

## Borders NHS Board



### A 20:20 VISION FOR NHS BORDERS

#### **Aim**

The aim of this paper is to ask members to consider and approve the final versions of the of the 20:20 Vision documents.

#### **Background**

The Strategy & Performance Committee considered a draft version of the main 20:20 Vision document at the December 2011 meeting. The *20:20 Vision for NHS Borders* sets out the strategic narrative and the direction of travel that NHS Borders has already embarked upon and is planning ahead. The document:

- Sets out the current strategic context
- Outlines the principles that NHS Borders is already following when redesigning services
- Describes some of the planned health service developments within Borders
- Promotes what the people of the Scottish Borders can expect of their health service

The draft has been further developed with the inclusion of the comments of a number of Board members. The document has also been discussed in detail at a Board Development Session. The final document is now attached for approval.

It was agreed that a shorter version of the document would be drafted that could be circulated to the public. The aim of the document would be to share our strategic vision, outline the key drivers for change and highlight the progress that we have made in raising standards and increasing efficiencies. This document would also provide an opportunity to describe the direction we will take over the coming years. The attached document has been reviewed by the Public Reference Group and Public Involvement and the document has been updated in light of comments.

#### **Summary**

The attached 20:20 Vision documents are intended to outline why NHS Borders needs to make changes and that the organisation will remain consistent with the national Strategic Narrative when implementing local change.

#### **Recommendation**

The Board is asked to **approve**:

- The full version of NHS Borders 20:20 Vision
- The public version of NHS Borders 20:20 Vision.

<b>Policy/Strategy Implications</b>	The document summarises the strategic direction of travel for NHS Borders
<b>Consultation</b>	The main 20:20 document has been commented on by the Board. The public version has been discussed by the Public Reference Group and has been assessed by Public Involvement
<b>Consultation with Professional Committees</b>	See above
<b>Risk Assessment</b>	N/A
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	An EQIA was completed in January for the main version of the document
<b>Resource/Staffing Implications</b>	There are no implications

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
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# **A 20:20 Vision for NHS Borders**

## **PREFACE**

A 20:20 Vision for NHS Borders reiterates and emphasises the commitment that patient safety is paramount, and while we believe our services in Borders are already safe, we want to make things even safer to drive up the quality of our local services and improve patient experience.

NHS Borders along with the wider public sector will continue to face the challenges of changing demand and a tightening financial context. We therefore seek to ensure that NHS Borders remains at the forefront of implementing innovation and new ways of working in order to ensure that health services remain as local and responsive as possible.

We aim to improve the lives of patients, the health of communities, and the role of the health care workforce by focusing on an ambitious set of aims for our health care system, including, Safety, Effectiveness, Patient-Centeredness, Timeliness, Efficiency, and Equity.

The vision for NHS Borders is to develop and continuously improve. This will result in a systematic and strategic approach, increase capacity and productivity whenever possible to provide local healthcare needs which lead to improved outcomes, better value for money and are effective and sustainable to ensure security of the right services for patients.

This document sets out the way forward for NHS Borders, outlining the aims and actions to be implemented and focuses on the main principles of doing so.

**John Raine**  
**Chair, NHS Borders**

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## Section 1.0 - Introduction & Context

### 1.1 Setting the Direction

NHS Borders' vision for how it provides health services to the people of the Scottish Borders has been comprehensively set out for a number of years. This is a commitment to delivering a more modern, accessible service – a service that is better, quicker, closer and safer. *Getting Fit for the Future* (2006) outlined NHS Borders' intention to move to a more sustainable and appropriate range of services for patients across the Scottish Borders. The strategic goals outlined within that redesign programme were widely consulted on with the public and approved by the Board in March 2006 and remain just as applicable today.

The subsequent Strategic Change Programme (SCP), as highlighted in NHS Borders' *The Case for Change* (2009), sought to continue NHS Borders' journey along the strategic direction towards a health service which can allow patients to access a networked range of services, operating from hospitals, health centres and within the community that are modern, convenient and well-equipped. *Your Health, Our Future* (2009), again reaffirmed NHS Borders' desire to redesign our services to meet the needs of future generations by encouraging health living, delivering a responsive health service and providing services closer to home.

