

# NHS Borders Clinical Strategy 2025 - 2030



# Contents

Title	Page
Executive Introduction	3
Principles & Engagement Approach	4
Our Clinical Strategy	5-6
Our Scottish Borders Population	7
Our Life Stage Approach	8
Starting Well	9
Growing Well	10
Living Well	11
Ageing Well	12
Care around Dying	13



# Executive Summary

Since joining NHS Borders in 2016, I've had the privilege of working with some of the most compassionate clinicians in my 25-year career. As a team rooted in our community, we care for colleagues' families and friends, making us deeply committed to safe, effective healthcare.

This strategy reflects broad engagement across professional groups, ensuring all voices were heard. It's encouraging to see readiness to embrace new models of care. Our challenge now is to turn ideas into action—shifting resources from hospital-centric services to care closer to home.

As our population ages, we must focus on what matters to each person. This strategy supports wellbeing across the life pathway, with thoughtful, person-centred interventions. I remain deeply grateful to all NHS Borders clinicians for the outstanding care you provide every day.



**Dr Lynn McCallum**  
Medical Director



Our clinical strategy places an emphasis on teams. We can only meet the needs of our population when the people from all clinical backgrounds work together to provide their specialist input into the care that we provide. These professions are central to patient experience and outcomes, and their leadership is vital in shaping services for today and the future.

This strategy focuses on four key principles that reflect our commitment to safe, person-centred, and innovative care.

Through these priorities, Nursing, Midwifery and Allied Health Professionals (NMAHPs) will lead integrated, sustainable, person-focused care. This strategy is not just about what we do it's about how we work together to make a meaningful difference for every individual and community we serve.

By embracing these priorities and working collaboratively we continue to build services that not only meet today's needs but shape a healthier future for everyone in the Borders.



**Sarah Horan**  
Director of Nursing, Midwifery  
& Allied Health Professionals



# Principles & Engagement Approach

Our clinical services have evolved to a position where, across the patch they do not work effectively to meet the demand we now face. This comes at a cost. Firstly, a cost to our patients unable to carry on their lives while they have long waits for care, and have to repeat their story. This impacts on their experience of care and also their healthcare outcomes. The second cost is held by our clinicians who, due to our services and infrastructure, find it difficult or more time consuming to best meet their patients' needs. This often leads to clinicians having to undertake difficult or time consuming interventions that have limited value for patients. Finally, there is a financial cost in having to treat patients in the wrong setting and in the additional cost of managing long waiting times.

The foundation of our Clinical Strategy is aimed around four key themes; Care Closer to Home, Person Centred Care, Technology Enabled Care and having an Empowered Workforce.

This strategy recognises where we need to improve, articulates where we need to get to using a life stage approach and then uses the four key principle questions to illustrate how we make the transition. These four key principle questions will be the basis of each of our specialty proposals to transition into more community based ways of working. The resources from secondary prevention will be used to fund a programme of primary prevention and infrastructure investment. This is shifting the balance of care.

Between July and November 2025, NHS Borders developed its Clinical Strategy through collaborative discussions with a full range of clinical staff and teams across our healthcare system to address service challenges and opportunities. Using a life-stage approach, the strategy prioritised value-based care and reducing health inequalities through early intervention. The following questions were used to shape and support conversations:

What are we doing to support people to keep themselves well?

How do we ensure that Primary & Community Services can support as many people back to good health as possible?

How do we make Secondary Care fast, efficient and effective?

How do we ensure equity of access for our patients who require access to Tertiary Services (or care delivered out with the Borders?)

This Clinical Strategy responds to these questions and our commitment to excellence and innovation in healthcare. We will drive our ambitious vision for 2030 encompassing a comprehensive approach from prevention to specialist services, and everything in between.





# Our Clinical Strategy

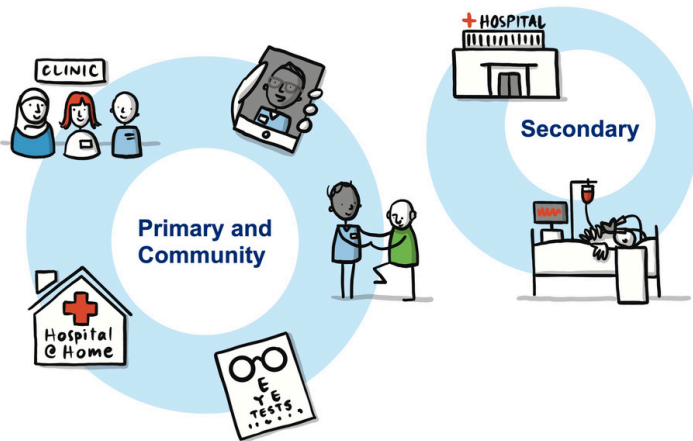
## Supporting People to Keep Themselves Well

The people who live in our towns and villages know what they need to keep themselves well. This is more difficult due to cost of living, work stress and family demands. This means our focus needs to be on community-based programmes that support physical and mental wellbeing, alongside targeted efforts to address social and environmental factors affecting health. Primary and Community Services are key, offering accessible support like social prescribing and early interventions. This is best done in partnerships with health, local authority, employers and third sector groups. The goal is to reduce dependence on hospital care by preventing illness early. Equity is ensured by tailoring initiatives to meet the needs of vulnerable and underserved groups.



