



## INPATIENT SERVICES REVIEW: HEALTH IN YOUR HANDS

### Aim

This paper aims to provide the Board with an update on the work of the Inpatient Services Review, with a specific focus on the Eildon Community Ward project along with an update on the *Health in Your Hands: What Matters to You?* engagement exercise.

### Background

People across the UK are living longer and life expectancy in the Borders is the longest in Scotland. As the local population becomes increasingly elderly, there will be a rise in people with multiple and complex long term health conditions, which will increase the demand on Health services. The fact of having an increasing elderly population, the availability of new technology and better treatments and medicines are to be welcomed. Nonetheless these represent challenges at a time of public funding constraint and we need to carefully consider, with the people of the Borders, whether the way our services are delivered should be adapted and indeed improved.

The purpose of the review, starting with inpatient services, is to consider what needs to change to achieve the vision of everyone being able to live longer healthier lives at home, or in a homely setting, and with seamless provision of service across health and social care. In 2014, the Board developed a clinical strategy in consultation with the public and the staff. This established agreed principles (re iterated below) for any service changes including the need for services to be safe and effective and delivered as close to home as possible. Any service changes following this review will be measured and tested against these agreed principles.

### NHS Borders Clinical Strategy: Key Principles

1.	Services will be safe, effective and high quality
2.	Services will be person-centred and seamless
3.	Health improvement and prevention will be as important as treatment of illness
4.	Services will be delivered as close to home as possible
5.	Admission to hospital will only happen when necessary and will be brief and smooth
6.	We are committed to working in Partnership with staff, communities and other organisations to deliver the best outcomes for the people we serve
7.	Services will be delivered efficiently, within available means

NHS Borders launched the *Health in Your Hands: What Matters to You?* engagement exercise alongside the Clinical Services Review. We are committed to working with people who use our services to ensure that future delivery of services meets the needs and expectations of our communities. We recognise the valuable contribution that our

public can bring and this engagement exercise will serve not only to inform specific workstreams of the Clinical Services Review but also to invite feedback and discussion around all areas of interest to our communities.

The overall programme has taken a business as usual approach. At the outset it was acknowledged that a number of workstreams were already underway around many of our inpatient services. These existing workstreams are referenced under the umbrella of the Inpatient Services Review, all of which are working to individual timelines and reporting through to the Clinical Executive Strategy Group.

The table below shows the inpatient areas covered by these ongoing workstreams, including two further service areas that have been identified for review. Updates on the new areas will be provided in the next planned update to the Board.

<b>Inpatient Area</b>	<b>Workstream</b>
Borders General Hospital	<ul style="list-style-type: none"> <li>• Institute for Healthcare Optimisation (IHO) - Improving Patient Flow</li> <li>• Critical Care Review</li> </ul>
Community/Community Hospitals	<ul style="list-style-type: none"> <li>• Eildon Community Ward (this project also impacts on community care and transition to and from the Borders General Hospital)</li> </ul>
Mental Health and Learning Disability	<ul style="list-style-type: none"> <li>• Mental Health and Learning Disability Improvement Programme</li> <li>• Galavale Re provision</li> </ul>
Child Health	Development of Children and Young People's Centre
Cardiology Service	New area identified and currently being scoped
Medical Floor Redesign	New area identified and currently being scoped

There are a number of complex interfaces around this programme of work and critical pieces of work will be delivering alongside this review. These include the progression of Health and Social Care integration locally and the development of a national Clinical Strategy for NHS Scotland.

At its December meeting the Board received an update on the existing workstreams identified within the table above. However the Eildon Community Ward project has now been further developed and progress has been made since December. A full update on this work is therefore the focus of this paper and is detailed below.