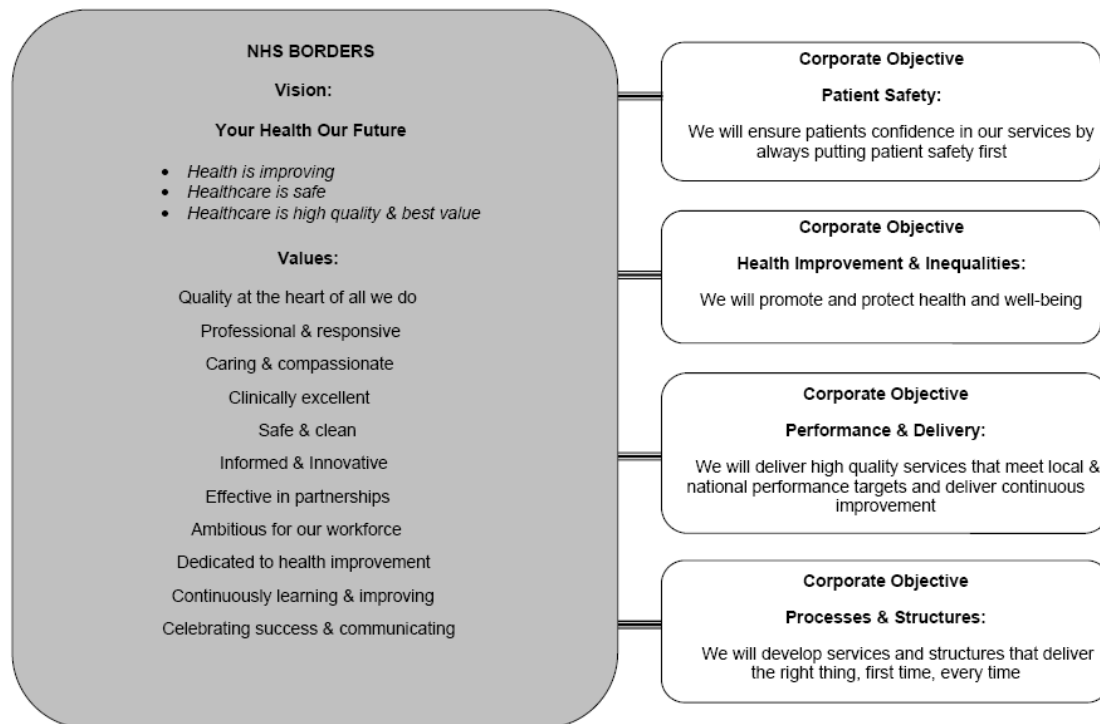
Looking ahead to 2012 and beyond, NHS Scotland and the wider public sector will continue to face the challenges of changing demand and a tightening financial context. NHS Borders' efficiency programme seeks to ensure that NHS Borders remains at the forefront of implementing innovation and new ways of working in order to ensure that health services remain as local and responsive as possible. Figure 1 identifies how NHS Borders aims to deliver projects that aim to redesign services.



Figure 1 – Quality Initiatives and Cost Reduction Programmes, NHS Scotland Efficiency & Productivity: Framework for SR10, Scottish Government, 2011

## 1.2 NHS Borders' Corporate Objectives

NHS Borders aims to improve the lives of patients, the health of communities and the role of the health care workforce by focusing on an ambitious set of aims for our health care system. The Corporate Objectives below underpin the setting of personal performance objectives for all staff across NHS Borders. All managers who set objectives and appraise staff are expected to cascade this process through the organisation to ensure we realise our vision.



## 1.3 NHS Scotland's Quality Strategy

The Better Health, Better Care Action Plan (2007) made a series of commitments to improve the health of everyone in Scotland and to improve the quality of healthcare and healthcare experience. The related programmes and initiatives have already enhanced the quality of healthcare within NHS Scotland. Better Health, Better Care has made significant achievements in the last few years such as the further improvements made in waiting times, the approach to tackling Healthcare Associated Infection and improvements made to ensure the safety of patients in our hospitals.

The Healthcare Quality Strategy (2010) will ensure that NHS Scotland maximises its contribution to the wider Purpose of the Scottish Government to create sustainable economic growth and opportunities for everyone in Scotland to flourish. The strategy will have a direct and positive impact on these goals through the improvements it will make in supporting everyone in Scotland to live longer healthier lives and to participate more productively both economically and socially. Increased effectiveness, efficiency and productivity of the health sector in Scotland will make a significant and direct contribution to economic growth.