## Ensure that Primary & Community Services can support as many people back to good health as possible

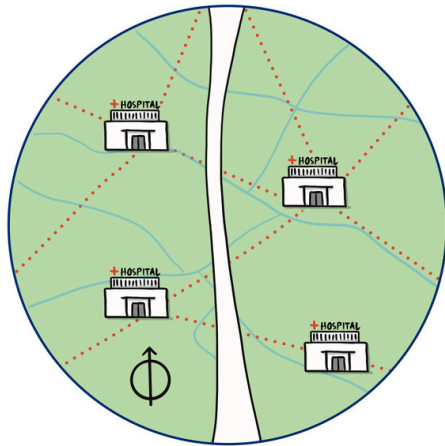
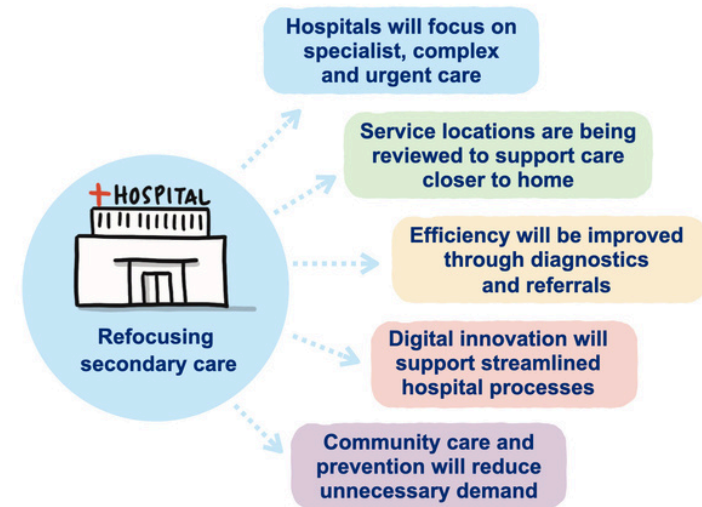
We are rebalancing the system to ensure Primary and Community Services are the first point of support for most people. This involves expanding multidisciplinary teams, integrating care pathways, and enhancing digital infrastructure to support seamless care closer to home. Prevention and early intervention are embedded in these services, helping people recover without needing hospital admission. More people will be cared for at home and illness exacerbation will be planned for. Equity of access is supported through community outreach, flexible service models, and targeted support for those facing barriers to care, ensuring that recovery is not dependent on geography or circumstance.



# Our Clinical Strategy

## Making Secondary Care fast, efficient and effective

Secondary Care must be responsive and high-performing. We are redesigning services to focus on what our secondary care services do best: delivering prompt, timely and highly effective care. This means reviewing how and where some services will be delivered from to maintain clinical excellence and workforce resilience. Efficiency will be driven by streamlined referral pathways, improved diagnostics, and digital innovation. Prevention and community-based care will reduce unnecessary demand, allowing the hospitals to focus on those who truly need specialist acute intervention.



## Ensure equity of access for our patients who require access to Tertiary Services

NHS Borders is responsible for the care and wellbeing of our population, even when that care is delivered elsewhere. To achieve this, we must build strong relationships and clinical networks to ensure high-quality services. Working with other Boards, we will keep access to complex care fair, plan ahead to avoid emergency care, and strengthen community-based services. Our focus is on prevention, reducing health inequalities, and delivering care closer to home in ways that reflect what matters most to people.



# Our Scottish Borders Population

## National Context

NHS Scotland is undergoing significant transformation to meet the evolving health needs of the population, with a strong emphasis on person-centred care, prevention, and integrated services. National priorities include reducing health inequalities, improving access to care, supporting workforce sustainability, and embracing digital innovation.

NHS Scotland's reform agenda began with the NHS Reform programme and the **Operational Improvement Plan** published in March 2025, setting out short-term actions to improve delivery. This was followed in June 2025 by two major frameworks: the Population Health Framework, a ten-year strategy to improve health and reduce inequalities, and the **Health and Social Care Service Renewal Framework**, which provides a high-level guide for transforming services to be preventative, person-centred, and efficient.

