Borders NHS Board

NHS BORDERS CLINICAL STRATEGY – KEY PRINCIPLES FOR REDESIGNING SERVICES TO ENSURE HIGH QUALITY HEALTHCARE:

REPORT ON PUBLIC CONSULTATION & NEXT STEPS

Aim

The purpose of this paper is to provide Board members with an update following the Public Consultation of NHS Borders key principles, agree next steps and consider the summary report.

Background

NHS Borders is facing a number of significant challenges which will have a definite and significant impact over the next 3 to 5 years. If the organisation is to address these issues and remain sustainable, the way in which services are configured should be examined. In redesigning our delivery mechanisms we have an opportunity to improve accessibility to our services focusing on outreach with people only being admitted to hospital when they absolutely need to be. 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.

As in recent years, NHS Borders will also need to deliver significant efficiency savings, meaning that just to stand still NHS Borders will need to make savings on the overall budget and deliver more activity with this reduced resource. Over the last 4 years, the organisation has 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.

To accommodate the increasing demand across all of our services will require a radical and innovative approach to the provision of our services and this presents an opportunity to explore new models of care, with a focus on integration of services where possible. We can capitalise on the opportunity to ensure care is patient-centred, integrated and responsive whilst ensuring NHS Borders is an efficient and effective organisation and our performance 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.

Between September 2013 and February 2014 work was undertaken to produce a Clinical Strategy for NHS Borders to outline a number of Key Principles. These Key Principles outlined how our services could be delivered in the future to ensure high quality healthcare. These principles have now been subjected to a full public consultation ensuring engagement and involvement from our patients, carers, staff and partners.

The consultation document provided our patients, carers, staff and partners the opportunity to consider the Key Principles and give us their thoughts and views on these. The consultation period lasted for a full 12 weeks and commenced on the 10th March 2014. The consultation was Borders wide and took the form of open sessions, formal presentations, road shows, drop in sessions and engagement with various committees. The consultation document provided examples to demonstrate how these principles could be applied to work in practice. A copy of the Public Consultation document and the Communications and Engagement plan can be found at **appendices 1 & 2**.

NHS Borders worked closely with the Scottish Health Council throughout the public consultation. A statement of support is included within **appendix 3**.

All the comments and feedback received throughout the consultation have been pulled together into a summary report, **appendix 4**. This report outlines the key themes and summarises the feedback received. It clearly states the Key Principles that we consulted upon and demonstrates the changes we have made to construct a revised set of Key Principles, (shown from page 18 of the report). This document will be made available publically once approved by NHS Borders Board.

Next Steps

Each service within NHS Borders will now be required to demonstrate compliance against the agreed principles and identify changes that are necessary in order to comply fully with these. NHS Borders has an established Productivity & Benchmarking Process which is to ensure services maintain quality patient care and can demonstrate value for money. This process also provides an environment which allows focussed and supported discussions which challenge services to deliver increased quality, efficiency and productivity. Since this process is already embedded across the organisation it is proposed compliance against the key principles is included as part of this programme of work.

One of the examples contained within the consultation document outlined NHS Borders Out of Hours and Emergency Care services, demonstrating the potential with the Principles applied. In order to continue to operate a safe and effective Out of Hours service it has been necessary for NHS Borders to react quickly to the situation facing the organisation prior to and during the formal consultation of the Clinical Strategy Principles and move to a central location. Since the out of hours doctors have all been located at the BGH the response times for patients based in the whole of the Borders area have improved and the statistics are currently showing that the Out of Hours service continues to operate as efficiently as before and is demonstrating data that shows amongst the best in Scotland.

NHS Borders next steps are to develop a future model that is more resilient and mitigates the risks that the current service has been facing as a result of staffing problems. Central to the new model will of course be the Boards ability to continue to provide safe, effective and person centred care. This process will continue to engage with the public and other stakeholders including the First Responders and the Scottish Ambulance Service. A recommendation of the future model will be presented to the Board in October.

Summary

Between September 2013 and February 2014 work was undertaken to produce a Clinical Strategy for NHS Borders to outline a number of Key Principles. These Key Principles have now been subjected to a full public consultation. The summary report from the consultation is presented to the Board for approval.

Each service within NHS Borders will now be required to demonstrate compliance against the agreed principles and identify changes that are necessary in order to comply fully with these.

Recommendation

The Board is asked to:

- **Note** the Public Consultation on NHS Borders Clinical Strategy Key Principles.
- **Review** and **agree** the Public Consultation Summary Report, including the changes to the Key Principles, (shown from page 18 of the report), following the consultation.
- **Approve** the next steps to review compliance of all services against the Key Principles.
- **Note** the update with regards to NHS Borders Out of Hours Services.

Policy/Strategy Implications	The Clinical Strategy Key Principles will be implemented across all NHS Borders Services
Consultation	A full Public Consultation has taken place covering all key stakeholders including staff, public, partners and professional committees and groups. Please see Communications and Engagement plan for further detail.
Consultation with Professional Committees	Please see above
Risk Assessment	Consideration of issues and risks will be a continuous process as the Key Principles are implemented.
Compliance with Board Policy requirements on Equality and Diversity	The consultation has taken into account the views of local individuals, groups and communities including those with protected characteristics. The strategy is, in itself, an inclusive method of ensuring that all views are heard, all impacts are considered and it takes account of our ageing population and

	changing demographic profile, among other important Equality and Diversity considerations. These will all be considered as this work is implemented service by service.
Resource/Staffing Implications	These will be assessed as the work continues.

Approved by

Name	**Designation**	**Name**	**Designation**
Calum Campbell	Chief Executive		

Author(s)

Name	**Designation**	**Name**	**Designation**
Joanne Weir	Planning & Performance Officer	Stephanie Errington	Head of Planning & Performance

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

This document is available electronically on the NHS Borders website at: www.nhsborders.org.uk. Extra copies and alternative formats are available on request, for example, large print, audio, Braille, or in a different language. Please contact Freephone 0800 7314052 or email public.involvement@borders.scot.nhs.uk and we will do our best to help.

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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.

Appendix 2

July 2014

NHS Borders

Clinical Strategy

ENGAGEMENT AND COMMUNICATIONS PLAN

CONTENTS **PAGE**

NHS BORDER CLINICAL STRATEGY ENGAGEMENT AND COMMUNICATIONS PLAN

This plan sets out the key actions to be undertaken to inform, engage, consult and communicate with all stakeholders regarding NHS Borders Clinical Strategy.

AIM

NHS Borders recognises it is essential to inform, engage, consult and communicate with a range of stakeholders around the work of NHS Borders Clinical Strategy as it progresses.

This document outlines the communications and engagement activities planned to ensure open dialogue and offer opportunities for stakeholders to have their say in changes that may have an impact on their lives.

BACKGROUND

NHS Borders is facing a number of significant challenges which will have a definite and significant impact over the next 3 to 5 years. If the organisation is to address these issues and remain sustainable, the way in which services are configured should be examined. In redesigning our delivery mechanisms we have an opportunity to improve accessibility to our services focusing on outreach, with people only being admitted to hospital when they absolutely need to be.

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[1] in 2011 and is predicted to rise by a further 5% to just over 116,000 in 2020. For healthcare services, an increasing local population will mean more demand for our services and this is exacerbated with a rise in the proportion of the population aged over 65 years of age which is expected to increase from 20% at present to 23% by 2020.