**The Quality Ambitions, The Healthcare Quality Strategy for NHS Scotland, Scottish Government, 2010.**

- ❖ Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.
- ❖ There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.
- ❖ The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.



## Section 2.0 – Achieving Sustainable Quality in Scotland’s Healthcare: A ‘20:20’ Vision

The vision for Scotland 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 prevention, anticipation 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 minimal risk of re-admission.

### Action Required:

- ❖ We need a shared understanding with everyone involved in delivering healthcare services which set out what they should expect in terms of support, involvement and reward alongside their commitment to strong visible and effective engagement and leadership which ensures a real shared ownership of the challenges and solutions.
- ❖ We need to develop a shared understanding with the people of Scotland which sets out what they should expect in terms of high quality healthcare services alongside their shared responsibility for prevention, anticipation, self management and appropriate use of both planned and unscheduled/ emergency healthcare services, ensuring that they are able to stay healthy, at home, or in a community setting as long as possible and appropriate.
- ❖ We need to secure integrated working between health and social care, and more effective working with other agencies and with the Third and Independent Sectors.
- ❖ We need to prioritise anticipatory care and preventative spend e.g. support for parenting and early years.
- ❖ We need to prioritise support for people to stay at home/in a homely setting as long as this is appropriate, and avoid the need for unplanned or emergency admission to hospital wherever possible.
- ❖ We need to make sure people are admitted to hospital only when it is not possible or appropriate to treat them in the community - and where someone does have to go to hospital, it should be as a day case where possible.
- ❖ Caring for more people in the community and doing more procedures as day cases where appropriate will result in a shift from acute to community-based care. This shift will be recognised as a positive improvement in the quality of our healthcare services, progress towards our vision and therefore the kind of service change we expect to see.

## Section 3.0 – NHS Borders’ Strategic Narrative

NHS Borders has implemented a number of redesigned services that deliver the strategic direction set out in section 1. This commitment can be demonstrated across the organisation, for example:

### 3.1 Delivering care to Borderers in the Borders - Repatriation in Renal Services

A significant number of NHS Borders patients received their dialysis at St John’s Hospital, Livingston, the Western General Hospital or the Royal Infirmary in Edinburgh as there was no capacity in Borders to deliver treatment locally.

- The renal unit has now doubled in size, from six to 12 dialysis machines.
- The new dialysis machines have increased the local dialysis capacity from 36 patients to 54 patients.
- Significant enhancements for patients have been added to the new unit which include televisions, additional equipment and Wi-Fi provision.
- 20 renal cases have moved from Lothian to the new unit in the BGH.

❖ **Principle: provide care within Borders wherever clinically possible**

### 3.2 Collaborating in care – A Health Hub in the Cheviot Locality

The Cheviot locality has a high population of older people when benchmarked against other Localities in the Borders with 23% of people over 65 years in comparison with a Scottish National Average of 17%.

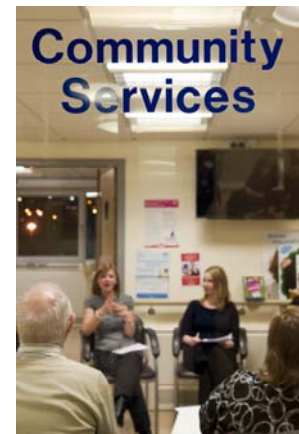
- Providing Housing with Care – 16 places in Kelso and 12 in Jedburgh
- Increasing intensive home care arrangements as an alternative to residential care
- Providing new care home services at Grove House – a total of 24 places which include 7 Intermediate care places, 5 short term assessment places and 12 enhanced placements.
- Integrating day hospital and day care services and providing 65 day care places per week in Kelso and Jedburgh
- Introducing social centre provision in Kelso, Jedburgh, and Yetholm area in partnership with the voluntary sector
- Developing an extra care housing facility in Kelso
- Maximising the available accommodation by co-locating Health and Social care staff into joint teams

❖ **Principle: deliver services in partnership wherever possible**

### 3.3 Branching Services Out Into the Community – A redesigned Poynder View service

Eastern Borders had no NHS day care/resource centre and limited outreach from Poynder View with the community team members in that area.