Alongside these came the **Public Service Reform Strategy**, reinforcing collaboration and sustainability across public services. These documents collectively shift the focus from treating illness to preventing it, planning at population level, and working beyond organisational boundaries. Most recently, the **Direction Letter** on sub-national planning and delivery requires Boards to collaborate regionally to ensure equitable access to specialist services, embedding population-based planning into their strategies.

## Local Context

People across the Scottish Borders benefit from a determination to keep themselves fit, and strong community cohesion underpins this resilience. NHS Borders serves 116,820 people across five rural localities.

While geography creates challenges for accessible care, our communities are generally healthy, independent, and resilient—key strengths for supporting wellbeing and self-management.

However, rising demand, workforce shortages, and financial pressures are increasing strain. Obesity and related conditions such as diabetes and heart disease add pressure, alongside long waits and outdated digital systems.

This Clinical Strategy, aligned with our **2025–2030 Organisational Strategy**, sets out how we will adapt services through innovation, integration, and community-based care, supporting self-management and new workforce roles.

Our priority is safe, effective, sustainable care. By strengthening local systems, investing in digital tools, and tackling key health challenges, we aim to improve outcomes and ensure timely access for everyone in the Borders.





# Our Life Stage Approach

## Our Life Stage Approach

Our Clinical Strategy focuses on supporting people throughout life, not just during illness. By viewing health through life stages, we aim to keep people well for longer and provide early support before conditions become complex. This approach ensures care reflects what matters most to individuals, aligning with their values and preferences.

## Specialty Areas and Future Vision

These life stages outline our vision for services in 2030. Working with clinicians, we explored ten specialties to show the changes needed for high-quality care within available resources. Each specialty was assessed against four key questions, applying them to life stages for consistency and clarity in planning and delivery. [Review these plans.](#)

## Why Life Stages Matter

Life stages help us understand changing needs from childhood to later life. Planning services around these stages enables proactive, preventative, and person-centred care. Delivering care closer to home, and through lower-cost services, supports independence, reduces hospital visits, and improves accessibility for all.

## Our Commitment

This approach goes beyond clinical pathways, it builds a health system for everyone, at every life stage. We set out a roadmap for transformation that balances quality, equity, care closer to home, and efficient use of resources. Each year, specialties will apply our four key questions to plan steps towards the life-stage vision. These priorities will shape commitments in our enabling strategies.



### Starting Well

Ensure everyone in the Borders has the best start to life with access to equitable, high quality support for families and communities. Life expectancy is higher in rural areas compared to the rest of Scotland.



### Growing Well

Placing the child or young person and their family at the heart of decision making, ensuring their voices are heard and their rights are respected in all aspects of their care.



### Living Well

Enable people to live with confidence, independence and dignity, supported by care that fits their needs. Living in the Borders brings a strong sense of belonging, higher volunteering and lower crime.



### Ageing Well

Empower older people to live longer, healthier lives with dignity and purpose, supported by joined-up care close to home. In the Borders, people spend more time outdoors and are highly satisfied with nearby green or blue spaces.



### Care Around Dying

Everyone nearing the end of life receives compassionate, personalised care focused on comfort and dignity, with support for loved ones before and after death.



# Starting Well

## What We Know



### Maternal Health

**1 in 4** women in Borders have a **BMI over 30** at their antenatal booking - increasing risks in pregnancy and birth.

### Rural Inequalities



Almost half of Borders' residents live rurally, where distance and cost limit access to women's health, maternity and early years care, leaving many families isolated and stressed.



### Adverse Childhood Experiences (ACEs)

- The most common ACE in the Borders is parental mental ill health.
- Children experiencing 4+ ACEs face higher risk of illness, heart disease, smoking and obesity throughout their lives.
- We have limited specialist services for children experiencing adversity in childhood.

# Our 2030 Ambition



Develop partnerships to include third sector organisations to support pregnancy planning



Create locality based hubs and deliver the Women's Health Plan



Offer remote consultations to anyone who wants one



Deliver a maternal obesity strategy that supports healthier lives



Ensure we have trauma informed workforce within NHS Borders



Expand perinatal and infant mental health support



Engage families in designing care plans reflecting lived experiences



Sustain excellence in breastfeeding



Redesign labour suite





# Our 2030 Ambition



Develop partnerships across multi-agencies that support healthy behaviours in children.