Borders residents can also expect to live longer compared with other parts of Scotland. Life expectancy (2008-10) for women was predicted to be 83[2] (Scotland 80.4) and for men was 78 (Scotland 75.8). 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 flare ups and ill health as a direct result of a long term condition. A lack of advance planning will mean that care is haphazard 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.

Health & Well-being

To deliver effective health care services resource needs to be 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 this. 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 have significant cost benefit and also be cost effective. Demands on health care services can be reduced by improving population health and well-being. As a large proportion of the population are NHS employees, initiatives and interventions to improve the health of the workforce are significant in delivering improved health and well-being in the local community.

Interventions with evidence of the greatest benefits include initiatives in the early years, reducing health inequalities where interventions will include integrated multiagency work with communities to improve local health and well-being, improving access to

[1] General Register Office, Scotland, Demographic Factsheet (2012)
[2] General Register Office, Scotland, Life Expectancy in Scotland for Areas in Scotland (2011)

preventative programs such as immunisation and screening services. This latter will be one element to increase the early detection of cancer. The approach of the 'Deep-end' GP practices needs rolled out more widely where appropriate to relevant areas. Preventative measures are a priority, at both national and local level, to prevent downstream demand on health care services. These include measures relating to alcohol, and tobacco, dental health, physical activity, health promoting health service and health improving end of life care.

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%[3] 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 introduced centrally such as Reshaping the Medical Workforce in Scotland which is already impacting on the way we deliver services. In Obstetrics this means a reduction in one trainee post and so through learning from local initiatives such as Paediatric Hospital at Night we are beginning to introduce new roles and skill mix to ensure we can continue to deliver our services effectively and safely with this being based on workforce profiling and modelling. Although new models of service delivery can be developed which will ensure sustainability reflecting the reduction in medical staffing, there may be increased costs associated with Nursing, Midwifery and Allied Health Professional staff providing more enhanced roles.

Now is the time to implement a new model of service delivery which must meet our changing demographics, be able to meet a higher level of demand with fewer resources, and this requires a move away from the historic configuration of services requiring us to build capacity and capability amongst our workforce.

[3] Figure based on current guidelines/legislation on qualifying for state pension

Financial Constraints & Sustainability

In addition to increasing demand, as in recent years, NHS Borders will need to deliver significant efficiency savings, meaning that 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.

To accommodate the increasing demand across all of our services will require a radical and innovative approach to the provision of our services and this presents an opportunity to explore new models of care, moving away from traditional, demarcated bed based service delivery and to ensure our future provision is sustainable with a focus on integration of services where possible.

We can capitalise on the opportunity to ensure care is patient-centred, integrated and responsive whilst ensuring NHS Borders is an efficient and effective organisation and our performance 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.

OBJECTIVES

Accurate identification of stakeholders and the appropriate use of communication and engagement tools and processes are essential to ensuring high quality engagement and communication.

Stakeholders need to know what changes are planned, why they are happening and how they can contribute to the decision making process.

Our objectives are:

- To maintain a high level of awareness and commitment to the Clinical Strategy Key Principles
- To help ensure consistent messages within NHS and amongst wider stakeholder groups

- To ensure that staff and the public feel listened to and that their views can influence decisions
- Where difficult decisions are needed, a clear and robust case will be communicated
- To help promote a sense of public ownership within the organisation and amongst external stakeholders
- To ensure NHS borders complies with governmental policy, guidance and best practice in terms of public involvement
- To ensure stakeholders have opportunities to be engaged and involved in the work of Clinical Strategy

Achieving these objectives will be measured by:

- Increase in positive messages about NHS Borders, its staff and services, and the Clinical Strategy to all stakeholders
- Increased positive coverage in a wide range of media
- Increased positive or neutral comment on NHS Borders, its staff and services and the Clinical Strategy by all stakeholders
- Two-way conversation process is consistent and reflective of feedback at all stages
- Continuing to improve work with core stakeholders
- Expanding our contacts to new stakeholders
- Revamp of the communication and engagement tools to promote the Clinical Strategy
- Stakeholders display improved understanding of the Clinical Strategy and issues/outcomes
- Media coverage is more accurate and unsurprising – less corrections or clarifications required. If corrections and clarifications are required, these are issued promptly
- Planned and managed strategies for Clinical Strategy updates, reports, events and issues (involving pre-emptive thinking and planning; pre-agreed prioritisation and lead-in as far as possible)
- Increased buy-in by services and use of senior clinicians/managers to disseminate information as appropriate

KEY PRINCIPLES

With the support and agreement of both the Scottish Health Council and Public Involvement Team, NHS Borders will promote the National Standards for Community Engagement as the core principles of all activities of the Clinical Strategy.

KEY MESSAGES

A number of key messages have been developed around the Clinical Strategy. However this process is ongoing and these messages will evolve throughout the process.

The key message themes are:

- Clinical drivers
- Demographic change and Health and Wellbeing
- Workforce planning
- Financial constraints and sustainability

Key messages need to develop at each stage to ensure risk stakeholders do not disengage with the process.

The messages should be agreed by the Project Board (Clinical Strategy Core Group) and Public Involvement at each stage with advice and support of the local Scottish Health Council and should reflect the feedback received from stakeholders.

AUDIENCES

To help ensure public engagement and communications is meaningful and appropriate, a stakeholder analysis helps ensure we identify all relevant stakeholders and use the most appropriate methods of communications and engagement.

Particular efforts will be made to make sure we communicate and engage with stakeholders in a method that is suitable to them, and to communicate and engage with 'hard to reach' groups.

The following stakeholders have been identified:

- Patients
- Public
- Staff
- NHS Borders Board, Advisory Committees and Non-Executives Directors
- Independent Contractors
- Participation Network including Public Partnership Forum & Public Reference Group
- Scottish Borders Council – elected members and officers
- Community Planning Partners
- Local Community Groups, Area Committees / Area Forums
- Other Health Boards and Special Boards
- Scottish Government
- Scottish Health Council
- MSPs / MPs
- Media
- Borders community groups
- Third Sector (voluntary groups/organisations)
- Commissioned service providers
- Joint service providers
- Public Governance Committee
- Cross Borders patient flows/neighbour Boards
- Equality Forum
- Children & Young People

ENGAGEMENT AND COMMUNICATION METHODS

The selection of the appropriate delivery method is directly related to the content of the message and also on the aim of the communication. For example a PowerPoint presentation is appropriate in some cases to "inform" but not designed to "engage" or facilitate "participation". The selection of delivery method and timescale required for delivery is to a great extent dependant on message agreement and formulation.

- Reactive media service offering direct contact with the media
- Proactive media service offering direct contact with the media - Identification of positive stories to be fed proactively to all media or specifically targeted to one media outlet. Interview, feature or comment articles placed proactively where appropriate.
- Briefing/interview sessions (in person or by telephone)
- Photocalls/press releases/conferences as appropriate
- Advertising/advertorials
- Internal NHS publications – staff
- Staff briefings – globals/line manager briefs
- Training/information sessions for key staff who will help deliver the conversations
- Use of Stakeholder/partner publications
- Use of partner agencies communication tools
- Use of internet
- Use of intranet
- Use of new media – blogs, social media
- Development of communications materials – leaflets, postcards, pop-ups
- NHS Borders information essions/events/presentations (structured or drop-in) for stakeholders
- Use of stakeholder sessions/events to provide update / presentations
- Display/information stands
- Public events
- Public meetings
- Roadshows
- Outreach work
- Online surveys
- Target harder to reach groups
- Focus groups
- Questionnaires
- Surveys

CRITERIA TO CONSIDER

NHS Boards have a statutory responsibility to involve patients and members of the public in how health services are designed and delivered. To help NHS Borders staff plan Public Involvement in a consistent way there is the **NHS Borders Process for Co-ordinating Public / Patient Engagement**, which is being adhered to throughout our consultation.

