

**Borders NHS Board**



## **HEALTH IN YOUR HANDS: WHAT MATTERS TO YOU?**

### **Aim**

This paper aims to provide the Board with an update on the outputs and feedback of the *Health in Your Hands: What Matters to You?* public engagement exercise. This was launched alongside the NHS Borders Inpatient Services Review. The next steps in relation to how we use the feedback from the exercise to support future service planning are also included within this paper.

### **Background**

The main purpose of the public engagement exercise was to give the Borders public an opportunity to tell us what was important to them to help NHS Borders shape future services and give consideration to future priorities. The exercise was also aimed at providing the chance for the Board to listen and to give an opportunity for people to give feedback and share their stories on the care that they have received in the past or recommendations for how they would like to receive care in the future should they require it.

In order to allow meaningful dialogue and conversations it was important to design an exercise that allowed for a broad and flexible approach that engaged people. The Board recognises that communities are co-owners and partners in the NHS rather than service-users, and is committed to the concept of mutuality and co-ownership with the people of the Borders and is striving to improve inclusion and public involvement in designing and improving services.

This engagement exercise was based around:

*“A mutual NHS is a vision based on a shift that sees people and the NHS staff as partners who have real involvement, representation and a voice that is heard.”*

*(Better Health, Better Care, Scottish Government 2007)*

The expected outcome of this engagement exercise was that the feedback would inform immediate or small scale service improvements along the way. However, as referred to later in this report, feedback has generally been overarching rather than service specific and therefore a number of alternative actions are being proposed around how this will be used to ensure local services meet the expectations of the people of the Borders in future service delivery, and also inform future engagement methodology and approach.

### **PLANNING THE CONVERSATION**

The aim of *Health in Your Hands: What Matters to You?* was to find out what matters to people about their health and health services; what the organisation can do together to

improve health services; and how the Board can communicate and work more effectively with patients, families and communities.

With these above aims in mind some questions were designed to ask the public to help facilitate and encourage discussion:

- What are you proud of within your NHS?
- Tell us about a time when you have used our services? Was your experience positive or negative? Could anything have been improved?
- I'm sure you are aware of the pressures facing our NHS: increasing demand for our services, financial pressures, recruitment difficulties, and an aging population. Bearing this in mind is there anything we could do differently?
- Can you suggest any ways in which NHS Borders could make savings?
- Thinking about the future of health care services in the Borders, where should our focus be?

The Board appreciated the wide audience to reach throughout the Borders and as such planned different tiers of engagement which included both an informal and formal approach, a targeted audience of seldom heard and hard to reach groups and a range of formal groups.

This approach of the engagement and the questions were initially presented to the NHS Borders Public Governance Committee for consideration, comment and input. Committee members provided some feedback and were wholly positive about the approach and methodology proposed.

## **PILOTING THE CONVERSATION**

The *Health in Your Hands: What matters to You?* engagement exercise was 'soft-launched' at the NHS Borders Annual Review on September 17<sup>th</sup> 2015 at the 'Ask the Board Live' session with staff, and the public Annual Review session itself. These sessions provided an opportunity to capture feedback from different groups around the *What Matters to You* theme.

From October through to December 2015 the questions and this approach were 'tested' in an informal way, which included engagement in a range of cafes within the Eildon area. During this time positive feedback was received around this different approach of speaking to people in different settings and in a less structured manner. One person commented that this was a good way to get honest responses as conversations can take place in a 'relaxed and informal' atmosphere. It was however decided, taking on comments from participants along the way, to change the conversation questions and these were revised to:

- 1. Tell us about your experience of using NHS Borders?**
- 2. Can you suggest any ways in which we could improve our services?**
- 3. Thinking about the future of healthcare services in the Borders, where should our focus be?**
- 4.**

In October 2015, NHS Borders attended the Scottish Borders Community Councils Network Seminar held at Scottish Borders Council. This annual event brings together representatives from all the Community Councils in the Borders and was an opportunity to promote the community engagement work done by NHS Borders and in particular to

promote *What Matters to You?* This allowed the gathering of feedback from members of the public and from individual community council members on issues relevant to their areas and to identify further engagement opportunities within our communities.

