian is currently rebuilding the Royal Hospital for Sick Children (RHSC); the new facility will be based at the Royal Infirmary of Edinburgh site and is due to open in 2017. Complex cases will be attended to at the RHSC as required. However a proportion of out-patient activity which is delivered by NHS Lothian needs to come back to the Borders. This would allow NHS Borders to deliver care closer to home. In order to accommodate increased out-patient activity, out-patient spaces must be updated and expanded. NHS Borders would continue to provide services in a range of community facilities and locations as well as in a CYPC. Children's Services would ensure patients were seen as close to home as possible in line with GIRFEC.

Principle 5: As a consequence of the above principle, admission to hospital will only happen when necessary, and will be brief and smooth.
In-patient hospital care would continue to be a part of NHS Borders Children's Services. The service would provide a smooth move back into the community so that paediatric patients could be at home with their families and resume normal life, as far as possible.

Occupancy within the children's ward can be fairly low and this ranged between 30.9% and 64.1% in 2012/13. A CYPC would have less in-patient beds but would have an enhanced out-patient space; there would be an emphasis on community care. This recognises that Paediatric Practice has changed significantly since the BGH was built. Children have a better

recovery at home, and community care is easier for families to manage.

Principle 6: Services will be delivered efficiently, within available means
Developing the roles of the varying members of the clinical team would ensure that Children's Services are delivered efficiently and cost effectively, whilst maintaining a high standard of care and providing a range of clinical skills.

What would be different?
For the first time in the Scottish Borders services would be delivered in a purpose built environment, designed with children and young people in mind. The building would be easily accessible for patients and their families, with ground floor access. In-patients would be treated in rooms specifically designed for paediatric care with therapeutic areas and overnight stay beds for parents and carers built-in. A glass atrium would provide natural light for in-patients and out-patients. Out-patients would start their treatment journey in an age appropriate waiting area and would then go through to specially designed treatment rooms. There would be age appropriate facilities which would allow integrated working. There would be rooms with two way mirrors for clinical observation, and a play space designed for the same purpose.

The Centre would improve the patient experience for children and their families and, in the long run, improve outcomes for the children of the Borders.

Appendix B: Unscheduled Care (out-of-hours / emergency care services)

The Current Service
Historically, the service has been delivered entirely by doctors and in NHS Borders by employed doctors as opposed to sessional GPs from local GP practices. Over a period of years the overnight period of the service has increasingly been delivered by two nurses and a single doctor, with the nurse doing the vast majority of home visits during the night and liaising with the doctor to agree appropriate action.

The service was initially based from four sites, these being Borders General Hospital (BGH) in Melrose and three peripheral sites at Kelso, Duns and Hawick. However, in response to reduced call volume and activity levels, two of these sites were combined some years ago, Duns and Kelso, and covered by a single GP shift.

Over the last year it has become increasingly difficult to recruit to vacant posts within the GP part of the service and there has been an increasing number of unfilled shifts occurring regularly. The vacant shifts has driven action to remove doctors from the peripheral sites on weekday evenings from August 2013, to allow the service to consolidate its limited resource and to continue to provide a service across NHS Borders. However, increasing difficulties continued over the next 5 months despite an uplift in salary and sessional rates for GPs and extensive advertising and close working with agency services.

From January 2014 all GP's shifts were centralised and are now based at the BGH throughout the out-of-hours period. This is to ensure adequate and safe cover of the service across the Borders. It has resulted in the removal of a GP for a fixed period during the day on a Saturday and Sunday at the peripheral sites. In the evenings and overnight period the out-of-hours nurse and evening nurse service continues to deliver a major element of care in the patients own home. All patients who attend the central hub (at the BGH) by arrangement through NHS 24 or the professional to professional contact line, are currently seen by a GP and the GP's continue to carry out appropriate home visits. Walk-in patients are triaged by

the joint Emergency Department and the walk-in nurse triage service and are referred to either the Borders Emergency Care Service (BECS) GP or the Emergency Department (ED) for further assessment and treatment.

How the service could look if the Key Principles were applied

If the principles were applied we could develop a more resilient service by developing a combined community, Borders Emergency Care Service (BECS) and Accident and Emergency (A&E) response.