- Implementation of a resource centre / outreach service that supports early diagnosis and facilitates early intervention, assessment and treatment of dementia to help reduce unnecessary hospital admissions and enable individuals to remain at home for longer.
- The service also became a community wide resource providing specialist advice to primary care, day care providers, acute care and care homes.
- A flexible and responsive 7 day service
- A warm, welcoming and friendly community resource centre
- A very proactive and flexible service tailored to meet individual needs
- Carers advice and support available on a 1:1 and group basis
- Community based groups meeting the needs of people with Dementia in more distant parts of the community
- Co-location with Alzheimer's Scotland providing education, advice and support
- The establishment of Cognitive Stimulation Therapy Groups



❖ **Principle: enhance care in the community through community teams**

### 3.4 Implementing Innovative Ways of Working - Orthopaedic Enhanced Recovery

Implementation of a patient focussed enhanced recovery programme in orthopaedics to improve the journey of patients undergoing lower limb arthroplasty and reduce their length of stay.

- Reduced the average LOS for arthroplasty in the Borders from 7.7 days (amongst the longest LoS in mainland Scotland) days to 3 days (lowest length of stay in Scotland).
- The establishment of a hip/knee class
- The establishment of a departmental protocol for pre-assessment and peri-operative care
- Cancellation rates down from 21% to 2%
- 75% of patients were admitted on the day of surgery as against none prior to implementing the project.
- Post-operatively 92% of patients have been mobilised on the day of surgery and the catheterisation rate has dropped from 100% to 5%. Transfusion rates have also been reduced to less than 5% from 40%.

❖ **Principle: deliver effective treatment by modernising ways of working**

### **3.5 – Patient-centred Approach - NHS Borders' Patient Safety Programme**

Patient Safety is a key objective for NHS Borders. Together, we can improve the safety and reliability of hospital and health care. With the national Scottish Patient Safety Programme, frontline NHS Borders staff are applying evidence based interventions to every patient every time.

By introducing reliable evidence based changes to practice, we aim to reduce adverse events by 30% and Mortality by 15%

Using real time data, frontline staff play a key role in testing and implementing patient safety interventions in key areas in the hospital setting and are now moving these techniques into Mental Health and Primary Care.

- All areas in the BGH are now engaged in Patient Safety Programme activities under the following headings: Critical Care, General Ward, Peri-operative Care, Medicines Management, Paediatrics and Leadership.
- The benefits for patients are demonstrated by the reduction in infection rates, early detection of deteriorating patients in the General Wards and improved surgical and theatre outcomes.
- Leadership and communication - There is a higher standard of communication amongst all staff, improved patient safety culture and awareness of measuring for improvement in clinical practice and quality of care.
- In 2010/11 NHS Borders reduced *Clostridium Difficile* infections by 50% compared with 2007/08.
- It is 1000 days since there was last a central line infection in our Critical Care Unit
- Our standardised hospital mortality rate has reduced by 11.4% since the beginning of the programme and now sits at 0.78%.

❖ **Principle: frontline staff are partners in improving health, care and safety systems and processes**

### **3.6 – Health Improvement**

The development of a Joint Health Improvement Team has strengthened capacity to work with partners to improve the health of people in the Borders and address health inequalities. Achievements include:

- Development of resources and training for staff who work in a range of settings with young families on healthy weaning
- Distribution of free Healthy Start Vitamins to eligible women and provision to enable those not entitled to purchase vitamins
- Enhanced access to information, support and resources for health in disadvantaged local communities including engagement with over 200 individuals in community based adult learning opportunities for health improvement

- Smoking cessation support to facilitate over 650 people to stop smoking at 4 weeks in 2010-2011 through the Quit4Good Stop Smoking Service
- 56 sign-up's for Smoke Free Homes scheme since January 2011
- Increased access to and participation in physical activity as illustrated by the implementation of the Play@home programme to increase physical activity levels of young children. 60 Childcare workers from across Borders have been trained in using the Play@home programme
- Close to 300 people trained in mental health improvement, mental health first aid and suicide intervention from NHS, SBC, voluntary organisations and community groups

❖ **Principle: patients are partners in their health and care**



## Section 4.0 – Continuing This Journey

As articulated in Getting Fit for the Future, the Case for Change and NHS Scotland's 20:20 Vision, NHS Borders is committed to continuing the journey to a more efficient health service in the years ahead. Some of the planned developments include:

