



NHS Borders Clinical Strategy

**Key Principles for redesigning services to
ensure high quality healthcare**

Summary Report on Public Consultation

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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 pursuing 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.

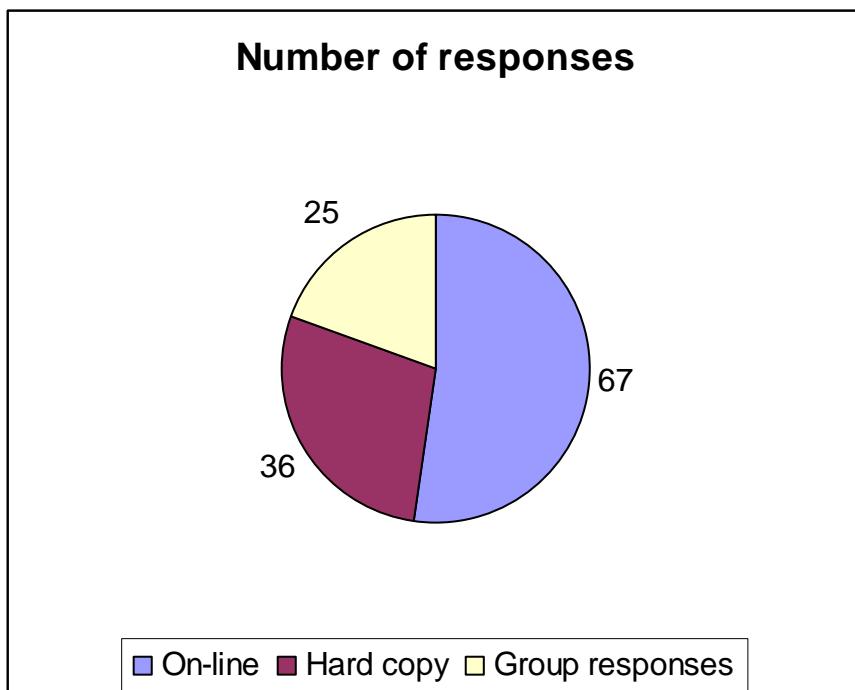
4.3 Awareness raising of the consultation:

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

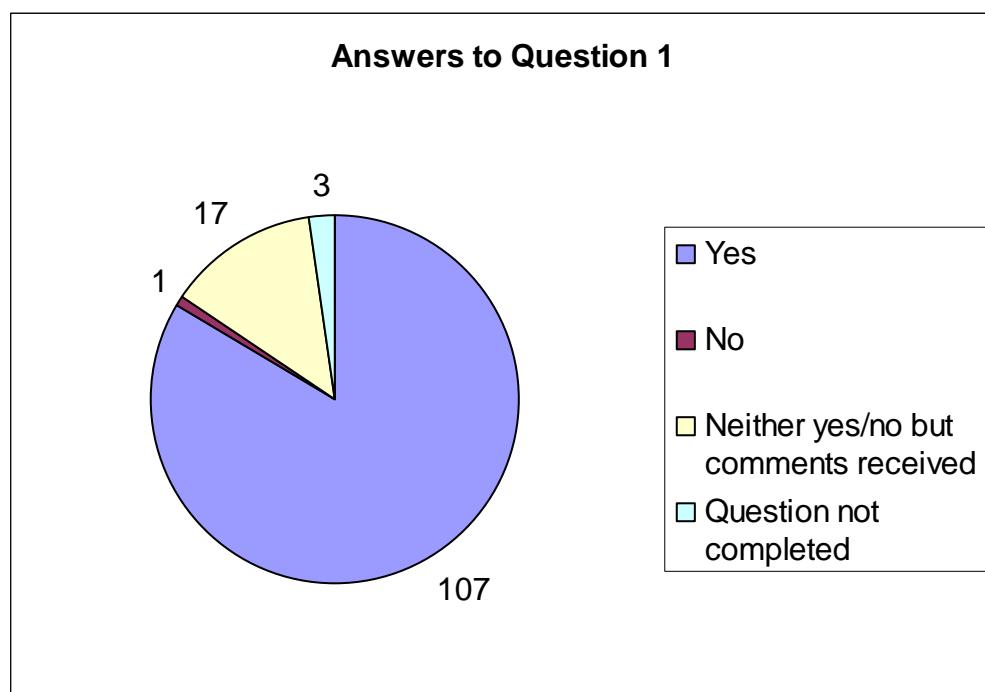
This section outlines the consultation questions and summarises the views and comments received. The overarching themes are summarised below:

- 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?



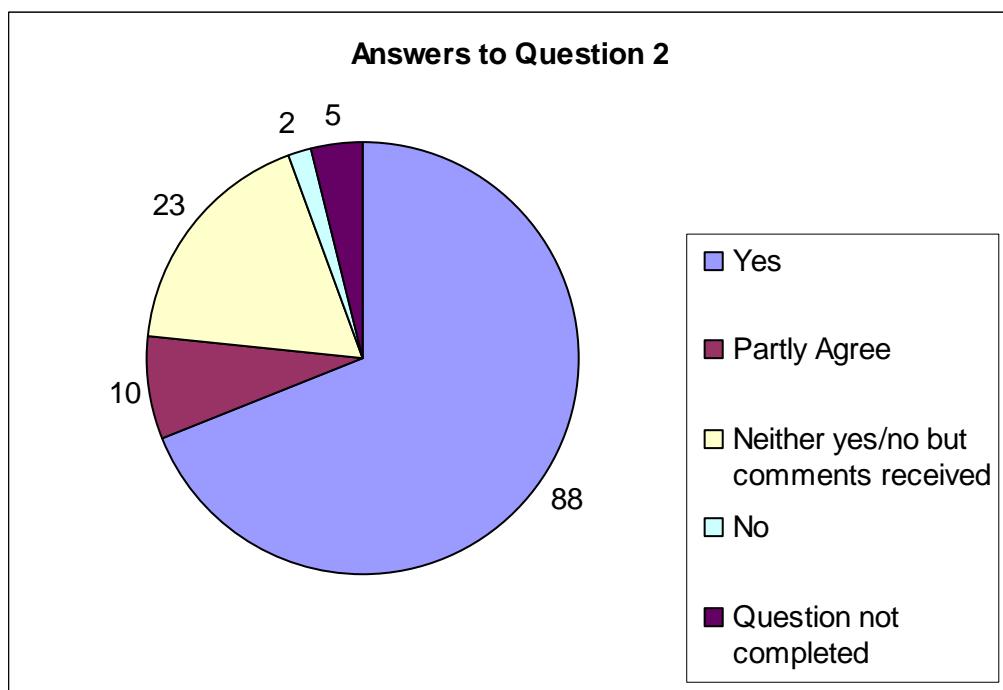
The comments received when asking this question have been summarised below:

- 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 underlined 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) Appropriate training will be provided to staff to ensure they are supported to provide safe, effective and high quality services to the patient.

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 and partnership working 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) *There will be clear communication with patients and carers at all stages of the patient journey, and between all those involved in the treatment and care of the patient.*
- e) 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.
- f) *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 and communication 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 in delivering both the current service and pursuing the necessary changes.

7. Next Steps

We thank you for all your comments and recognise 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 can be made 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.

August 2014