Principle 1: Services will be Safe, Effective and High Quality

This service would be provided across a range of areas, but in the first instance in an integrated Emergency Department and Borders Emergency Care Service (BECS). It would be provided by a multidisciplinary workforce (professionals with different fields of expertise) with generic skills. This would increase resilience of the service and increase the pool of staff to deal with all situations including home visits. All staff would be trained to a common and established standard. Patients would access unscheduled care through a single hub - whether this be walk-ins, referred by NHS 24 or through professional to professional contact.

Principle 2: Services will be Person-Centred and Seamless

We would provide a single point of contact and a team with generic skills. Patients would be seen in a smooth fashion, without multiple hand overs and clinicians involved in their care.

Principle 3: Health Improvement and Prevention will be as important as treatment of illness

As part of the wider work in unscheduled care, anticipatory care plans would be developed for all patients that might benefit from such an approach. By this we mean for our patients with long term conditions we will anticipate their needs and strive to address any problems before they become emergencies. Self management would be encouraged and patients would know who to turn to for help, for example their community pharmacy.

Principle 4: Services will be delivered as close to home as possible

The services would continue to use technology, for example smartphones or “face-time” to assess patients in their own homes or community hospitals. Home visits and assessments would be carried out by the most appropriate clinician, for example the paramedic nurse or doctor. If a visit to hospital is necessary this assessment would take place in the central hub with access to diagnostics and specialist opinion.

Principle 5: As a consequence of the above principle, admission to hospital will only happen when necessary, and will be brief and smooth.

By assessing all patients brought in by ambulance in a central hub, access to specialist advice and investigations would help minimise the need for admissions. The wider unscheduled care redesign would focus on ambulatory care and rapid seven day access to hospital assessment. This would prevent the need for admission unless medically necessary. The integration of services would ensure that services in the community wrap around the patients, allowing them to stay at home for as long as possible.

Principle 6: Services will be delivered efficiently, within available means

A changed service would move away from doctor dependency. A new redesigned service would be delivered within the existing resource package yet deliver a resilient and safe service.

What would be different:
The service would be integrated across the area delivering a high quality and seamless service. Changes in the workforce would make the service less dependent on the doctor and more resilient.

Appendix C: Poynder View Dementia Day Service

This example demonstrates how we have already applied the Key Principles to a service and the changes have proved successful. The way in which Dementia Services is delivered in Eastern Borders was changed back in January 2009.

The Previous Service:

Until January 2009, Poynder View in Kelso was an in-patient continuing care ward for people with moderate to advanced dementia, with considerable difficult behaviours and or resistance to intervention at home or other care environments. The unit was run in line with social psychiatry, but was hampered from some choices by being on the first floor, upstairs, of Kelso Community Hospital. Patients could not choose to go outside or for a walk or be involved in the garden without fairly major intervention. Despite these challenges staff within the unit were extremely dedicated to ensuring a good quality of life was enjoyed by those in their care.

Prior to the changes made to the service, as detailed below, Eastern Borders had no NHS day care and resource centre. There was a limited outreach service from Poynder View to enable the community team to support people in their own homes or in the community. There was a strong desire to shift the balance of care in terms of where the resources were currently used. A large amount of money was tied up in an in-patient resource with little intervention available for those who had an early onset of their dementia or were of a younger age.

How the new service applied the Key Principles:

A window of opportunity arose due to lower levels of in-patient activity within Poynder View Ward, to pilot an innovative model in Eastern Borders and test out a community based service from January 2009.

This new, community based “resource centre / outreach” model provided the opportunity to support the existing resource of primary care, community hospitals, nursing and residential home provision, homecare and linking with Social Work dementia services in Duns. It was envisaged that the service would be responsive and support patients both in and out with office hours.

Throughout the pilot, there was engagement and involvement with key stakeholders, including patients, carers, relatives, the public and staff.

Following the success of the piloted service, and the engagement as described above, the service was approved as a permanent service change for Eastern Borders.

Principle 1: Services will be Safe, Effective and High Quality
The service now delivers a comprehensive range of services that are reliable, safe, flexible and efficient.

Principle 2: Services will be Person-Centred and Seamless
There is improved quality of care across providers, particularly between community hospitals and care homes. The service delivers a more person-centred approach to meet integrated care needs.