## THE SCOPE AND SCALE OF THE CONVERSATION

Following on from the piloting of *Health in Your Hands: What Matters to You?* the engagement exercise was expanded. The aim was to reach out to as many people as possible throughout the Borders, public and staff, to gather their thoughts and views and this was done using a range of different methods which included:

- Engagement with the public in conversations in informal settings such as local cafes, supermarkets and health centres
- Engagement with seldom heard and hard to reach groups through the use of ‘focus groups’ to provide more meaningful and structured engagement with specific groups and on specific issues
- Engagement with staff was arranged in recognition of their capacity both as healthcare professionals but also as patients, patients’ families or carers and members of the public. This was provided by staff ‘drop-in’ sessions.
- Throughout the engagement the new cohort of NHS Borders volunteers gathered feedback from patients, families and members of the public in the Outpatients Department and the Royal Voluntary Service Café in the Borders General Hospital
- Work was undertaken with colleagues across health, social care and the third sector to identify existing community engagement opportunities
- Used formal networks of groups and committees to promote the engagement exercise and gather feedback
- A survey was available from the NHS Borders website to allow people to respond to the three key questions on-line

## Working in Partnership

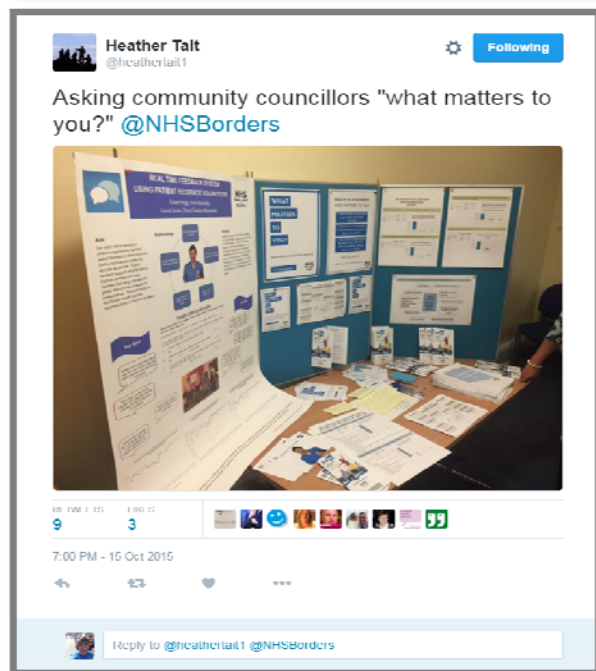
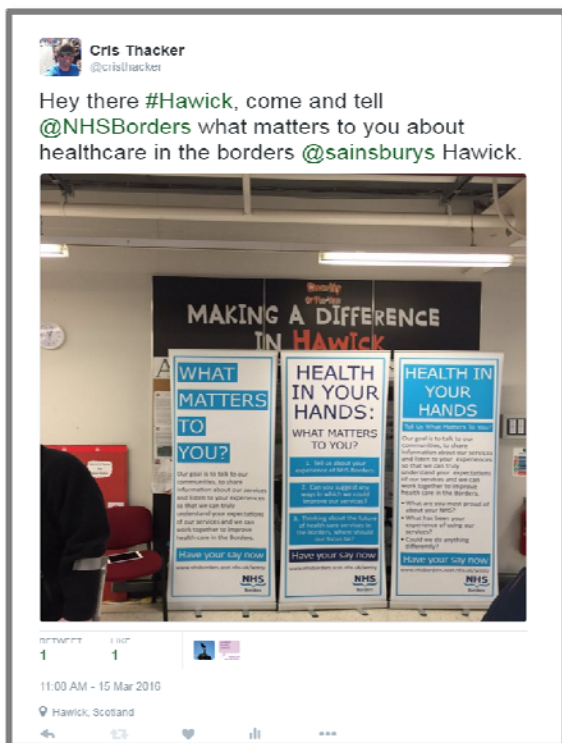
During the exercise there were a number of ongoing consultations and engagement exercises being carried out by different groups across health, social care and the third sector. It was appreciated that this could lead to ‘feedback fatigue’ in some cases and as such commitment was made to work in partnership with the different groups to share information and engagement opportunities as far as possible. This included engagement on:

- Health and Social Care Integration: Consultation on Draft Strategic Plan
- National Conversation: Creating a Healthier Scotland: *What Matters to You?*
- Engagement on NHS Borders Quality & Efficiency Programme
- NHS Borders Staff Survey Results

## Promotional Materials

*Health in Your Hands: What Matters to You?* was further promoted through the effective use of social media, including Twitter to invite people to actively participate. Promotional materials such as posters, leaflets and ‘pop-up’ banners, which were presented in an easily understandable way, were also provided.