### 4.1 Borders General Hospital

- ❖ Redesign dermatology services at the BGH in order to repatriate inpatient dermatology patients from NHS Lothian into a predominantly outpatient/day case based service from the BGH.
- ❖ Improve the patient care pathways by providing a local triage mechanism for all NHS Borders GPs to prevent unnecessary secondary referrals to NHS Lothian.
- ❖ Create day case capacity to care for Lothian patients at the BGH. This aims to support the sustainability of key clinical skills in NHS Borders' workforce.
- ❖ Create a centralised booking system for inpatient and outpatient appointments ensuring that patients are treated in turn.
- ❖ Implement the UNICEF Baby Friendly Initiative in the BGH maternity unit and in community services

### 4.2 Primary & Community Services

- ❖ To modernise community inpatient services in order to reduce patients' length of stay across all the localities and improve the provision of day and community services. This aims to maximise the use of sites by co-locating with other community teams to create health hubs.
- ❖ To progress the integration of Health & Social Care in order to deliver a whole-system approach to care and avoid duplication and gaps between the services.
- ❖ The strategic implementation of telehealth solutions across the region. This aims to support patients in their own homes after being discharged from hospital and avoid readmissions back to hospital.



### 4.3 Mental Health Services

- ❖ To shift the balance of care from Tier 4 services for Older Adults towards the community and other service sectors.
- ❖ To complete an improvement review of Community Mental Health nursing teams' working practices and efficiency.

### 4.4 Joint Learning Disabilities Services

- ❖ Ongoing repatriation of out of area placements as per individual reviews in order to improve the life experience for people by bringing them back to their home area and family.
- ❖ To review the Mountview contract in order to improve the quality and cost of service and update the model of care in line with residents' needs.

## **What does this mean for the people of the Scottish Borders?**

### **Principle: patients are partners in their health and care**

- ❖ A contract will describe what personal responsibility for their own health and health care patients should have.
- ❖ Patients have to help to reduce prescribing and medicines waste
- ❖ We will proactively contact patients when agreeing outpatient appointments, but patients will then be expected to honour this agreement
- ❖ Communities are investors in their health and health care
- ❖ Greater emphasis on anticipatory care and preventative services in the community
- ❖ The most effective treatments are not always in the acute services

### **Principle: frontline staff are partners in improving health, care and safety systems and processes**

- ❖ Staff are the ambassadors for a health promoting health service including supporting mental health and well being
- ❖ Staff ensure patients have equity of access to all the services they require
- ❖ Ensure early detection of Cancer
- ❖ Focus staff attention on clinical activities and frontline services wherever possible
- ❖ Celebrate excellence not matter what your role is in the organisation

### **Principle: enhance care in the community through community teams**

- ❖ Roll out more collaborative services in, or as close to, the patient's home across all of the Scottish Borders

### **Principle: deliver services in partnership wherever possible**

- ❖ Greater integration and partnership working with the SBC and other public sector organisations to ensure best use of public expenditure
- ❖ Collaboration and co-operation across NHS Scotland and the Voluntary sector
- ❖ Health Hubs in Peebles, Kelso, Hawick and Duns and, wherever possible, integrate with social services on these sites.
- ❖ Expect our independent contractors to work with us to provide integrated service

## **Principle: deliver effective treatment by modernising ways of working**

- ❖ Daycase is the norm, inpatient the exception
- ❖ Embrace telemedicine, other IT opportunities innovative ways of working in order to improve the patient pathways
- ❖ The best outcomes for patients can only be achieved by delivering the most effective treatments
- ❖ Services will be provided in as few a steps as possible, but this may require patients to travel
- ❖ Patients will be treated in turn, except for clinically urgent cases
- ❖ NHS Borders will comply with national waiting time guarantees
- ❖ Sustainable services can only be delivered by remaining with allocated resources
- ❖ During a period of slow economic growth, NHS Borders will try to control costs by reducing our footprint to ensure the best use of public expenditure

## **Principle: provide care within Borders wherever clinically possible**

- ❖ Expect care in the Borders, care outwith the Borders the exception
- ❖ Prioritised treatment in the Borders but not necessarily in a specific locality
- ❖ Appointments at the earliest possible point may need patients to an alternative locality within Borders.



# **A 20:20 Vision for NHS Borders**

## 1. Introduction to the 20:20 Vision for NHS Borders

Welcome to the 20:20 Vision for NHS Borders. Patient safety is the number one priority for NHS Borders and we are constantly striving to provide a high standard of healthcare for our patients and ensure our local population receives first rate care.

