

NHS BORDERS CLINICAL STRATEGY

*'A plan for person-centred, innovative healthcare
to help the Borders flourish'*

Summary Version



Summary of NHS Borders key improvements for 2017-2020

This summary sets out how we will improve services to deliver care fit for the future.

Background

Pages 1 - 3

What will be different?

Pages 3 - 9

- Improvements that cross all services
- Primary Care
- Long Term Conditions
- Mental Health / Learning Disabilities
- Ageing well for Older People
- Palliative Care
- Mental Health
- Learning Disabilities
- Maternity and Neonatal Services
- Children and Young People
- Cancer Services
- Pharmacy Services
- Support Services: Estates, Transport, eHealth, Workforce

The aim of this summary document is to help you understand and for us to get your thoughts on our Clinical Strategy.

This engagement exercise will run from 4 September – 24 November 2017

There are six questions that we would like you to consider. These can be found at the end of this document on pages 11 – 12.

What are we trying to do?



This document outlines how we plan to deliver safe, effective, person centred care over the next three years.

Why is it important?

In 2014, following a period of consultation called 'Health in your Hands' with staff and the public, NHS Borders Board approved a series of key principles that would guide delivery of our clinical services. These key principles, set out below, form the basis for the future design and development of clinical services for the people of the Borders. The principles are in line with, and fully support the Scottish Governments 2020 vision, for how healthcare in Scotland should be delivered. The vision states that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.

NHS Borders Key Principles:

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

Our vision will be delivered by working in partnership across Health and Social Care. This is called Health and Social Care Integration.

What do we mean by 'Partnership Working'?

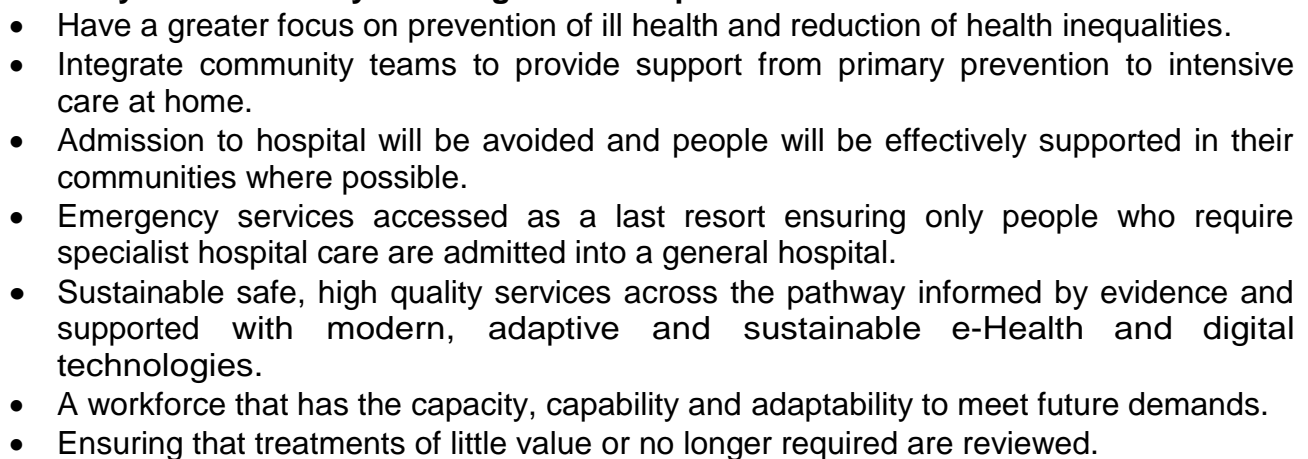


The Scottish Government Vision for Health & Social Care is for partnership working to:

'Ensure better care and support for people; where users of health and social care services can expect to be listened to, to be involved in deciding upon the care they receive and to be an active participant in how it is delivered. This will result in better outcomes for people, enabling them to enjoy better health and wellbeing within their homes and communities'

What does this mean?

What will be different?



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2. Long Term Conditions

By the age of 65, nearly two-thirds of people will have developed a Long Term Condition: 75% of people aged 75-84 will have two or more such conditions. Management of elderly persons with multiple conditions will be a challenging problem particularly in primary care.



- Community based staff will be further equipped to support and improve care for people with Long Term Conditions promoting self-care and better management of multiple health conditions.
- People with Long Term Conditions will not require hospital admission unless in the most acute health circumstances.
- Worsening of a Long Term Condition will be identified early, through self-monitoring or enhanced community monitoring and treated appropriately.

3. Ageing well for older people



Older People will be supported to look after and improve their own health and wellbeing to live in good health for longer.

- Staff within health and social care teams will join up and operate from central points within each locality.
- Carers will be supported to look after their own health and wellbeing.
- Providing safe alternatives to admitting older people to hospital will lead to care packages delivered by joint health and social care teams.

4. Palliative and End of Life Care

Anyone who requires access to palliative care will be identified at the earliest opportunity and receive care at the right time, in the right way and in the right place, in discussion with the patient, family or carer.



- Information will, with the patients' permission, be shared with all those involved in their care and be updated regularly.
- People approaching the palliative and end of life phases of their illness undergo only those interventions that are effective at optimising their quality of life.
- People who are in need of end of life care will die, in their preferred place of care with the support they and their carers require.

5. Mental Health



People are able to find and access information and advice on mental health and wellbeing when they need it.

- Communities are more confident about what they can do to promote mental health.
- Frontline staff will improve their knowledge and understanding to provide the best support and signposting to relevant services.
- Individuals will have an increased understanding of their own mental wellbeing.
- Improved access to services and reduced barriers particularly for those with dual diagnosis.