The photographs below illustrate examples of the *Health in Your Hands: What Matters to You?* engagement exercise activities which were advertised through 'Twitter' social media:

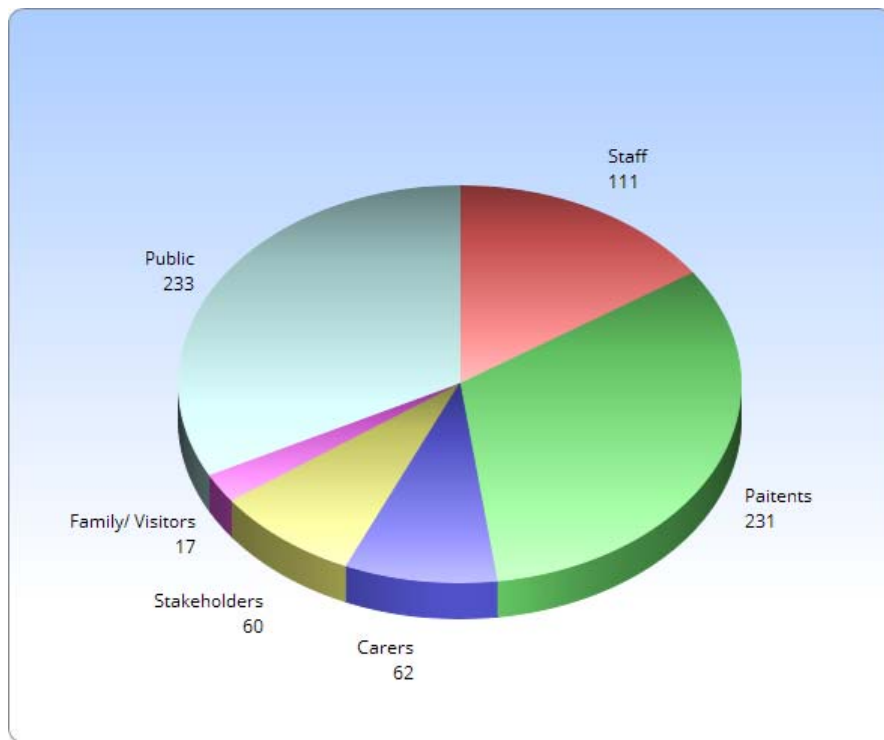


All feedback was collated into a single database and has now been analysed to identify key findings and themes which are detailed later in this report.

### The range of responses

A wide range of responses were received from over 700 conversations, including members of the public, patients, carers, family, visitors, staff and stakeholders. The chart below outlines the split of these responses:

### The 'source' of the responses



It was interesting to analyse the responses using the different engagement approaches to ascertain whether more or different feedback was provided using different environments. A summary of this has been pulled together below covering the 3 tiers of engagement.

#### **Informal**

##### **NHS Borders Annual Review**

During the Annual Review, the piloting stage of the engagement exercise, staff were provided with the opportunity to submit their thoughts informally and anomalously. There were 22 responses received in total, a flavour of feedback is provided below:

- Staff feel safe to express themselves in the environment provided at this session
- To listen to staff stories as well as patient stories
- There should be more focus on staff health and wellbeing

##### **Scottish Borders Community Council Network**

A 'pop-up' stand was hosted at the Network meeting during October 2015 to provide members of the public and community council members to submit their views informally. There were 10 responses received in total, a flavour of feedback is provided below:

- Good experience of hospital services and caring staff
- To provide more 'walk-in' clinics at the local community health centres