Other Criteria to Consider

- Scottish Government Guidance on Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services: 2010 http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf

- Equality Impact Assessment guidance: *The consultation aims to take into account the views of local individuals, groups and communities including those with protected characteristics. The strategy is, in itself, an inclusive method of ensuring that all views are heard, all impacts are considered and it takes account of our ageing population and changing demographic profile, among other important Equality & Diversity considerations.*

IMPLEMENTATION PLANS

CONVERSATION ONE

Description: This involves NHS Borders outlining the work to date and progress of the Clinical Strategy, through examination of the full range of services against a set of principles.

Key Messages: Why does NHS Borders Need to Change?
What could happen if we don't change?
Are the principles correct?
What do we know about our services, i.e. activity data
How can NHS Borders respond to these changes?
The Challenges?
Next Steps?
What are your initial thoughts/feedback?
How can you get involved?

Timescale: **November 2013 – February 2014**

Activities: **Clinical Board/Committee discussions/validation**
Clinical Strategy
Testing services against key principles
Ideas generation
Exploring new models of care

- **NHS Borders Board Executive Team (BET)**
- **NHS Borders Associate Medical Directors (AMDs)**
- **NHS Borders Planning & Performance (P&P)**

TIMESCALE	AUDIENCE	METHOD/ACTIVITIES	LEAD	STATUS
July 2013 – Feb 2014	NHS Borders Clinical Strategy Core Group	Clinical Strategy Strawman / Key Principles	BET & P&P	Complete
Aug 2013 – Feb 2014	NHS Borders Strategy Group	Presentation on Clinical Strategy Strawman / Key Principles	BET & P&P	Complete
August 2013	NHS Borders Area Staff Side	Presentation on Clinical Strategy & Corporate Objectives	June Smyth, Director of Workforce & Planning	Complete
October 2013	BGH Clinical Board, NHS Borders	Presentation on Clinical Strategy Strawman	Calum Campbell, Chief Executive	Complete
October 2013	Primary & Community Services Clinical Board, NHS Borders	Presentation on Clinical Strategy Strawman	Calum Campbell, Chief Executive	Complete
October 2013	Mental Health Clinical Board, NHS Borders	Presentation on Clinical Strategy Strawman	Calum Campbell, Chief Executive	Complete
Nov 2013 – Feb 2014	Scottish Health Council (SHC)	Various, including Joint SHC/Public Involvement monthly meeting (Oct), Clinical Strategy Event (Nov), shared draft consultation document with Local Officer	BET & P&P	Complete

TIMESCALE	AUDIENCE	METHOD/ACTIVITIES	LEAD	STATUS
18th Nov 2013 & 17th Feb 2014	Public Reference Group	Presentation on Clinical Strategy Key Principles / Update on Consultation Document	June Smyth, Director of Workforce & Planning, Steph Errington, Head of Planning & Performance	Complete
28th Nov 2013	Key Clinicians & Managers, Scottish Health Council, Chair of PPF, Public Reference Group	Presentations & group discussions to seek views on the Clinical Strategy Key Principles – Clinical Strategy Event	BET, AMDs, P&P	Complete
Dec 2013	Senior Medical Staff Committee, NHS Borders	Presentation on Clinical Strategy Strawman / Key Principles	BET & P&P	Complete
11th Dec 2013	Public Governance Committee (PGC), NHS Borders	Verbal update on Clinical Strategy Key Principles	Evelyn Rodger, Lead Director for PGC / Director for Nursing & Midwifery	Complete
17th Dec 2013	Public Partnership Forum	Presentation on Clinical Strategy Key Principles (with discussion groups)	Calum Campbell, Chief Executive	Complete
Feb 2014	Scottish Government Performance Team	Email & telephone communication	P&P	Complete
13th Feb 2014	BGH Participation Group	Presentation on Clinical Strategy Key Principles	Calum Campbell, Chief Executive	Complete
17th Feb 2014	Area Clinical Forum / Area Partnership Forum	Presentation on Clinical Strategy Key Principles	Calum Campbell, Chief Executive	Complete

CONVERSATION TWO

Description: This involves NHS Borders outlining the case for change, including the drivers behind this and the challenges we face. This process provides an opportunity for stakeholders to comment on the Clinical Strategy Key Principles and the direction of travel for NHS Borders. (This is the three month consultation period).

Key Messages: Why does NHS Borders Need to Change?
What could happen if we don't change?
Are the principles correct?
What do we know about our services, i.e. activity data
How can NHS Borders respond to these changes?
The Challenges?
Next Steps?
What are your initial thoughts/feedback?
How can you get involved?

Timescale: **10th March – 6th June 2014**

Activities: Public and Staff Consultation

- **NHS Borders Board Executive Team (BET)**
- **NHS Borders Associate Medical Directors (AMDs)**
- **NHS Borders Planning & Performance (P&P)**

TIMESCALE	AUDIENCE	METHOD/ACTIVITIES	LEAD	STATUS
March – June 2014	Public, staff & media – all	Regular proactive (& reactive) press releases, media briefings and interviews	BET / P&P	Complete
March – June 2014	Staff	Regular updates in monthly Staff Update & Staff Drop-in Sessions	P&P	Complete
March – June 2014	Public, staff & media – all	Various on **Internet,** including Consultation Document, regular updates, (NHS Borders & Scottish Borders Council websites).	BET / P&P	Complete
March – June 2014	Staff	Various on **Intranet**, including Consultation Document, regular updates	P&P	Complete
March – June 2014	All	Consultation Document available in BGH & community patient waiting areas, all GP Practices, all Libraries	P&P	Complete
March – June 2014	Staff	PC desktop "post-it" on Clinical Strategy Key Principles Consultation – visible from all staff PC's	P&P	Complete
March – June 2014	Scottish Government Performance Team	Email & telephone communication	BET / P&P	Complete
March – June 2014	Scottish Health Council (SHC)	Various, including meeting with SHC Local Officer & Joint SHC/Public Involvement monthly meetings	BET & P&P	Complete

March – June 2014	Public Involvement (PI) Team, NHS Borders	Various, including meeting with Public Involvement Manager & Joint SHC/Public Involvement monthly meetings	BET & P&P	Complete
Public / External Groups				
March – June 2014	Public Partnership Forum. (Chief Executive provided early Presentation 17.12.13, plus Consultation Document provided at meeting 24.04.14. PPF also made aware of Public Drop-in Session 02.06.14).	Clinical Strategy Consultation Document & Presentation	Calum Campbell, Chief Executive / Planning & Performance	Complete
March – June 2014	BGH Participation Group. (Chief Executive provided early Presentation 13.02.14, plus Consultation Document provided at meeting 10.04.14).	Clinical Strategy Consultation Document & Presentation	Calum Campbell, Chief Executive / Planning & Performance	Complete
10th March 2014	NHS Borders Participation Network	Launch Press Releases with link to Consultation Document sent to the Network	Planning & Performance	Complete
22nd April 2014	Teviot & Liddesdale Area Forum (evening meeting)	Clinical Strategy Consultation Document & Presentation	Dr Cliff Sharp, Associate Medical Director - Mental Health, Calum Campbell, Chief Executive, Evelyn Rodger, Director of Nursing & Midwifery	Complete
23rd April 2014	Friends of BGH	Clinical Strategy Consultation Document	Planning & Performance	Complete
30th April 2014	Eildon Area Forum (evening meeting)	Clinical Strategy Consultation Document & Presentation	Dr Eric Baijal, Joint Director of Public Health & Calum Campbell, Chief Executive	Complete