### Eildon Community Ward Update

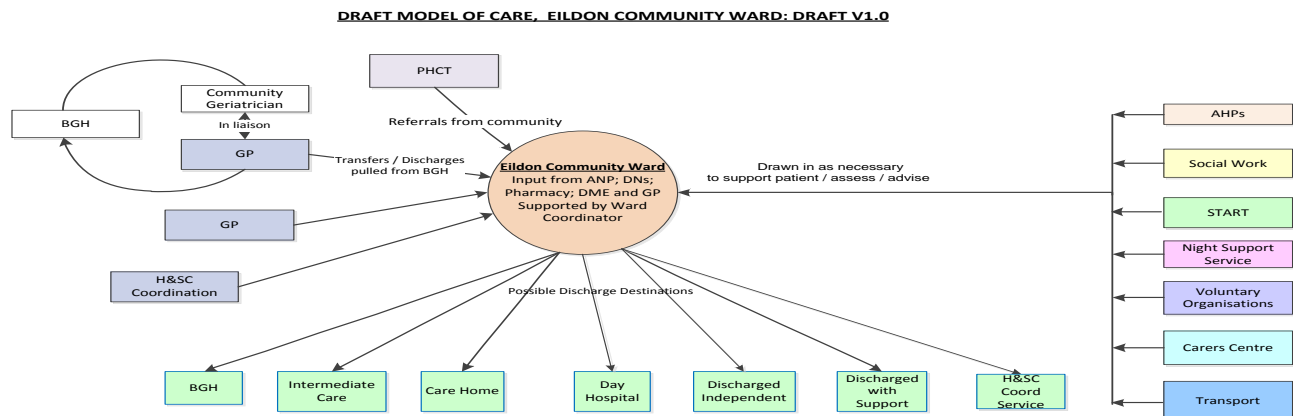
The intended aims of this project are as follows:

- To develop community ward capacity (to be known as Eildon Community Ward) outwith BGH that supports Central Borders patients who are unable to access local community hospital services to receive the care they need at home or within the local community setting.
- To improve patient safety and experience.

- To demonstrate the benefits of a locality based model of care and inform the future function and development of community hospitals and their operational policies.

### Model of Care

The Working Group has begun to analyse data in order to inform the development of a community ward service which will be appropriate for Scottish Borders. A basic outline model of care has been identified (diagram below) along with indicative staffing requirements. The data analysis will enable this to be revised and refined as work progresses and a final version for testing and evaluation will be confirmed.



The care model will provide a 7 day service which links with BGH specialties and works closely with the Emergency Department (ED) and Borders Emergency Care Service (BECS) as well as NHS Borders community services, Social Work and voluntary organisations.

Appropriate eligibility / admission criteria and transfer / discharge criteria will be developed which is consistent with those of the Health & Social Care Coordination Project. There will also be resilient anticipatory care planning processes and care escalation policies.

There will be In-reach to BGH to “pull” patients from acute care into the community ward setting as well as accepting direct referrals from GP practices and the wider Primary Health Care Team. The community ward will have the capability to manage specialist sub-acute care and interventions e.g. IV therapy.

There will be the opportunity to develop a level of flexible training and education potential through rotations / placements to support the development of a pool of staff with consistent skill sets across the system.

### Co-Dependency with Health & Social Care Coordination Project

The Health & Social Care (H&SC) Coordination Project seeks to develop a Health and Care Co-ordination approach through integrating teams within one locality in the Borders to test the change. The approach will support our ambition of delivering enabling services which proactively supports people to maximise, regain and/or retain their ability to carry

out every day activities which are meaningful to them. There needs to be a greater a shift from rehabilitation to re-ablement which embraces the social as well as the health related aspects of people's lives.

The two projects are seen as interlinking, with patients being transferred / discharged from Eildon Community Ward when they are clinically fit into the care of the integrated community teams developed within the H&SC Coordination Project. The H&SC Coordination service would then support individuals through a rehabilitation and reablement process to help them achieve their identified goals as described above. The H&SC Coordination service would also have the ability to refer into Eildon Community Ward in accordance with assessed clinical need.

In addition, when patients in the community ward require AHP assessment and / or intervention or Social Work involvement, this will be provided from the enhanced capacity within the H&SC Coordination service.

### *Indicative Staffing*

Based upon the initial discussions and identified patient cohort, the Working Group have identified indicative staffing across core disciplines which would provide direct input to Eildon Community Ward and be additional to existing services. The requirements are currently being worked up in more detail.