As we work towards raising standards, we also have some challenges to face. The current financial climate means that NHS Borders has to make savings in our budget and at the same time, there is increased demand for healthcare. We are therefore introducing new innovative ways of working to ensure that health services meet the needs of our local people in the coming years.

This document sets out the way forward to allow NHS Borders to meet its aims of raising standards, meeting increased levels of demand whilst achieving efficiency savings. This includes changes that will be required as well as actions to be implemented.

## 2. The Way Forward

In 2006, NHS Borders set out a vision for how it would provide health services to the people of the Scottish Borders for the coming years. Healthcare services were to be improved and delivered closer to peoples' homes with patient safety a priority. The changes were required to meet the increasing demand on our services due to a growing population and to take advantage of the advances in technology and practices which meant that healthcare could be provided differently, for example, by increasing the number of operations carried out as day cases and reducing the need for patients to stay overnight. Redesigning our services has meant that we can provide a more flexible service for our patients. Since then we have continued with this direction of travel and in making changes and reorganising services, an aim remains to make improvements in everything we do.

Looking ahead to 2020 and beyond, NHS Scotland and the wider public sector will continue to face the challenges of changing demand and lower levels of investment. NHS Borders' Efficiency Programme seeks to ensure that NHS Borders remains at the forefront of implementing innovation and new ways of working in order to ensure that health services remain as local and responsive as possible and that all of our resources are used most efficiently. This includes making best use of our buildings.

**John Raine**  
**Chair, NHS Borders**

### 3. What Action is Required?



The Scottish Government has set out a vision for Scotland, that by 2020 everyone will be able to live longer healthier lives at home, or in a homely setting. Health and social care systems will work together with a focus on prevention, anticipation and supported self management. When people need to come into hospital and their treatment cannot be provided within their community, 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 minimal risk of re-admission. To achieve this vision, NHS Borders will need to undertake a range of actions.

#### Action Required:

- ❖ When people are ill, we need to provide support for them so that they can remain at home for as long as possible and if they need to have hospital treatment, this should be within their local area or carried out as a day case so that they can return home the same day.
- ❖ Staff who deliver healthcare services need to know what they should expect in terms of support, involvement and reward and leaders should ensure a shared ownership of the challenges to be faced and involve staff in working up solutions.
- ❖ The people of Scotland will expect healthcare services to be of the highest quality and to gain maximum benefit from these services there is a shared responsibility for prevention, anticipation, self management of existing conditions by the population as a whole. Services should be accessed appropriately to ensure that people stay healthy, at home, or in a community setting as long as possible and appropriate.
- ❖ Healthcare and social care services will work more closely and there will also be closer working with private and voluntary sector health and social care providers.
- ❖ There should be more spending on prevention to avoid problems increasing in the future, eg to support vulnerable families.

The following pages describe some principles which underpin the delivery of healthcare services in NHS Borders. There are examples of improvements to services which have already taken place along with descriptions of the further changes that are underway.

These principles are:

- Provide care within Borders whenever clinically possible
- Deliver services in partnership whenever possible
- Enhance care in the community through community teams
- Deliver effective treatments by modernising ways of working
- Frontline staff are partners in improving health, care and safety systems and processes
- Patients are partners in their health and care.

#### 4. Principle: Provide Care Within Borders Wherever Clinically Possible

##### *Case Study*

##### **Expanding Renal Services in NHS Borders**

Up until 2011, a significant number of patients living in the Borders had to travel to have their dialysis treatment at St John's Hospital, Livingston, the Western General Hospital or the Royal Infirmary in Edinburgh as there was not sufficient capacity in Borders to treat everyone locally. An expanded Renal Unit was opened in 2011:

- The number of dialysis machines has been increased from 6 to 12
- 54 patients can now be treated which has increased from 36 patients in the new unit
- The improved unit has enhancements for patients such as televisions, additional equipment and Wi-Fi provision.