5th May 2014	Carers Support Group - Kelso	Clinical Strategy Consultation Document & Presentation	Evelyn Rodger, Director of Nursing & Midwifery	Complete
7th May 2014	Tweeddale Area Forum (evening meeting)	Clinical Strategy Consultation Document & Presentation	Dr Eric Baijal, Joint Director of Public Health & John McLaren, Employee Director	Complete
9th May 2014	Deaf & Hard of Hearing Network, *(consultation document shared with members via the Chair of the Network).*	Clinical Strategy Consultation Document	Planning & Performance	Complete
19th May 2014	Public Reference Group	Clinical Strategy Consultation Document & Presentation	Karen McNicoll, Joint Associate Director for AHPs	Complete
27th May 2014	User Carer Working Group, Borders Voluntary Care Voice.	Clinical Strategy Consultation Document & Presentation	Alasdair Pattinson, General Manager – BGH & P&CS	Complete
28th May 2014	Parent/Carers Working Group, Borders Voluntary Care Voice	Clinical Strategy Consultation Document & Presentation	Dawn Moss, Nurse Consultant – Vulnerable Children & Young People	Complete
April/May 2014	Elder Voice – article placed in Elder Voice Newsletter (issue April/May 2014). Plus attended Elder Voice Road Show in Kelso 20.05.14	Clinical Strategy Consultation Document & Presentation	Planning & Performance	Complete
May 2014	Learning Disabilities Citizens Panels (Produced Easy-Read version for sharing with Citizens Panels members)	Clinical Strategy Consultation Document	Planning & Performance	Complete
April/May 2014	Scottish Borders "Youth Voice" *(previously Borders Youth Health Forum) – Community Learning & Development (Education & Lifelong Learning SBC)*	Clinical Strategy Consultation Document	Planning & Performance	Complete

	created a separate survey-monkey questionnaire for their Young People Nework			
May 2014	Physical Disabilities Strategy Group, *(consultation document shared with the group)*	Clinical Strategy Consultation Document	Planning & Performance	Complete
May 2014	Equality Forum, *(consultation document shared with members via the Chair of the Forum)*	Clinical Strategy Consultation Document	Planning & Performance	Complete
May 2014	LGBT Forum, *(consultation document shared with the group)*	Clinical Strategy Consultation Document	Planning & Performance	Complete
May 2014	The blind / visually impaired – registered to receive "Talking Newspaper"	Clinical Strategy Consultation Document read & recorded for blind/visually impaired	Planning & Performance	Complete
2nd June 2014	For all – public / staff	Public Drop-in Session held in central Borders	Planning & Performance	Complete
3rd June 2014	Carers Support Group - Peebles	Clinical Strategy Consultation Document & Presentation	Joanne Weir, Planning & Performance Officer	Complete
4th June 2014	Carers Support Group - Eyemouth	Clinical Strategy Consultation Document & Presentation	Joanne Weir, Planning & Performance Officer	Complete
4th June 2014	Cheviot Area Forum (evening meeting)	Clinical Strategy Consultation Document & Presentation	Dr Eric Baijal, Joint Director of Public Health	Complete
5th June 2014	Berwickshire Area Forum (evening meeting)	Clinical Strategy Consultation Document & Presentation	Dr Eric Baijal, Joint Director of Public Health	Complete
5th June 2014	Carers Support Group - Hawick	Clinical Strategy Consultation Document & Presentation	Clinical Strategy Core Group	Meeting cancelled

Internal / Staff Group Meetings				
March – June 2014	Clinical Strategy Core Group (CSCG)	Updates provided at CSCG meetings	Clinical Strategy Core Group	Complete
20th March 2014	Medicines Resource Group	Clinical Strategy Consultation Document	Dr Sheena MacDonald, Medical Director	Complete
31 March 2014	Area Clinical Forum	Clinical Strategy Consultation Document	Karen McNicoll, Joint Associate Director for AHPs	Complete
10th April 2014	NHS Borders Volunteering Steering Group for sharing with all NHS Borders volunteers	Launch Press Release with link to Consultation Document sent to the Volunteering Steering Group	Planning & Performance	Complete
21st April 2014	GP Sub Committee (who shared with Local Medical Committee on 12.05.14)	Clinical Strategy Consultation Document & Presentation	Dr Sheena MacDonald, Medical Director	Complete
23rd April 2014	Directorate of Workforce & Planning, *(Planning & Performance, Human Resources, Training & Professional Development & Occupational Health staff)*	Clinical Strategy Consultation Document & Presentation	June Smyth, Director of Workforce & Planning	Complete
24th April 2014	Senior Charge Nurses Group	Clinical Strategy Consultation Document & Presentation	Karen Grieve, Associate Director of Nursing – P&CS	Complete
24th April 2014	Children & Young People's Planning Partnership	Clinical Strategy Consultation Document & Presentation	Mandy Brotherstone, Head of Children's Services/Child Health Commisioner	Complete
24th April 2014	Mental Health Professional Nurses Forum	Clinical Strategy Consultation Document	Isabel Swan, Associate Director of Nursing – MH	Complete
6th May 2014	Children & Young People's Health Network Steering Group	Clinical Strategy Consultation Document & Presentation	Evelyn Rodger, Director of Nursing & Midwifery	Complete

12th May 2014	Staff	Staff Drop-in session Hawick Community Hospital	Planning & Performance	Complete
12th May 2014	Area Partnership Forum, *(Update & consultation document provided at meeting 12.05.14, plus Presentation provided by Chief Executive on 17.02.14)*	Clinical Strategy Consultation Document & Presentation	Edwina Cameron, Interim Director of Workforce & Planning, Calum Campbell, Chief Executive	Complete
13th May 2014	Senior Medical Staff Committee	Clinical Strategy Consultation Document & Presentation	Dr Sheena MacDonald, Medical Director	Complete
14th May 2014	Staff	Staff Drop-in session Haylodge Community Hospital	Planning & Performance	Complete
15th May 2014	Staff	Staff Drop-in session at BGH	Planning & Performance	Complete
16th May 2014	Joint Staff Forum	Clinical Strategy Consultation Document	John McLaren, Employee Director	Complete
21st May 2014	Staff	Drop-in session Knoll Community Hospital	Planning & Performance	Complete
21st May 2014	Primary & Community Services Clinical Board	Clinical Strategy Consultation Document & Presentation	Dr Jonathan Kirk, Associate Medical Director – P&CS	Complete
21st May 2014	Learning Disabilities Core Management Team	Clinical Strategy Consultation Document & Presentation	Simon Burt, Joint Manager – Joint LD Services	Complete
28th May 2014	Joint Health Improvement Team	Clinical Strategy Consultation Document & Presentation	Allyson McCollam, Joint Head of Health Improvement	Complete
28th May 2014	BGH Clinical Board	Clinical Strategy Consultation Document & Presentation	Alasdair Pattinson, General Manager – BGH & P&CS	Complete
30th May 2014	Staff	Staff Drop-in session Kelso Community Hospital	Planning & Performance	Complete