Expand community-based prevention services



Local optometrists will be first point of contact



Create clear guidance to help Children and Young People's Services work together and support families more easily



Improve co-ordination, accessibility and adaptability of all Children and Young Peoples' services



Develop specialist pathways for children with neurodevelopmental and related needs



Ensure we have trauma informed workforce in NHS Borders



Use digital technology to better support children and families



Redesign models of care to consider alternatives to admission



We will follow Getting it Right for Every Child principles



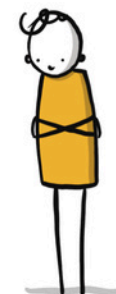
We will deliver *The Promise* so young people in care grow up loved, safe, and respected



# Growing Well

## What We Know

**Most children in the Borders enjoy happy and healthy development.**



Meeting the health needs of children and young people prevents disrupted education, isolation, and self-harm, supports families, reduces crisis demand, and helps every young person reach their potential.



Early vision, speech and language therapy and audiology support helps young people to learn, develop and stay independent.



All our work will align with Scotland's United Nations Convention on the Rights of the Child (UNCRC) legislation. We will promote children's rights and specific healthcare needs, ensuring they have accessible information and the best possible health outcomes in the Borders.



## Living Well

## What We Know

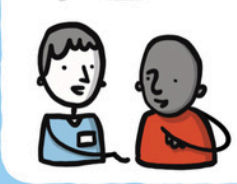


In the Borders, nearly a quarter of people live with a long term condition such as heart or lung disease, arthritis, diabetes, cancer, or epilepsy. These become more common with age. With the right support, people can manage their health and live well.



With rising demand due to an ageing population, we need to provide timely and person-centred care close to home. This will reduce pressures on hospitals.

What matters to you?



Creating a Future Care Plan helps people in the Borders define the care they want, based on their own values and principles. The person is always at the centre of all health decisions.

## Our 2030 Ambition



Expand support to help people manage their own health with other third sector organisations



Create locality based health hubs in our communities.



Develop a population wide weight management process including the use of weight loss medication



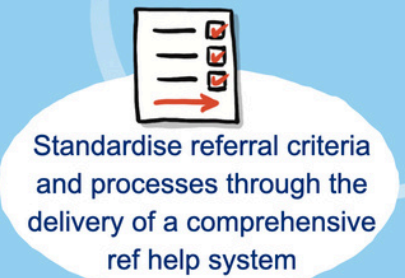
Set up local rehabilitation teams including, respiratory, MSK, cardiovascular and stroke



Work alongside GPs to provide early identification of heart disease



Establish regular MDTs to support complex care and discharge planning



Standardise referral criteria and processes through the delivery of a comprehensive ref help system



Ensure a single, shareable digital record is available to support remote and co-ordinated care across the hospital and community



Enhance same day surgical procedures



Cataract surgery will be delivered in a timely manner



Work collaboratively with East of Scotland partners to ensure equity of access





# Our 2030 Ambition



Develop opportunities to support people maintaining strength and mobility



Develop locality hubs that network community services to deliver patient centred care, ideally close to home



Embed falls prevention



Make future care planning a routine part of care



All patients on 4 or more medicines will have had a medicine review

*What matters to you?*



The person is always at the centre of decisions around their health



All patients with a frailty score of 5 and above would be identified within NHS Borders



Open a dedicated frailty unit at BGH



Support early facilitated discharge and prevention of admission



Strengthen intermediate care, rehabilitation and re-enablement including assessments at home

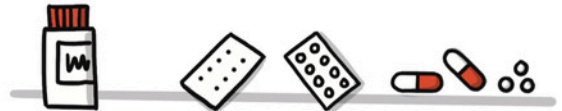


Roll out a safe digital prescribing system



# Ageing Well

## What We Know



Over **19,000** people in Borders aged **65–84** take four or more medicines.

Up to **20% of hospital admissions** are linked to medicines.



Support for frailty includes staying active, eating well, planning care, reducing medicines, and family support. Spotting frailty early reduces chances of falls, mobility problems, delirium, and medication side effects.





# Care Around Dying

## What We Know



Dignity in death matters to everyone. Honest conversations about dying and bereavement are essential. Most deaths in the Borders happen in hospital, and fewer people spend their last six months at home than elsewhere in Scotland. It is important that we support people to die in their place of choice

*What matters to you?*



Identifying the need for palliative care early and planning ahead helps make sure care reflects what patients and families want. It reduces unnecessary hospital stays and improves everyone's experience of care. The person is always at the centre of decisions around their health.

# Our 2030 Ambition



Promote early identification of life shortening conditions



Create stronger general and specialist palliative care services in community and hospital settings



Expand multidisciplinary approaches in general and specialist palliative care services



Provide joined-up care for people of all ages who are dying, and make sure we all recognise what matters to them and their families



Make future care planning a routine part of care and offer families support before and after death



Provide seamless support by strengthening collaboration across health, social care, and community services



Identify & improve care around dying transitions

