

Annual Review 2023

Public Session Audience Q&A

Question regarding Counterweight Service based on information individual had been provided in a Freedom of Information response about the cost and very limited results in remission of type 2 diabetes. How can that expense be justified?

Answer from Dr Sohail Bhatti, Director of Public Health: Counterweight is a service approach that is supported by NHS Scotland. We are currently redesigning our weight management services as we recognise there are opportunities to this service in a more cost effective manner, while also supporting patients to manage their condition.

Question from attendee asking how we envisage Scotland recovers over the next ten years as a result of “an absolutely appalling NHS in crisis” which he made reference to as a “politically, systemically, management heavy system”.

Answer from Ralph Roberts, Chief Executive: It is our job as a Board to do what we can locally to provide appropriate services for our community, support our staff and their wellbeing. We also need to consider how we can improve the productivity and effectiveness of our services for our patients and plan for the future. Our demographics show we have a significantly ageing population and a shrinking working age population and we will need to change our services in response to this. This means a focus on prevention and different ways to provide services, for example providing more services in the community and less from hospital beds.

Question from attendee representing Endo SOS Charity stating that according to NHS Borders website in September Gynae outpatient waits were 29 weeks, with waits for inpatient and day case treatment sitting at 121 weeks which is the highest figure across all specialties in the Borders. Are these waits acceptable within the Scottish Government’s commitment within the Women’s Health Plan, and when people are not getting the chance to speak to specialists with the questions they have?

Answer from Laura Jones, Director of Quality and Improvement: There are currently two consultant vacancies in Obstetrics and Gynae which is significant when the team only has five members at full establishment. We recognise this is having a big impact on waits. The situation is improving and there has been a new Consultant post recruited to. However we do accept pressures across the hospital are impacting on waits for treatment.

Contact details were exchanged with the individual and a commitment given to following this up outside the public session.

Question from attendee talking about the number of delayed discharges in the system, and reflecting that some of these are people with MS who do not want to be stuck and instead want to be out “enjoying life”. She thinks the problem stems from the removal of care packages, and care workers being underpaid; and it would be better to pay people more rather than have people in hospital. She asked whether NHS Borders has a solution for this?

Answer from Chris Myers, Chief Officer for Health & Social Care: It is a difficult situation with different pay and terms and conditions across health, social care and the independent and third sectors. Ultimately terms & conditions are an issue for the Scottish Government. He indicated that while the amount of home care has increased, the need and demand has increased as well. The Health Board and Council, through the Health & Social Care partnership have developed an Integrated Workforce Plan that sets out actions to help address this. While we are working collectively to tackle this we accept there are no quick answers.

Question from attendee stating that as 40% of people in the Borders rate speaking to a GP as “not positive” and with workforce issues in general practice, what innovative work is being done to try and improve things?

Answer from Chris Myers, Chief Officer for Health & Social Care and Dr Lynn McCallum, Medical Director: We are working on the redesign and transformation of GP services through the implementation of the Primary Care Improvement Plan (PCIP). This includes successful implementation of vaccination transformation, the launch of a very successful primary care mental health service called Renew, which has received excellent patient feedback, and we are currently working on establishing Community Treatment facilities across the Borders where patients will get blood tests etc from different staff members to support better access for patients. There are also far more other healthcare professionals involved in the Multi-disciplinary Primary Care team including Advanced Nurse Practitioners and Allied Health Professionals who see appropriate patients. This allows GPs to see the patients who need their skills and experience. We recognise, like the rest of the UK, that we have a high vacancy rate for GPs in the Borders (10%) and it is difficult to attract GPs to remote and rural areas. We are therefore doing work with our GP practices to see what we can do to support and sustain General Practice. One example of this is we have recently introduced a very successful GP Fellowship scheme to attract newly qualified GPs.

Question from attendee who is currently waiting for a hip replacement following a fall. She has been waiting three years and wants to know what we are doing about the 115 week waiting list?

Answer from Laura Jones, Director of Quality & Improvement: The Board recognises that people are waiting far too long for treatment.

The waiting list is the result of postponed operations over the course of the pandemic as well as capacity issues and demand from unscheduled care having a significant impact on our ability to admit patients for planned operations on an ongoing basis.

We are very sorry about the impact this is having on people and we recognise this is causing ongoing patients difficulties including pain and disruption to their ongoing lives.