May 2014	Public Governance Committee (Consultation document shared with PGC via email, & early update provided 11.12.13 meeting)	Clinical Strategy Consultation Document	Evelyn Rodger, Director of Nursing & Midwifery / Planning & Performance	Complete
June 2014	Mental Health Board	Clinical Strategy Consultation Document & Presentation	Dr Cliff Sharp, Associate Medical Director – Mental Health	Complete
5th June 2014	NHS Borders Board Advisory Committees (AC): AHP AC; Area Dental AC; Area Medical Committee; Area Ophthalmic Committee; Area Pharmaceutical Committee; BANMAC; Medical Scientists - joint session for all Board Advisory Committees took place 05.06.14	Clinical Strategy Consultation Document & Presentation	Dr Jonathan Kirk, Associate Medical Director – P&CS, Calum Campbell, Chief Executive, Karen McNicoll, Joint Associate Director of AHPs	Complete
Plus Directors / Heads if Services – shared with their staffing groups.				
Partnership Groups				
March – June 2014	Scottish Borders Social Enterprise (Third Sector) - consultation document sent to Chair & Chief Executive of SBSE for sharing & they attended public drop-in session 02.06.14	Clinical Strategy Consultation Document & Presentation	Planning & Performance	Complete
March – June 2014	"The Bridge" Members (Third Sector) – consultation document sent to Executive Officer of the Bridge who shard with Third Sector contacts.	Clinical Strategy Consultation Document	Planning & Performance	Complete
March – June 2014	Borders Voluntary Care Voice (Third Sector) – consultation document shared with BVCV Co-ordinator for circulation & added to BVCV website.	Clinical Strategy Consultation Document	Planning & Performance	Complete

March – June 2014	Community Council Partners (Consultation document circulated to Community Planning Partnership & Community Councils & attended Area Forum meetings)	Clinical Strategy Consultation Document & Presentation	Clinical Strategy Core Group	Complete
7th May 2014	Community Planning Partnership Joint Delivery Team (Third Sector Partners in attendance, e.g. The Bridge).	Clinical Strategy Consultation Document & Presentation	Dr Eric Baijal, Joint Director of Public Health	Complete
28th May 2014	Scottish Borders Council Corporate Management Team	Clinical Strategy Consultation Document & Presentation	Calum Campbell, Chief Executive & Dr Eric Baijal, Joint Director of Public Health	Complete
May 2014	Volunteer Centre Borders, (consultation document shared with Executive Officer of VCB who shared with Board members, Partnership Chairs & Lead Officers)	Clinical Strategy Consultation Document	Planning & Performance	Complete
2nd June 2014	Integration & Shadow Board	Clinical Strategy Consultation Document	Elaine Torrance, Programme Director – Adult Health & Social Care	Complete

CONVERSATION THREE

Description: This involves NHS Borders producing the report outlining the proposals for its Clinical Strategy as a result of Conversations one and two, for Board consideration.

Key Messages: How will NHS Borders Change in line with its Clinical Strategy Key Principles.

Timescale: **June 2014 - August 2014**

Activities: Proposals report production and approval.

Appendix 3

Clinical Strategy Consultation

The Scottish Health Council welcomes the opportunity to review the process of informing, engaging and consulting NHS Borders undertook in relation to its Clinical Strategy.

The Scottish Health Council is content that NHS Borders has engaged with a wide range of individuals and groups as part of its consultation on the Clinical Strategy. This has included work with young people, people with learning disabilities and carers on the principles for redesigning services. The use of examples within the document made the explanation of how the application of the Key Principles could affect a particular service more understandable. We also welcomed the production of an easy read version for learning disability groups.

The information gathered from these conversations will undoubtedly provide a solid foundation in developing change proposals to assist with the implementation of the Clinical Strategy.

Any service change in the NHS is required to follow the guidance set out in CEL 4 (2010), and it will be important to make use of the information gathered at this stage to enhance your approach to developing proposals.

This should include:

- review the feedback received during the Clinical Strategy Consultation to inform the approach to developing proposals
- identify key stakeholders including patient and public representatives for involvement in developing proposals
- share information with people and communities who may be affected
- involve key stakeholders in the development and appraisal of options

We hope these comments and suggestions assist your plans as they progress and we look forward to working with you on the next stage of the process.

Kind Regards

Louise McFarlane
Performance Analyst/Service Change Advisor
Scottish Health Council
46 Barnton St
Stirling FK8 1NA

Appendix 4

NHS Borders Clinical Strategy

Key Principles for redesigning services to ensure high quality healthcare

Summary Report on Public Consultation

Contents: **Page No**

Extra copies and additional formats:
This document is available electronically on the NHS Borders website at: www.nhsborders.org.uk. Extra copies and alternative formats are available on request, for example, large print, audio, Braille, or in a different language. Please contact 01896 828294 or email planning&performance@borders.scot.nhs.uk and we will do our best to help.

1. Introduction

The public consultation on NHS Borders Clinical Strategy **Key Principles** was held from 10th March to 6th June 2014. The public consultation document proposed a set of Key Principles outlining how services could be delivered in the future to ensure high quality healthcare.

These principles are in line with 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.

The consultation has taken into account the views of local individuals, groups and communities. The strategy is, in itself, an inclusive method of ensuring that all views are heard, all impacts are considered and takes into account our ageing population and changing demographic profile, among other important equality and diversity considerations. All these factors will be considered as this work is implemented service by service.

This report summarises the public consultation process, the events held, comments received from patients / members of the public, carers, staff and partners, and the actions taken.

2. Background

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

The consultation document detailed the challenges ahead of us. These 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.

To accommodate the increasing demand across all of NHS Borders services requires 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 the integration of services where possible.

We want to ensure NHS Borders is an efficient and effective organisation and our performance and quality is amongst the best in Scotland.

We aim to achieve our vision through the **Key Principles** of our Clinical Strategy.

3. Key Principles of NHS Borders Clinical Strategy

The consultation document asked for people's views on the Key Principles. The six Key Principles are detailed below with **examples** of what we mean by each of these principles.

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.

4. The scope and scale of the Consultation (what we asked you)

The consultation document "NHS Borders Clinical Strategy – Key Principles for redesigning our services to ensure high quality healthcare" was developed by NHS Borders with support from the Scottish Health Council. The consultation document included four questions on the Key Principles. Responses could be given using the response form within the document and returning it to the Freepost address provided, or by submitting the on-line response form.

4.1 The consultation document was:

- made available in all GP Practices, Community Hospitals, Borders General Hospital and community patient waiting areas, Borders College, Scottish Borders Council and local Libraries in the Scottish Borders;

- sent to staff, key stakeholders, partners, voluntary organisations, Community Forums, public/patient/carer groups and individuals across the Scottish Borders;

- placed on the NHS Borders and Scottish Borders Council websites which provided access to the on-line response form;

- available on request in paper or electronic copy by contacting Public Involvement on the Freephone telephone number: 0800 7314052 or email public.involvement@borders.scot.nhs.uk

- available in alternative format on request, for example, large print, audio, Braille or in a different language.

4.2 Presentation on the Clinical Strategy Key Principles:

Members of the NHS Borders Clinical Strategy Core Group presented the Clinical Strategy Key Principles to a wide range of public and staff groups.