Given the linkages between this project and the H&SC Coordination it has been suggested that services such as AHPs, Health Care Support Workers and Social Work could be provided to both projects from one base with enhanced capacity. This would be beneficial to these services in maintaining a cohesive approach with flexibility around absence cover etc and less disruptive given the economies of scale across the two projects and locality. Input from these services can then be drawn into Eildon Community Ward according to individual patient needs. The resource requirements for this are currently being scoped out by the H&SC Coordination project.

### Next Update

An update on all of the projects falling under the umbrella of the Inpatient Services Review is planned for the April 2016 Board meeting.

### Health in Your Hands: What Matters to You?

Following on from the testing and review phase as outlined in the December 2015 update to the Board, we have increased our engagement activity by attending supermarkets, medical centres and GP practices with our pop up stand. We have utilised two public locations in the Borders General Hospital (BGH) to engage with staff, patients and visitors with these sessions being supported by members of our public involvement network. Additionally, we are continuing to use public volunteers to gather feedback from patient and visitors in outpatient and public areas of the Borders General Hospital using a '2 minutes of your time' format.

To date we have recorded feedback from more than 300 conversations from a wide cross section of the borders population, staff and NHS Borders' service users. The collected information is currently being analysed to identify themes and establish a common narratives for the final report which will be presented to the Board in June 2016. As of

early February we have attended 13 different NHS Borders locations to ensure a wide geographical spread as well as additional public locations. We have also begun in-depth engagement using a focus group format with the first being held with Duns over 60s group at the beginning of February.

In addition, our online presence is increasing through the use of the #WMTYBorders hashtag across our social media channels. Our microsite for colleagues is up and running on the staff intranet and contains regular updates on upcoming engagement events.

Initial analysis of the feedback has identified a number of key themes which have been used as NHS Borders input into the National Conversation on Creating a Healthier Scotland. These key themes and further detail are contained within **appendix 1**.

## Recommendation

The Board is asked to **note** this update.

<b>Policy/Strategy Implications</b>	This review will further develop and implement the principles that were agreed as part of the NHS Borders Clinical Strategy.
<b>Consultation</b>	This will be subject to ongoing discussion with the Board Executive Team, Clinical Strategy Core Group, Clinical Boards, Support Services etc.
<b>Consultation with Professional Committees</b>	See above
<b>Risk Assessment</b>	Consideration of issues and risks will be a continuous process as part of a project management approach.
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	The review will be delivered in line with Board Policy requirements on Equality and Diversity.
<b>Resource/Staffing Implications</b>	At present this is being supported within existing resources.

## Approved by

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
June Smyth	Director of Workforce & Planning		

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## Appendix 1 – Key Themes

This appendix summarises the findings in relation to 2 key questions of the national conversation.

### **Question 1: What areas of health and social care matter most to you?**

Key Themes:

- Accessible Services
- Clinical Outcomes
- Patient experience of care
- Communication

#### **Accessible services**

Half of all the comments gathered relating to ‘what matters to you?’ were to do with access to services. In particular it was the issue most often raised by people who haven’t had much contact with health services. This theme can be split into 4 categories to give an indication of the type of issues important to people in the Borders.

##### Primary Care:

When asked what was important to people by far the most prevalent theme to emerge was around accessibility. For many people, especially those who have not had much contact with health services the thing that matters most to them is quick access to primary care through their GP. Many people also mentioned a desire to see more flexibility in appointment times to suit different lifestyles.

##### Timely Access:

It is clearly important to people that they are seen quickly when referred for outpatient appointments or for elective surgery. The wait for test results has also been highlighted as of importance to the public.

##### Ease of access:

In an area such as the Scottish Borders, it is perhaps unsurprising that participants highlighted the importance of the geographical accessibility of services. The importance of good transport links was highlighted as very important, and alongside this it is clearly important to people that services are available in local communities rather than all being provided centrally.

##### Equality of Access:

The pride that people feel in the NHS came through clearly throughout our engagement. One thing that was particularly important to a lot of people is the fact that the NHS is there when needed and that there are no barriers to access especially when it comes to emergency care.

**Clinical Care**

Behind accessibility, clinical care was identified as the next most important aspect of health services. Unsurprisingly the public expect high quality services to be available locally and identify clinical care as a very important part of their experience of health care. The vast majority of participants were satisfied with their experience of clinical care in the Borders.