##### **Café conversations**

Informal café conversations were held during the early stages of the engagement exercise. This included 44 conversations in total, a flavour of feedback is provided below:

- Largely positive experience of services, some examples given included Cardiology, Physiotherapy, A&E and Oncology services

- Helpful, friendly, person-centred GP services
- Staff go above and beyond what is asked of them and some have too much paperwork
- Would like to see extended GP opening hours
- Lack of communication after surgical procedure

### **NHS Borders volunteers**

The new cohort of patient feedback volunteers captured 22 conversations during their time spent in the Outpatients Department waiting area and the Royal Voluntary Service café area. A flavour of feedback provided is provided below:

- Excellent service received, some examples given were from the Margaret Kerr Unit and A&E
- Good service received from Audiology Department
- More access to your 'own' GP would be welcomed
- Concerns about being discharged from hospital too early
- Car-parking on the Borders General Hospital site remains an issue
- A general feeling of some services being understaffed
- To focus on keeping patients at home and providing more services in the community

### **'Pop-up' stands at Supermarkets'**

During the engagement exercise there were 6 visits to various supermarkets in the Borders. This included a total of 218 informal conversations, a flavour of feedback is provided below:

- Maternity services are excellent and very person-centred
- Excellent meal service received during hospital stay
- Excellent experience of GP services
- There is an obvious improvement in hospital admission
- Feel lucky to have the Borders General Hospital
- To focus on the recruitment of more nursing staff
- To encourage and educate the population on healthy lifestyles
- To focus on prevention of disease and illness
- To provide more services in the Community
- Good services provided in general but could improve Mental Health services
- To extend the Borders General Hospital site
- Availability to GP services is poor
- Staff are overworked
- There are too many NHS targets
- To reduce hospital associated infections
- There is a need for improved listening and communication

### **'Pop-up' stands at Borders General Hospital (BGH)**

During the engagement exercise there were 3 'pop-up' stands hosted within the BGH providing for patients, public and staff to give their comments. This included a total of 139 informal conversations, a flavour of feedback is provided below:

- Excellent service received whilst in the ward environment and in the hospital canteen
- Positive experience of services

- Staff are supportive, helpful and friendly
- Care for the elderly could be improved
- To reduce waiting times
- There is the need to expand services for the elderly and Mental Health services
- There are too many system audits and processes that are detracting from face-to-face contact with patients
- More physiotherapy staff are required

### **Health Centres / GP Surgeries / Community Hospitals**

During the engagement exercise there were several visits to various health centres, GP surgeries and Community Hospitals in the Borders providing for patients, public and staff to give their comments. This included 107 informal conversations in total, a flavour of feedback is provided below:

- Good service received overall
- The new 'check-in' service at the GP surgery is a good facility
- Focus on preventing illness and educating the young
- Help and support people to manage their own illness
- There is a gap in communication between primary and secondary care
- Community staff can feel excluded

### **Formal groups**

A range of formal groups were engaged with as part of the engagement exercise, which included:

- Duns Over 60's Club
- Kelso Carers Group
- Hawick Carers Group

There was a total of 80 conversations recorded, a flavour of feedback is provided below:

- Easy access to services and friendly staff
- Quick appointment turn-round to Outpatient Service at BGH through referral from GP
- Excellent Ophthalmology service which was supported by same nurse contact throughout cataract treatment
- Lack of Podiatry service in rural areas, e.g. Duns
- The length of time it can take to get a GP appointment is an issue in some areas
- Staff appear to have the time to listen to the patients and their families
- To train staff appropriately to treat and support people living with Dementia
- Excellent service provided at Community Hospital including day services

A conversation was held with the Public Partnership Forum to help raise the profile of *What Matters to You?* and to provide their views on the engagement exercise method moving forward.

A number of conversations were recorded during 'partnership' engagement events on other topics, for example, as part of the Health and Social Care Integration consultation on the Strategic Plan.