A number of other groups were also sent the consultation document so they could provide a response if they wished.

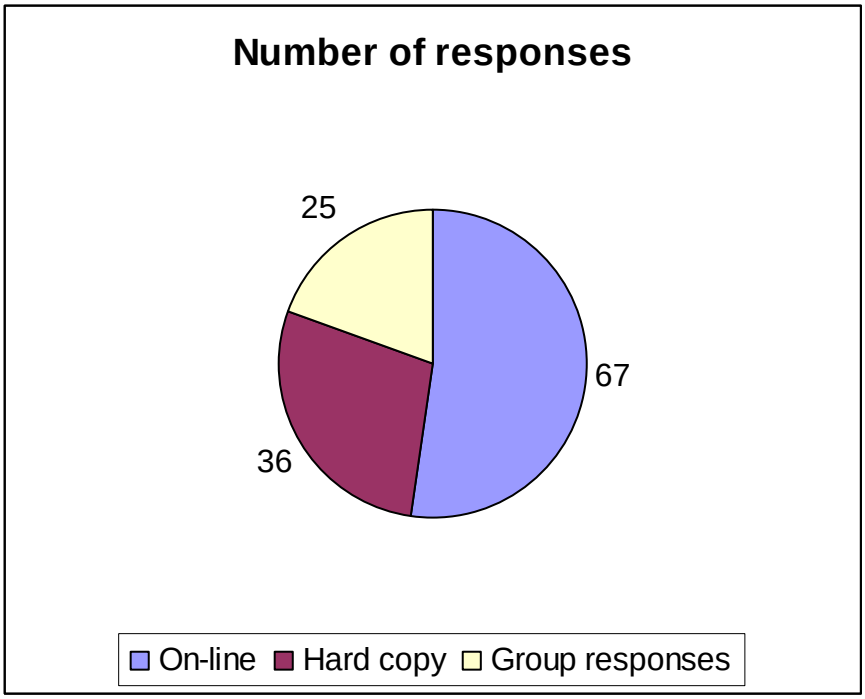
4.3 Awareness raising of the consultation:

Awareness of the consultation was raised through the local newspapers, radio and NHS Borders public website. Media releases were issued by NHS Borders at the launch, half-way point and towards the end of the consultation period.

4.4 Number of responses received:

A total of 128 responses were received. Figure 1 below shows how responses were received.

Figure 1: Responses Received



It should be noted that by presenting to the 25 groups this captured 335 individuals in total.

Additional feedback was also received from the Public Drop-in Session held in Galashiels, and the Staff Drop-in Sessions held in each Community Hospital in the Borders and the Borders General Hospital. The responses and comments from these sessions have been included within this summary report.

4.5 The response forms tell us that people found out about the consultation through the following sources:

1.	NHS Borders work colleague / member of staff	11.	“The Bridge” Scottish Borders
2.	NHS Borders website	12.	Scottish Borders Social Enterprise Chamber
3.	NHS Borders staff intranet site	13.	Scottish Borders Councillor
4.	Email sent from NHS Borders “staff involvement”	14.	Community Council
5.	Waiting areas at BGH	15.	Local newspaper
6.	GP / Health Centre waiting area	16.	Radio
7.	Local Library	17.	From attending a meeting
8.	Local Voluntary Organisation	18.	Work experience with NHS Borders
9.	Borders Deaf & Hard of Hearing Group	19.	Sent to me as a member of a group
10.	Borders Carers Centre	20.	Word of mouth

5. Findings (what you told us)

5.1 Main Findings

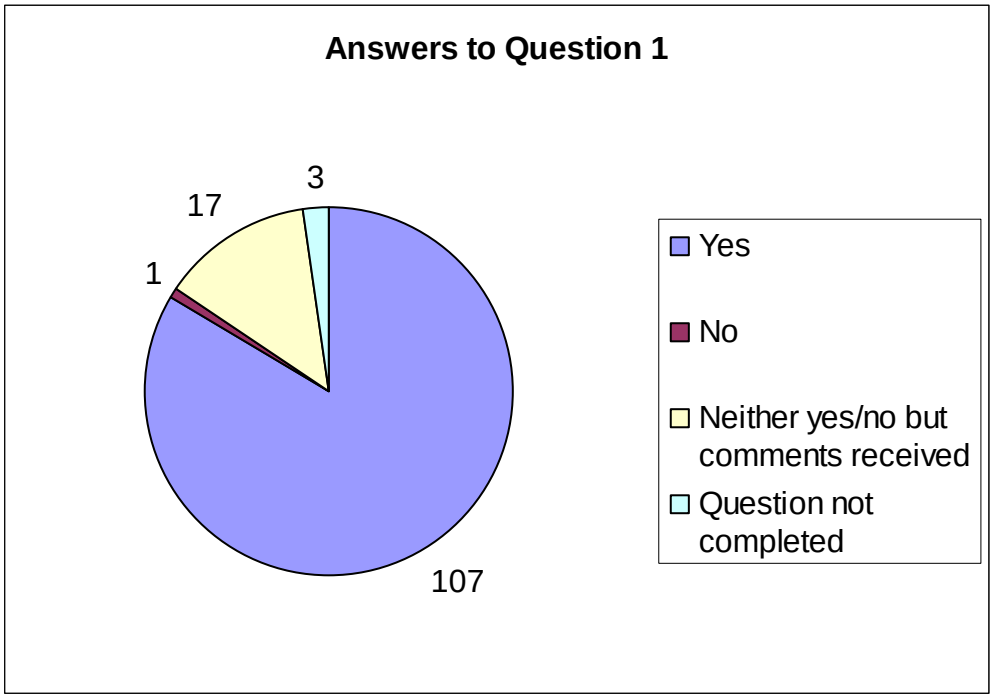
This section outlines the consultation questions and summarises the views and comments received. The overarching themes are summarised below:

- The majority of respondents agreed with the Key Principles of our Clinical Strategy.
- Respondents were keen to see more of an emphasis on partnership working within the Key Principles.
- Respondents outlined that staff should be fully supported to deliver the Key Principles.

5.2 Question 1: Do you agree and support the Key Principles of NHS Borders Clinical Strategy?

Figure 2 outlined below summarises how people responded to this question. This shows that the majority of respondents agree with and support the Key Principles. Some chose not to respond with a yes or no answer but to give comments.

Figure 2: Do you agree with the Key Principles?