#### 5. Principle: deliver services in partnership wherever possible

##### *Case Study*

##### **Collaborating in Care – A Health Hub in the Cheviot Locality**

The Cheviot locality covers the towns of Jedburgh and Kelso and the areas in between. This area has a high population of older people when compared with other area in the Borders, with 23% of people over 65 years in comparison with a Scottish National Average of 17%. A focused work stream led by NHS Borders and Scottish Borders Council has aimed to increase services aimed at over 65s:

- Providing Housing with Care – 16 places in Kelso and 12 in Jedburgh
- Increasing intensive home care arrangements as an alternative to residential care
- Providing a range of new and innovative care home services at Grove House in Kelso
- Integrating day hospital and day care services and providing 65 day care places per week in Kelso and Jedburgh
- Introducing social centre provision in Kelso, Jedburgh, and Yetholm area in conjunction with the voluntary sector
- Developing an extra care housing facility in Kelso
- Health and Social care staff have been reorganised into joint teams to increase effective working.

### ***What Further Changes are Underway?***

- Redesign Dermatology Services at the BGH to provide a mainly outpatient/day case based service from the BGH, reducing the number of patients who require treatment in Lothian
- Improving our local referral systems for all NHS Borders GPs to reduce the number of referrals to Consultants in NHS Lothian
- A review is ongoing by the Learning Disability service of patients who receive services outwith Borders. Where possible these patients are being brought back to Borders, which provides an improved life experience for them as they will be back in their home area and closer to family.

### ***What Further Changes are Underway?***

- Create day case capacity to care for Lothian patients at the BGH, meaning that local services will be secured in the future
- Rolling out the Cheviot model within the Tweeddale locality which is the area which covers Peebles and the surrounding area.
- Health & Social Care Services will work as joint teams with a joined up approach to care which will avoid duplication and ensure patients receive the full range of services they need.

## **6. Principle: Enhance Care in the Community Through Community Teams**

### ***Case Study***

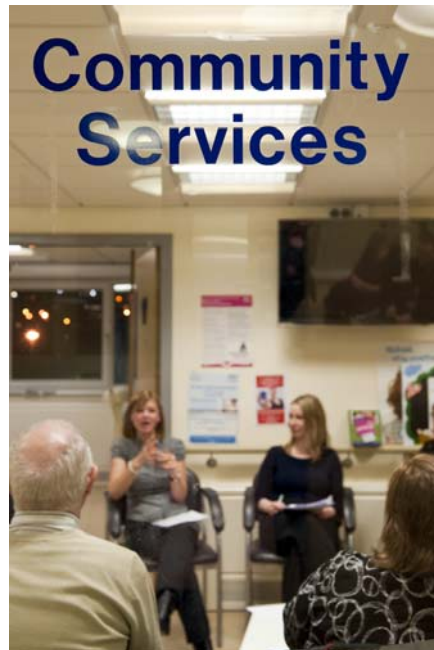
#### **A Redesigned Poynder View Service**

Poynder View was an inpatient ward for Dementia patients based in the Cheviot area. To meet the increased demand for Dementia services, there was a move away from the inpatient model to manage a larger and wider patient group:

- A new service was established to support where patients are now supported within the community, with Nurses visiting patients in their own homes and at other locations. There is also a resource centre with open access. This has meant earlier diagnosis with early assessment and treatment of Dementia to help reduce unnecessary hospital admissions, allowing individuals to remain at home for longer.
- The service also became a community wide resource providing specialist advice to GPs and Community Nurses, day care providers and care homes.
- A flexible and responsive 7 day service, tailored to meet individual needs
- A warm, welcoming and friendly community resource centre where patients and carers can drop in for advice
- Carers advice and support available on a one-to-one and group basis
- Community based groups meeting the needs of people with Dementia in more distant parts of the community
- Co-location with Alzheimer's Scotland providing education, advice and support
- The establishment of Cognitive Stimulation Therapy Groups.

### ***What Further Changes are Underway?***

- Within Mental Health, there is a focus on delivering support within the community and moving away from inpatient services
- Within Mental Health, a review of the Community Mental Health nursing teams is underway to ensure the teams are working efficiently and whether there are opportunities to introduce new practices.