6. Learning Disabilities

There is evidence to suggest the number of people with learning disabilities may be increasing, because of a range of factors including changes in the size and composition of the population; changes in the incidence of learning disabilities; and changes in life expectancy among those with learning disabilities.



The focus will be to enable more people to have more choice and control over their care, support and health needs, this means:

- Stay healthy
- Live well
- Have a place to live
- Have a job
- Stay safe
- Have the right support from carers

7. Maternity and Neonatal Services

The focus will be on the key recommendations of the Maternity and Neonatal Review laid out in Scottish Government's Best Start document



- All mothers and babies will be offered a truly family-centred, safe and compassionate approach to their care.
- Fathers, partners and other family members will be actively encouraged and supported to become an integral part of all aspects of care.
- Women will experience real continuity of care across the whole maternity journey, with vulnerable families being offered any additional tailored support they may require.

8. Children and Young People



Overall, we will focus on the delivery of the key outcomes set out in the Integrated Children and Young People's Plan to ensure the health and wellbeing of children, young people and families is improved and health inequalities are reduced.

- As is their right, children and young people will be involved in decisions and planning that affect their health and, when it is appropriate, families will also be included.
- The move from child health services to adult services will be improved.
- There will be greater capacity to deliver health care services in the community for children who are unwell.

9. Urgent Acute Care and Planned Care

Emergency services will be accessed as a last resort ensuring only people who require specialist hospital care are admitted into a general hospital



- Timely access to urgent care services across primary and secondary care.
- Timely specialist care from a multi-disciplinary team to support self-management of Long Term Conditions.
- Partnership working results so that there are no delays in transitions of care from hospital to home.
- Ways of working adapt to address the challenges of providing timely and appropriate care in the community for our frail older population.
- Working with partners on pathways for people with dementia to keep them well in their home environment.

10. Cancer Services



Services co-designed with patients, carers, staff and the public to ensure care is delivered in the right place by the right team at the right time

- A reduction in health inequalities with improved planning and coordination of activities that contribute to cancer prevention.
- Every person diagnosed with cancer having access to specialist information and support from diagnosis.
- Every person diagnosed with cancer having access to support after treatment.

11. Pharmacy Services

Every person is able to get the best health outcome that they can from their medicines.



- Patients are able to make informed decisions about their medicines and discuss them with anyone involved in their care
- Patients are able to ask for help if they have a question or a difficulty with their medicines.
- We get the best value for the moneys invested in medicine.

12. Support Services

Estates

The Borders General Hospital will be a modern, fit for purpose facility which will be the key to NHS Borders delivering 21st century health and social care.



- Primary and community care will be provided from adaptable buildings able to meet the future changing needs of the population.
- All of our properties will be efficiently used with little underutilisation or overcrowding.
- We meet or exceed our carbon-reduction targets in terms of heating, lighting and power.
- We will optimise opportunities for shared accommodation with other public and third sector partners.

Transport



Patients requiring NHS Borders services are able to access them simply and in a variety of ways that are suitable to their needs.

- Improved transport links to our facilities, as well as more access to accurate and up-to-date travel information.
- We will improve joint-planning with all of the transport providers.

eHealth

New ways of patients accessing services using video technologies for example 'attend anywhere' clinics.



- Person centred information will be available using a range of formats. For example digital patient information reducing the amount of paper in use.
- We are working towards, a single digital health and social care record to support clinical decision making.

Workforce



The workforce to support the Clinical Strategy will not be “more of the same”. The workforce will be older and have a greater reliance on Advanced Practitioners and professional roles with extended scope.

- The workforce may require to be redistributed across Borders to match the increased demand for community services.
- It is difficult at this stage to indicate the exact numbers and development requirements for each role until more detailed workload and planning has been undertaken. The full Clinical Strategy reflects key areas for staff role requirements and developments necessary to improve services.
- In addition, leadership and team development approaches are well embedded within NHS Borders and will be utilised further to develop services.

In Conclusion

This document provides a summary of NHS Borders Clinical Strategy – a key document outlining the way care services will be delivered and improved in the coming years.

The Clinical Strategy outlines the challenges ahead and provides a vision for the future. It recognises that staying the same is no longer an option in terms of rising demand and finite budgets, therefore models of care must change if the challenges of preventing ill health with the overarching principle of delivering person-centred, safe and effective services which patients value and trust.

A copy of the full Clinical Strategy as well as this summary version can be viewed at www.nhsborders.scot.nhs.uk/clinical-strategy

QUESTIONS

We would like to hear as many views as possible before 24 November 2017. So please tell us what you think of NHS Borders Clinical Strategy.

Based on your experience and the content of this summary version of the Clinical Strategy what should we:

1a) Do more of?

Use this space to write in your comments:

1b) Stop doing?

Use this space to write in your comments:

1c) Start doing?

Use this space to write in your comments:

1d) Do differently?

Use this space to write in your comments:

2) What, to you, are the most important things we should be doing to continue to ensure the best quality and safest care in primary care (e.g. your GP surgery), community and hospital settings?

Use this space to write in your comments:

3) What support do you need to stay healthy or improve your health, and to manage any health conditions you may have?

Use this space to write in your comments:

4) In the Clinical Strategy we talk about 'what success looks like'. What does a successful NHS Borders look like to you? What would a good experience of NHS Borders feel like for you?

Use this space to write in your comments:

5) What further information, if any, would you like to receive in relation to the Clinical Strategy?

Use this space to write in your comments:

6) Do you have any other comments you wish to make?

Use this space to write in your comments:

THANK YOU

Thank you for providing feedback. NHS Borders will treat your information in strictest confidence and will store it securely. We will not disclose any personal information to anyone outside our organisation and it will be destroyed in line with our retention schedule.

Please send completed responses to the contact details provided below or contact us to arrange for an officer to meet with you to explain any areas of the Clinical Strategy that you would like clarified.

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