Resolving this is complex and requires us to address both Unscheduled care demand and use of beds, as well as improving the efficiency and effectiveness of our Planned care services. We have plans in place to improve both these areas and are very focussed on progress this as quickly as we can. However, with the long waits we currently have, we need to recognise that addressing this backlog and getting back to the waiting times we had pre-pandemic will take some time.

Questions Submitted in Advance of Public Session

Question: Would NHS Borders consider an alternative method for communicating with patients, such as eComms? This would allow patients to log into a protected NHS account where they would be able to find all communications regarding their care, and appointment information. This is something that is currently in place within NHS Lothian, NHS Highland & NHS Lanarkshire.

Answer: NHS Borders is committed to effective communication and welcome feedback such as this. We recognise a clear need for a digital solution to patient communication and appointments. A number of industry partners will be considered and a number of potential solutions will be investigated and assessed and will be presented to our board recommending the best solution that meets the needs of our population. As part of this process, we will engage with our staff and patients to ensure their feedback influence any decision we make going forward. We have started scoping work and subject to resources would be keen to start implementing an improved system in financial year 2024/25.

Question: What proactive approach is NHS Borders taking to actively address the waits currently being experienced for both Cataracts and Orthopaedic surgery?

Answer: NHS Borders has seen waits for Cataract surgery increase both because of the COVID-19 pandemic and, more recently, because of significant staffing shortages in key specialist roles, including skilled theatre staff supporting Cataract surgery. We have addressed these issues and are now seeing capacity recovering strongly and expect waits to reduce over the coming months.

While NHS Borders are not able to pay for treatment of individual provided in the independent sector, we do have agreements with other NHS providers to carry out Cataract surgery on our behalf. These appointments are offered to patients strictly in accordance with clinical need and the longest waiting patients given priority. NHS Borders has also used the private Spire Hospital in Newcastle for some patients over the last year.

In relation to our Orthopaedic waits these have increased because of reduced activity during the COVID-19 Pandemic and ongoing difficulties in protecting beds for our Planned care patients (because of Unscheduled / emergency activity). We do not have a shortage of orthopaedic surgeons (nor do any of our surgeons undertake private surgery). We have also had some difficulties with vacancies in our theatre nursing workforce and this has reduced the number of theatre sessions we have been able to run. However we have been working hard to address this and are now increasing the number of theatre sessions we can run.

Question: Has there been a change to the assessment and referral process for Adult Attention Deficit Hyperactivity Disorder (ADHD) within NHS Borders, and if so, what has this been?

Answer: Following the pandemic Adult Community Mental Health Teams (CMHT) had a significant backlog of Neurodevelopmental Disorder referrals with individuals waiting a long time to be seen. In discussion with and agreement from NHS Borders Executive Team, our Mental Health services commenced a waiting times initiative that involved a review of all referrals on our waiting list. This identified that a large proportion of these did not meet the criteria for seeing our Secondary care Mental health team (CMHT). In this initiative we applied the National Autism Implementation Team's stepped care model which can be found in the following link - <https://www.thirdspace.scot/wp-content/uploads/2021/09/NAIT-Adult-Diagnosis-Referral-Thresholds-Stepped-Care-Pathway-2021.pdf>

With the application of the stepped care model and an enforcement of the Adult CMHT referral criteria, many referrals to our service for an ADHD assessment did not meet the criteria. Where patients meet the criteria to be seen the Mental Health service does complete a holistic assessment of those referred and this would include ADHD. The referral criteria indicate – "Referral to the CMHT should be considered for patients with suspected or established moderate to severe mental illness / mental disorder who for reasons of complexity, severity, lack of treatment response, significant risk or impacts on daily functioning, require specialist multidisciplinary input."

When the decision was made to progress this initiative, it was recognised this would leave a gap in primary care provision for those who did not meet the criteria for our CMHTs. The board were expecting an allocation of funding from Scottish Government for Primary Care Mental Health that would have allowed the gaps in Primary Care mental Health provision to be addressed. Unfortunately, this has been put on hold.

If someone does not meet the referral criteria for NHS Borders services, then these patients do not meet the criteria for an Extra Contractual Referral to another area for an adult assessment for ADHD.

Question: What is NHS Borders doing to address the ongoing vacancy for a Multiple Sclerosis nurse?

Answer: MS Nursing posts are highly skilled and specialist, and there is a national shortage of Nurse Specialists across a range of specialities. We are committed to ensuring our recruitment process is robust to secure the skills, qualities, and necessary requirements of our population.