## 7. Principle: Deliver Effective Treatment by Modernising Ways of Working

### Case Study

#### Implementing Innovative Ways of Working - Orthopaedic Enhanced Recovery Programme

A new programme has been introduced to speed up recovery for patients who have undergone hip and knee replacements. This programme sets out new guidelines to ensure most patients are up and moving about on the day of their surgery and this has brought many benefits such as:

- A reduction in the number of days patients spend in hospital following their operation, down from an average of 7.7 days to 3 days (lowest length of stay in Scotland).
- The establishment of a hip/knee class.
- Patients are now pre assessed before their operation and standard procedures have been introduced defining standard care following an operation
- A reduction in the number of hip and knee replacement operations cancelled, down from 21% to 2%.
- 75% of patients are now admitted on the day of their surgery as against none prior to implementing the project.
- 92% of patients are now up and moving about on the day of surgery and the catheterisation rate has dropped from 100% to 5%. Blood transfusion rates have also been reduced from 40% to less than 5%.

## 8. Principle: Frontline Staff are Partners in Improving Health, Care and Safety Systems and Processes

### Case Study

#### Patient-centred Approach - NHS Borders' Patient Safety Programme

Patient Safety is a key objective for NHS Borders. Together, we can improve the safety and reliability of health care. With the national Scottish Patient Safety Programme, frontline NHS Borders staff are applying evidence based interventions to every patient every time. By introducing reliable evidence based changes to practice, we aim to reduce adverse events by 30% and Mortality by 15%

Frontline staff play a key role in testing and implementing patient safety improvements in key areas in the hospital and are now moving these techniques into Mental Health and Primary Care. The results include:

- All areas in the BGH are now engaged in Patient Safety Programme activities under the following headings: Critical Care, General Ward, Inpatient Care, Medicines Management, and Paediatrics.
- The benefits for patients are demonstrated by the reduction in infection rates, early detection of deteriorating patients in the General Wards and improved surgical and theatre outcomes.
- There is a higher standard of communication amongst all staff, improved patient safety culture and awareness of measuring for improvement in clinical practice and quality of care.
- In 2010/11 NHS Borders reduced *Clostridium Difficile* infections by 50% compared with 2007/08.
- It is 1000 days since there was last a central line infection in our Critical Care Unit

### ***What Further Changes are Underway?***

- New technology known as telecare will be used to support patients in their own homes after being discharged from hospital to avoid re-admissions back to hospital.
- Within the Learning Disability Service, a redesign of the Mountview Home is being undertaken to improve the quality and cost of service and update the model of care in line with residents' needs.
- Continue to reinforce practice that day case is the norm and inpatient care is the exception.
- Sustainable services can only be delivered by remaining within allocated budgets.

### ***What Further Changes are Underway?***

- There is focused work to improve early detection of cancer.
- Staff attention is on clinical activities and frontline services wherever possible.
- Staff will ensure patients have equity of access to all the services they require.



## 9. Principle: Patients are Partners in their Health and Care

### *Case Study*

#### **Improving Health**

The development of a Joint Health Improvement Team has strengthened capacity to work with partners to improve the health of people in the Borders and reduce the social factors which can lead to ill health. Achievements include:

- Development of resources and training for staff who work with young families to encourage healthy weaning.
- Distribution of free Healthy Start Vitamins to eligible women and raising awareness and providing advice to other women purchasing vitamins.
- Providing information, support and resources on health in disadvantaged local communities through targeting community based adult learning groups.
- Helping over 650 people to stop smoking in 2010-2011 through the Quit4Good Stop Smoking Service (this counts people who have stopped for 4 weeks).
- Working to increase the number of smoke free homes in Borders (56 since January 2011).
- Increased participation in physical activity through the Play@home programme to increase physical activity levels of young children. 60 Childcare workers from across Borders have been trained in using the Play@home programme
- Close to 300 people trained in mental health improvement, mental health first aid and suicide intervention from NHS, Scottish Borders Council, voluntary organisations and community groups.

#### ***What Further Changes are Underway?***

- The UNICEF Baby Friendly Initiative is currently being rolled out within the BGH maternity unit and also within our community services which aims to increase breastfeeding across the Borders.
- A contract will describe what personal responsibility patients should have for their own health and healthcare.
- Patients are being encouraged to reduce prescribing and medicines waste.
- A project aims to improve attendance at out patient appointments and the system for booking appointments is being improved with the focus on meeting the needs of patients.
- The wider population needs to be aware that the most effective treatments are not always located within the hospital setting and are often found within their community.

## 10. Continuing This Journey

Applying the range of principles that have been described throughout all the work we do will mean that we are able to raise standards, innovate our services to meet the needs of local people and ensure that we use our resources efficiently. NHS Borders is committed to continuing the journey to achieve a high quality and more efficient health service in the years ahead.