### **Targeted – seldom heard and hard to reach groups**

A range of seldom heard and hard to reach groups were targeted, which included:

- Tweeddale Youth Group
- Kelso Hard of Hearing & Partially Sighted Group

There was a total of 62 conversations recorded, a flavour of feedback is provided below:

- Good service received through the Borders General Hospital and GP Surgery
- It can feel like a long journey to the BGH from a rural area (e.g. Eyemouth) especially if don't drive
- Experience of being discharged from hospital late at night
- Good experience of Mental Health services, an example given was from Huntlyburn ward
- It can be difficult to get a timely GP appointment
- More information on health improvement would be helpful
- Would welcome more engagement events with young people

Overall the 3 tier approach worked well and comments from members of the public have been received during the engagement exercise advising that the informal sessions gave much more of an opportunity to engage.

*“This was a good way to get honest responses as conversations can take place in a ‘relaxed and informal’ atmosphere”*

*(Member of the Public – Galashiels Cafe)*

### **FINDINGS FROM THE CONVERSATION**

In order to pull together the overall key themes for the conversations described above the feedback was considered to understand and group the discussion into topics and areas of focus. This level of detail is provided below and has been grouped into main topics as far as possible:

#### **Accessible Services:**

##### **Primary Care Services**

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, for example, evening and/or weekend surgeries.

##### **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 an area of importance to the public.

##### **Ease of access**

In any area such as the Scottish Borders, it is perhaps unsurprising that participants highlighted the importance of the geographical accessibility of services. 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 the engagement. A lot of people have indicated that the NHS is there when needed and that there are no barriers to access especially when it comes to emergency care. However, it has also been said that equity of access can be hindered through the geographical and rural widespread of the population of the Borders and that this should be taken into account when planning services.

### **Clinical Care:**

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 majority of participants were satisfied with their experience of clinical care in the Borders.

### **Patient Experience of Care / Person-Centred Care:**

It appears that many people have had good experiences of using health services, however some expressed their views on where the patient experience and person-centeredness could be improved and spoke of their personal experience in relation to this.

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, and the need to treat all with dignity and respect during their experience of healthcare services.

### **Communication:**

Closely related to patient experience, communication 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 clear areas of importance are:

- Appreciate more time with clinical staff
- Appreciate honesty and plain talking
- Support for people with communication difficulties, including those with a sensory impairment, and to provide appropriate training to staff to enable this
- More use of online resources and services to provide information or signposting to other sources of information
- Improved patient information prior to hospital appointment / stay
- Openness and honesty about how money is spent
- Collaborating between different services

People recognised that communication required to be improved between Health and Social Care and it was acknowledged that the implementation of the Public Bodies (Joint Working) (Scotland Act) 2014 and the Health & Social Care Integration Board locally could help with this.

**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.

Some people highlighted that better use should be made of the community hospitals when providing care closer to peoples' homes, and reference has been made to providing more specialist treatments from these sites and GP surgeries, for example, intravenous intervention.

**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 to focus on.

**Supporting the Workforce**

This 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 to ensure that staff are valued and supported by NHS Borders.

A strong perception is that 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. This includes providing more training and resources to allow this to happen.

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.

There is a requirement to improve Dementia care services locally, including to provide post diagnostic support for people and their families/carers living with Dementia.

**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 articulated that in

their view 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 need to promote 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 links 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. When reflecting on this some people expressed that this should be done from an early age and that interacting with schools would provide this.

### **Improving use of Information Technology (I.T.):**

People highlighted that they would like to see an increased and more effective use of Information Technology (I.T) facilities and devices, this was mostly requested from staff. Some examples of this include:

- For the booking of patient appointments
- Access to prescription services on-line
- Automated patient check-in facilities, including at GP practices
- Mobile 'Apps' which provide patient information
- The use of secure devices to access patient records (to replace paper systems)
- Access to wi-fi facilities for children and young people in the Children's Ward at BGH
- The use of hand-held devices for Consultants to enable faster and more effective communication between primary and secondary care
- To improve the I.T. integration between NHS Borders and NHS Lothian for specialist services

### **Support for Carers:**

Support for carers has been a common trend throughout the engagement. Whilst it is recognised that this is an area which has improved over the past few years, it did come through as an area for importance. This includes helping and supporting carers when the person they care for is being discharged from hospital.