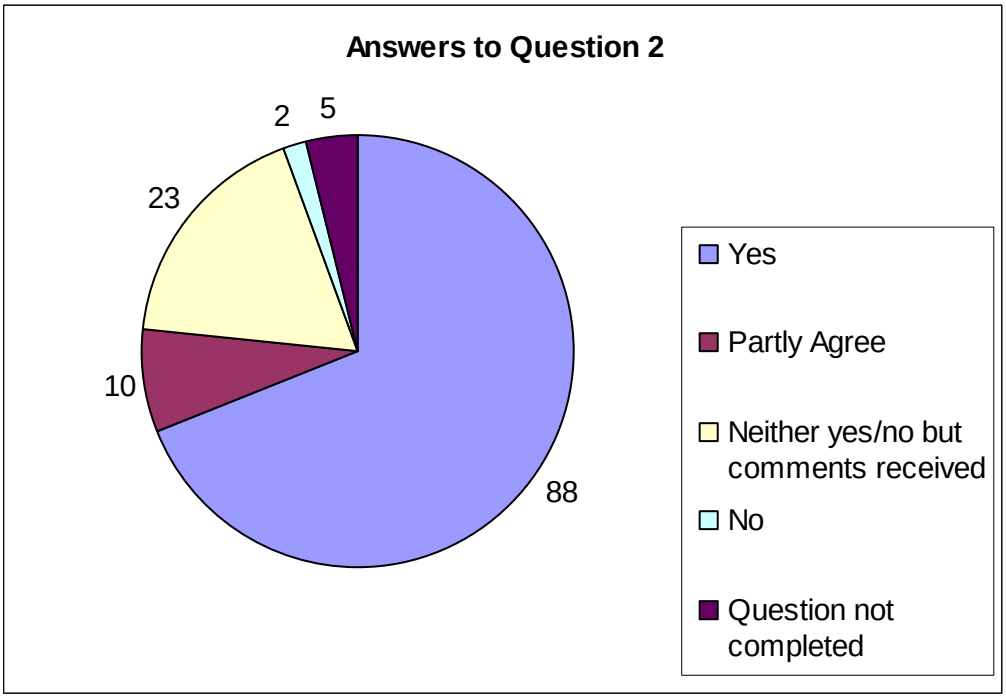
The comments received when asking this question have been summarised below:

- To enable the Key Principles to work will require closer working with partners.
- Agree that services should be co-located where it is evident that this would allow services to be more efficient and effective.
- There is strong support for health improvement and prevention of illness of the Borders population.
- Services should be delivered as close to home as possible.
- Staff training and support is essential to deliver the Key Principles.
- The strategy needs to include care and support for children with disabilities and complex medical needs moving into adult services.

5.3 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?

Figure 3 below outlines how people responded to this question. The responses show that the majority agree that the Key Principles will enable NHS Borders to best meet the healthcare needs of the Borders population.

Figure 3: Will this enable NHS Borders to best meet the healthcare needs of the Borders?



The comments received when asking this question have been summarised into key themes as outlined below:

Community Services:

- Services should be provided as close to home as possible with more resources required in the community to enable this. This should include rehab, enablement and health promotion work, and ensuring anticipatory care plans are in place for those with long term conditions. This will be challenging given the aging population.

- Improved communication between Health and Social Care to ensure home care is in place when someone is discharged from hospital.

- Facilities should be available in community hospitals to use them to their full potential.

- Quicker and equitable access to GP practices should be considered.

Support for Carers:

- Adequate support for carers caring for those with Dementia must be a priority.

- Family / parents / carers need to be involved all the way through a patient's care and treatment.

Children & Young People's Services:

- There needs to be more recognition of the diverse health needs of children and young people compared to older adults and that whilst children and young people may not require the same level of clinical care they may make more demands on others services, e.g. Mental Health services.

- Consideration should be given to co-location of Health services in locations where children and young people currently access other services, e.g. schools.

- Further developing and increasing opportunities for young people to gain experience of various roles within health so that they can consider careers within healthcare.

- Health staff who work with children and young people should have the right interpersonal skills in addition to their clinical skills.

Health Improvement & Prevention:

- The statement "every health contact is a potential health improvement opportunity" is welcomed, on the provision that front line staff are appropriately trained with the necessary skills, knowledge and confidence to engage with patients about their lifestyle issues.

- Other methods should be developed for promoting health improvement and not to forget about children and young people and those with a learning disability. To utilise expert advice and support to ensure early intervention and prevention (from a young age).

- The reduction of health inequalities is welcomed – to ensure all areas throughout the Borders are receiving the same level of advice and support on how to improve their health and putting more resources into areas that need it most.

Mental Health & Learning Disabilities Services:

- To have more robust resources in place for those being cared for at home who require support from Mental Health services, including for those with a learning disability.

- Better alternatives to admission need to be made available for people with a learning disability.

Staff:

- Recruitment and retention of staff is vital. It is important that staff feel valued and supported.

- Staff should be supported to understand the Key Principles so they can adhere to them.

- Professional skills should be fully utilised / use the skilled workforce to maximum effect.

Hospital admission & discharge:

- Improving hospital discharge is welcomed.

- Robust care packages should be arranged before discharge, involving both patient and carers. Discharge to be planned from admission and no patient should be sent home before a care package is in place.

Other:

- Diagnostic services should be provided 7 days a week.

- Improved communication required between other Health Board areas when a patient is being treated by more than one Board.

- To minimise the number of visits undertaken by patients to obtain health services.

- Services must be equal for everyone in the Scottish Borders.

- Services should be prioritised in line with need. To have adequate needs assessment of services, including for Mental Health services.

- For projects which have been piloted and proven successful, (e.g. the Cheviot and Teviot projects which have focussed on shifting the balance of care from a hospital setting into the community), to be rolled out across the Borders.

5.4 Question 3: Are there any Key Principles missing?

In response to this question there was emphasis on including more reference to partnership working and NHS Borders staff within the Key Principles:

- There should be more reference to integration and working with partner organisations to achieve the overall vision of the strategy.

- There should be more emphasis on staff, i.e. to ensure staff are valued, skilled, receive appropriate training, and are supported so they can take forward the Key Principles. Visible, effective and responsive leadership is also important.

Other general comments received under this question have been summarised below:

- When considering workforce planning, the development of technology should also be considered.

- There should be stronger emphasis on children and young people.

- To include in the principle which refers to “Person-Centred”: every health care contact will be an opportunity to ask the patient/carer “what matters to you”?

- To remember that everyone should be treated in a person-centred way - patients, carers and staff.

- Services to be provided in a consistent manner, with patients and carers having access to a link individual / single point of contact for advice and appropriate action.

- A commitment to better communication throughout the patient journey, including between hospital, nursing homes, community nursing and GP practices.

- If patients or staff have difficulties, concerns or complaints they should be supported and encouraged to report them as this leads to improvement.

- Improved support and care in the community for people with long term conditions.

- To provide more health support for people with learning disabilities.

- Ancillary care is important (e.g. helping patients eat their meals) as well as medical interventions.

- Appropriate end of life care pathways given the ageing population.

5.5 Question 4: Did the examples of models of care, shown at the Appendices of the consultation document, help you to understand the application of the Key Principles?

There were three examples of models of care provided. Each example described the current service and how it could be different if the Key Principles were applied. The examples included:

- ❖ Children's Services
- ❖ Unscheduled Care (out-of-hours / emergency care services)
- ❖ Dementia Services delivered in Eastern Borders

The majority of respondents did agree that the examples of models of care did help them to understand the application of the Key Principles. Those respondents commented that they were excellent examples of models of care. However, some respondents did give their thoughts and comments on the examples and these are summarised below:

- Did not understand some of the terms used in the examples or would have liked more clarification in the document.

- Understood how they could be achieved but not necessarily how they will be resourced and delivered.

- Would have welcomed more examples.

- Further examples of primary care / community based health care would have been useful, for a range of age groups. The majority of health care is not delivered in acute settings.

- Would have welcomed examples which referred to acute Mental Health and Learning Disabilities Services.

- The examples appeared to refer more to physical health. The model of care at home for Mental Health acute services is not referenced.

- An example from the specialist / secondary care context would have been helpful.