**Patient Experience of Care**

One third of those we asked identified patient experience as something that is important to them. Some people spoke of their positive experiences of using health services whereas some highlighted that patient experience is an area in which we could improve, and many people had experience both good and bad examples of patient experience and person-centredness.

When recounting positive experiences what stood out for many people was staff who were caring, friendly and kind. What comes across is that the personal interaction with all staff members is very important to the overall experience of care.

**Communication**

Closely related to patient experience, communication is another theme which arose throughout many comments. Again there were examples of good and bad communication but what came across clearly is that honesty and plain talking is appreciated, particularly when in a queue for treatment. Some key sub-themes highlight as important are:

- Appreciate more time with clinical staff
- Appreciate honesty and plain talking
- Support for people with communication difficulties
- More use of online resources and services to provide information or signposting to other sources of information
- Openness and honesty about how money is spent
- Collaborating between different services

The 4 themes summarised above were the most commonly mentioned however other 'what matters to you' themes that were raised include:

- Services provided close to home
- Services are accessible to those with disabilities
- Information about self-management or signposting to additional information
- Prevention work at community level

## **Question 2: Thinking about the future of health and social care services, where should our focus be?**

Key Themes:

- Community services
- Supporting the workforce
- Care for Older Adults
- Sustainable Services
- Promoting personal responsibility for health
- Focus on prevention

### **Community Services**

The importance of focussing on community level care and providing services close to home came across very strongly.

#### Services provided close to home

Many people felt that our focus should be on providing services in communities, for some this was about having hospital level care close to them and for others it is about having the care and support available to ensure you can stay at home as long as possible. Again the theme of accessibility of services came across strongly here with many people expressing a desire to develop the services available to them locally.

#### Healthy communities and engagement with communities

A smaller but not insignificant number of people identified building healthy communities and improving engagement at community level as something we should focus on.

### **Supporting the Workforce**

This theme came strongly throughout the answers of many respondents. There seems to be a perception among the public that often staff are overworked and that many services are short-staffed. Additionally, there is a real desire among members of the public that staff are valued and supported by NHS Borders.

A strong perception is that our focus should be on recruiting more doctors, nurses and frontline staff with the implication that current staffing levels are insufficient to deal with demand.

There was a very clear emphasis on supporting staff to do their jobs. A number of people mentioned staff morale as an area to be improved, and others mentioned the workload particularly of frontline staff.

### **Care for Older Adults**

There was a very clear emphasis on care for older adults as a priority area for the NHS. Often this was interlinked with a desire to see improved community services.

### **Sustainable Services**

Perhaps a reflection on the media coverage of the NHS but a common focus for the



future was on funding or efficiencies. The majority of those who mentioned this were clear that the NHS needs increased funding and investment in order to continue to provide the same services, often investment was specifically mentioned as a means to recruiting more staff. Mental health services were also specifically mentioned as an area to focus on. A small minority mentioned the need to focus on efficiency, better budget control and long-term planning.

### **Promoting Personal Responsibility for Health**

A theme of promoting self-management and personal responsibility for your own health arose. Often comments came from a context of reducing resources, and questions were raised around justifying treatment for 'self-inflicted' illness. A focus on self-management is in the context of empowering and enabling people to take greater control of their health.

### **Focus on Prevention**

This theme linked closely with the clear focus on community services and also with promoting personal responsibility for health. There is an appreciation that we should start now to focus on long-term preventative work encouraging healthier lifestyles, particularly at community level, and that we should focus on how we can do this in new and innovative ways.

This question prompted a wide variety of responses. The most common responses have been summarised above however other notable themes include:

- Upholding NHS values (free at the point of use and publically run)
- Reducing waiting times
- Improving quality in clinical care
- Dementia care
- Health & Social Care integration
- Mental health (in particular for young people)
- Emergency care
- Managing public expectation
- Supporting carers
- Supporting people with Long Term Conditions
- Improving use of IT
- Equality of access
- Openness and transparency
- Person-centredness

Overall, to date accessibility has proven to be the thing that matters most to those who participated in our engagement, and when it comes to a focus for the next 10-15 years, there was clear support for strengthening our community services and supporting our workforce in the face of increasing demand.