## **OVERALL KEY THEMES FROM THE CONVERSATION**

The issues identified above subsequently been analysed further to determine overall key themes. These have been grouped under 3 key areas in line with the questions asked during the exercise and are outlined below:

### ❖ What is important to you – key themes:

- Accessible services for everyone when and where required
- High quality clinical care
- Emergency care that is provided locally
- Upholding NHS values (free at the point of use and publically run)
- Supporting carers to care for their relatives/friends
- Equality of access for everyone throughout the Borders – we need to think more about our 'rural' areas
- Clear communication throughout the patient journey
- Openness, honesty, transparency and treating everyone with dignity and respect
- Person-centredness – including plain talking, personal interaction and staff who are caring friendly and kind

### ❖ Where could we do better / what are our areas for improvement – key themes:

- Reduce waiting times – quicker access to outpatient appointments and elective surgery
- To receive test results more quickly
- Dementia care services
- Mental health services
- Supporting people with Long Term Conditions
- The patient experience
- Support for the workforce
- Improving use of Information Technology
- Local patient transport, especially for 'rural' areas
- Engagement with the public at community level

### ❖ Your ideas for the future for healthcare services – key themes:

- To provide 'more' services in the community / closer to home
- Flexibility of appointment times, for example extended GP opening times, and evening/weekend clinics for outpatient visits
- More focus on care for older adults
- Recruitment of 'more' doctors, nurses and frontline staff
- Promote personal responsibility and self-management of your own health
- Focus on long-term preventative work, encouraging healthier lifestyles, particularly at community level
- Staff morale and equitable workload for frontline staff
- Manage public expectation and educate in terms of the challenges and funding constraints of the NHS

## Summary

We are very grateful for the time and effort people have contributed to this conversation. NHS Borders is an important part of life for people from all communities across the

Scottish Borders. Everyone will come into contact with our services at some point in their lives be it through accessing services for themselves, for others or through their working lives as an NHS employee or as an employee of one of our partners in service delivery. With this position comes the responsibility to ensure that NHS Borders provide services that match the needs of our local population and in a way that is accessible to all. In order to achieve this NHS Borders must be committed to involving our public and communities in designing, planning and developing our services.

NHS Borders want to create a culture of continuous learning, improvement and innovation in partnership with our communities that promotes and upholds our organisational values (care and compassion; dignity and respect; openness, honesty and responsibility; quality and teamwork) and drives high quality, safe and person-centred care. There is a rich seam of knowledge and experience available across the Borders communities, from our patients and their families and carers, as well as from our staff, volunteers and local communities.

## **ACTIONS AND NEXT STEPS**

The following actions are proposed below:

**Action 1** - The learning and feedback captured throughout this engagement exercise will inform NHS Borders Public Involvement and Community Engagement strategy which is currently under development.

**Action 2** - The learning and feedback captured throughout this engagement exercise will inform the proposed progression of the Community Planning Partnership's collective approach to community engagement. This includes the development of a co-production toolkit.

**Action 3** – Any service specific feedback will be provided to the Head of Service and General Manager for their information and action if required.

**Action 4** - Share the findings and key themes with our Public Reference Group and the Scottish Health Council to seek their help and support in developing an 'easy-read' summary report for the public and our staff.

All of the information received during this engagement exercise will be available to view. Please contact the Planning & Performance team on 01896 828294 or email: [planning&performance@borders.scot.nhs.uk](mailto:planning&performance@borders.scot.nhs.uk) to arrange this.

## **Recommendation**

The Board is asked to:

**Note** this update and the outputs and feedback from the NHS Borders *Health in Your Hands: What Matters To You?* engagement exercise.

**Agree** the actions outlined within this paper.

<b>Policy/Strategy Implications</b>	The outputs and feedback from the engagement exercise will inform future public engagement exercises as well as any service reviews and future service planning work.
<b>Consultation</b>	The scope and range of the engagement exercise is detailed within this paper. Consultation has also included: Board, Public Governance Committee, Area Partnership Forum.
<b>Consultation with Professional Committees</b>	See above
<b>Risk Assessment</b>	NA
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	The engagement exercise has been delivered in line with Board Policy requirements on Equality and Diversity.
<b>Resource/Staffing Implications</b>	Supported within existing resources.

**Approved by**

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

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