5.6 Other comments

At the end of the consultation document there was an opportunity for people to provide any other comments and thoughts. These have been summarised into the following key themes:

Communication:

- To improve communication between clinical specialities.
- Ensure services can be provided on a face-to-face basis for those who have hearing and/or sight problems or for those who cannot use the telephone and/or email.
- Communication between primary and secondary care interface is key.
- Improved communication links between the Borders Ability Equipment Store, Social Work and NHS Borders.
- To provide clearer communications between NHS staff and parents (for carers of children with complex needs).

Community:

- To provide more resources in the community.
- There should be more specialised services provided close to home for areas that are not close to the BGH (even if provided one day per month) - this is providing an “outreach” service.
- To introduce regular health checks with GPs to improve early diagnosis of any possible illness / disease.
- Implement open referrals so repeat visits to GPs are avoidable.
- Implement patient reviews every 18 months , including a review of medicines to prevent waste.

Partnership working:

- Health and Social Care to work together to ensure services are smooth and seamless.
- Need to share the social care model across the Local Authority & the NHS for multiple conditions, this has already happened for Learning Disabilities Services.

- All staff to be educated about services available through the Third Sector for signposting and onward referral, e.g. The Red Cross.

- To have a clear line of sight between partner's strategies and the Scottish Borders Community Planning Partnership.

Support for Carers:

- Would like to see more provision for carers, including respite and support.

- More support for people living with Dementia and their carers.

- To ensure the GP is aware of a back-up plan for someone who requires care at home, if the carer takes unwell.

- The Clinical Strategy should be aligned with the Borders Carers Strategy.

- Carers awareness training for nursing staff should be made mandatory.

- Relatives/carers need support & training so that they can care for people at home.

Staff:

- To ensure all staff sign-up to and adhere to the Key Principles and that the application of the principles to services is managed and monitored.

- Staff should introduce themselves and wear name badges.

- Sufficient / up-to-date training is key for staff.

- It is important to support staff to improve their own health and wellbeing, especially considering NHS Borders has an ageing workforce.

- Need to value young people, and consider how the NHS can get more young people into employment, (considering there is an ageing workforce).

- Developing a robust & effective recruitment strategy must be a priority.

Health Promotion / Prevention / Health & Wellbeing

- Welcome the strong emphasis on health promotion.

- For patients to be more responsible for their own health from an early age and throughout life, where possible.

- To enable a shift in resources towards early intervention & prevention particularly in the early years in order to lessen the demands of future generations.

- To provide the Lifestyle Advice Support Service in all areas of the Borders.

- Agree that "prevention" of ill health is the way forward.

Technology:

- Technology, including remote access is important but it needs to work.

- To integrate information technology into the healthcare system. This would be useful to order repeat prescriptions by email and book a GP appointment online.

- Wi-fi connection in vehicles for community nurses in rural areas.

- Telehealth is needed for patient/consultant/specialist nurse to talk via video link. To be careful though as not everyone wants to use technology.

- To have an I.T. infrastructure for patient records – which could also link to GP records.

Services:

- To minimise patient visits to hospital, i.e. all necessary tests and treatment to be provided in a one visit approach.

- To provide learning / support centres to help people who have accessed Mental Health Services to seek employment.

- To provide a 7 day service where technology is available (i.e. x-ray machines).

- To provide improved patient transport for rural areas of the Borders.

- To ensure sufficient support for the deaf & hard of hearing to access services.

- To have a Freephone telephone number which allows people to record their feedback.

- Identifying and addressing avoidable harm is everyone's business.

6. Conclusion (what we have done)

NHS Borders have reviewed all the feedback and comments from this consultation exercise and have given consideration to your thoughts and views on our proposed Key Principles.

Two consistent themes throughout the responses have been around supporting our staff to implement these principles and a clear message that Partnership working must continue to be a priority for NHS Borders. We have taken this on board and as a result have revised the Key Principles to include the following:

1. The emphasis on our staff has been strengthened and is now a key theme running throughout all of our Key Principles.

2. An additional Key Principle has been added to demonstrate our commitment to working in Partnership with staff, communities and other organisations to deliver the best outcomes for the people we serve.

The revised Key Principles are outlined below. The changes and additions have been <u>underlined</u> to outline how these have changed as a result of the feedback received through this consultation:

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.
f) *<u>Appropriate training will be provided to staff to ensure they are</u> <u>supported to provide safe, effective and high quality services to the patient.</u>*

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 *<u>and partnership working</u>* 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.
e) NHS Borders will be person-centred for patients, their family/carers and staff.

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) *Staff will receive the appropriate training and support to enable them to promote health improvement and prevention.*
c) We will continue to strive to reduce health inequalities, by working in partnership with *all Independent Contractors and Community Planning Partners*.
d) 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).
e) 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 *in partnership with the local authority and third sector* 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, *community pharmacies* and day centres, *and we will train and support staff to provide this.*
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. *We are committed to working in Partnership with staff, communities and other organisations to deliver the best outcomes for the people we serve*:

a) We will work with our partners in the Community Planning Partnership focusing on delivering better outcomes for the Scottish Borders and its people.
b) We are committed to working with, listening to and valuing the views of all our staff. We will work in partnership with all our staff to ensure the provision of high quality services.
c) The Third Sector and the Independent Sector provide many opportunities for us to work collectively to improve the health and well-being of our population. We will continue to seek and develop links with these sectors and use our collective experience to provide better services.
d) We will continue to strengthen the links between health and social care, as Partnership working will improve the experience of patients and help us to provide services more effectively and efficiently.
e) We are committed to contributing to the spread of innovative ways of working by engaging in regional and national programmes, groups and workstreams, across NHS Scotland and beyond.
f) *Our patients, their families and carers will be at the heart of everything we do. We will continue to develop our ability to listen and act on feedback we receive and will actively engage patients and the public in improving our services.*

7. 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 indelivering both the current service and pursing the necessary changes.

7. Next Steps

We thank you for all your comments and recongise what is important to you. We will bear these comments in mind when we review each of our services against the Key Principles.

7.1 Action Plan

Throughout the consultation there were a small number of requests made which we would like to review further. An action plan has therefore been developed to take these forward. The specific actions have been detailed below:

Action identified through comments / requests received	How these will be actioned / taken forward
Comments received on specific services throughout the consultation.	To be shared with Heads of Services.
To focus on links to community planning with the Scottish Borders Community Planning Partnership.	This will be progressed through the Health & Social Care Integration agenda and the Community Planning Partnership, and implemented through the additional Key Principle.
To align NHS Borders Clinical Strategy Key Principles to the Borders Carers Strategy.	To be taken forward through Public Involvement, NHS Borders.
To make Carers Awareness Training for trainee nursing staff mandatory.	This will be passed to our Training & Development Department for consideration.
To work with voluntary groups / Third Sector groups and the Local Authority to address and support the needs of people with long term conditions and disabilities.	To be taken forward through Public Involvement, NHS Borders.
Regular progress reports to be publicised on the progress of the Key Principles.	A framework and process will be developed to provide an update on implementation of the Key Principles to a range of key stakeholders. Central to this, and a key source of information, will be the reports provided to Borders NHS Board.
Lessons learned report from consultation.	A report will be produced to capture lessons learned from this consultation exercise.

All of the information received during this consultation process will be available to view. Please contact the Planning & Performance Team on 01896 828294 or email planning&performance@borders.scot.nhs.uk to arrange this.

7.2 Thank you

We would like to extend a big thank you to all those who participated in the public consultation. By working together we hope to achieve a health service that is fit for the future for the population of the Scottish Borders.

July 2014