Principle 3: Health Improvement and Prevention will be as important as treatment of illnesses
There is improved access to support for patients and carers. Carers are supported to enable them to manage behaviours that are challenging, and engage in a meaningful way with those they care for.

Principle 4: Services will be delivered as close to home as possible.
Individuals with dementia are able to remain within their community for as long as possible, promoting and maintaining independence. Individuals are supported at home or as close to their community as able. Support is provided to primary care to enable early diagnosis of dementia.

Principle 5: As a consequence of the above principle, admission to hospital will only happen when necessary, and will be brief and smooth.
The service supports early diagnosis and intervention, and assessment and treatment of dementia, to help reduce unnecessary hospital admissions and enable individuals to stay at home for longer.

Principle 6: Services will be delivered efficiently, within available means
There is increased, shared responsibility for the range of services between NHS Borders and all key partners.

What is different now:

This service is made up of two parts:

- An outreach service which provides for the service to support individuals in their own homes or in the community setting.
- A resource centre which provides a meaningful, interactive daytime service for patients with dementia.

The outreach team visit people with dementia at home, or in a care home or community hospital, within their area. The team offers support and practical help in managing people with dementia and devise a care plan and risk assessment to enable this to be carried out.

When people are referred to the recourse centre they are assessed and a comprehensive care plan and risk assessment is completed to ensure they receive appropriate care. Attendance at the centre is worked through with all involved in the care of each individual person. The centre provides different therapies, groups and activities, depending on each individuals needs, and/or gives some respite to carers.

In summary this is what would be different if the "Key Principles" of the Clinical Strategy were applied throughout our services:

- Service users will know who to contact and know how to access the service.
- The contact will know how to organise care.
- Care will be proactive and anticipatory, (we will anticipate peoples needs, including those for carers, and strive to address any problems before they become emergencies).
- One-stop care will be provided if at all possible.
- The community will be empowered to deliver healthy living.
- Trained and supported volunteers will be actively involved in the community.
- Hospitals and communities will collaborate to deliver integrated and seamless care.
- Care will be delivered by the most appropriate and trained member of the multidisciplinary team.
- Delays, repetition, waste and queues will be eliminated from the process of care.
- Information will be shared and available at the point of need.
- Technology will be used to enhance information sharing and transfer, and Team working.
- Healthcare provision will be delivered in the most appropriate setting.
- Staff will be supported and allowed to fully use their skills.
- Broader measures of patient safety will have been developed through the Scottish Patient Safety Programme.

Please let us know your views on the NHS Borders Clinical Strategy Key Principles – the Response Sheet is from page 21.

7. NHS Borders Clinical Strategy:

Summary of questions – Response Sheet

We want to hear as many views as possible, so please tell us what you think of the "Key Principles" of the NHS Borders Clinical Strategy.

Please return this response sheet by 6th June 2014 at the latest to the NHS Borders FREEPOST address detailed below. Alternatively, you can complete the Electronic Feedback Form which you will find by clicking on the following link:
https://www.surveymonkey.com/s/3WNKS2Z

Question 1:

Do you agree and support the Key Principles of NHS Borders Clinical Strategy?

Question 2:

Do you agree that the delivery of these Key Principles will enable NHS Borders to best meet the healthcare needs of the Borders population?

Question 3:

Are there any Key Principles missing? If so, please give a practical example of how this would work in practice?

Question 4:

Did the examples of models of care, shown at the Appendices of this document, help you to understand the application of the Key Principles?

Do you have any other comments you wish to make:

Please continue on separate sheet if necessary.

How did you find out about this Consultation: ……

Please return **by 6th June 2014** at the latest to:

Freepost RTHK-ZGZS-JTZC
NHS Borders
Education Centre
Borders General Hospital
MELROSE
TD6 9BS

Alternatively, please complete the Electronic Feedback Form which you will find by clicking on the following link: https://www.surveymonkey.com/s/3WNKS2Z

If you wish to let us know who you are (this is optional), or if you would like to automatically receive a copy of the Summary and Feedback document, please provide your name and address or email address:

Name *(Title, first name, surname):* ……..

Name of Organisation or Group *(if applicable):*……..

Postal Address, including post code:……

……

…… Post Code: ……...

Email: ……

Thank you for taking the time to give us your views.