

# Long Term Conditions

## Strategic Plan Engagement 2021

The Midlothian Health and Social Care Partnership is responsible for services that help people live well and get support when they need it. This includes all community health and social care services for adults in Midlothian and some acute hospital-based services.

To help us in developing our new strategic plan we spoke with stakeholders, volunteers and people with lived experiences about their views on the services we deliver and what could be improved. We also asked colleagues to consult on the amplified health priorities and used the findings of past consultations.

We would like to thank the **150 people** who took we spoke with, and the community organisations and service providers we met with.

We spoke to people for 1 week in Autumn 2021.

### **2 Focus groups completed (50 people)**

- Long Term Conditions (34 people) – staff from Health, Social Care, Third Sector and people with lived experience.
- Neurological Conditions (16 people) – staff from Health and Social Care, people with lived experience

### **1 questionnaire (100 people)**

- Community Respiratory Team consultation - staff from Health and Social Care, people with lived experience

# Prevention

## Increase physical activity

### Key points

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#### **Links are improving with Sport and Leisure**

Some staff mentioned referral pathways have been set up and are working well

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#### **Midlothian has lots of green space and opportunities**

Some staff mentioned initiatives of local groups that are working well e.g. Park Runs, Greenscription and online walking groups.

Some staff mentioned Midway is successful in to 'get the messaging right' to support people to become motivated.

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#### **There are barriers to being active**

Some staff mentioned barriers such as cost, embarrassment, location and hard to find up to date information.

'Make it less Lycra and local'

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#### **There has been a reduction of fitness levels for people who were shielding**

Some staff mentioned the reduction in activity and the connection to frailty and more sedentary lifestyles.

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#### **Sport and Leisure Staff are not yet trained in supporting people with LTC**

## Support to eat well

### Key Points

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#### **Some initiatives are working well**

Some staff spoke of successful initiatives such as supporting carers, the Community Pantry and the online DESMOND app.

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#### **Staff need greater knowledge and confidence**

Some staff said it was hard to have the confidence to raise the issue of weight and would like to know what support is available.

# Improve detection and diagnosis

## Key Points

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### **Some initiatives are working well**

Some staff mentioned targeted interventions that had supported people – e.g. COVID vaccinations for people with a learning disability.

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### **Midlothian has lots of opportunities to support people**

Some staff mentioned ways to work together– e.g. pharmacies offering detection and diagnosis, Health visitors, school nurses and all services using ‘teachable moments’.. However some staff mentioned difficulties with systems such as Ad Hoc Blood Pressure monitoring in pharmacies.

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### **Access to GP and Screening is not equal**

Some staff mentioned inequalities in uptake

- Fewer uptake in less affluent areas
- Hard to offer screening if someone doesn’t have an address e.g. homeless.
- GP appointments were ‘a challenge’ in deprived areas – could there be alternative routes into health advice’
- Fewer young people attend diabetic eye screening.
- Fewer men in deprived areas attend bowel cancer screening

Some staff said it would be good to increase chronic disease monitoring and develop expertise in Primary Care teams.

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### **It can be hard to support people at the start**

Some staff mentioned it was hard to find their way around the system and we need to make it easier for people to self-manage after diagnosis. People need greater health literacy to understand their condition.

‘If we want people to self-manage we have to make that easy – e.g. a buddy for walking and not just getting people to a group’

‘Services are not always able to take people on’

‘people need the skills to notice red flags’

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### **We need to be more present in communities.**

Online assessments can make it hard to spot deconditioning and some staff mentioned that people’s confidence to ‘look after themselves and use services is so low it prevents engagement’

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### **Focus is turning to crisis**

Some staff mentioned that their work is ‘moving from early intervention to crisis led’ but if they could see people early they might be able to ‘stop situations turning into a crisis’

# Stop smoking

## Key points

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### **NHS Lothian not meeting targets for stopping smoking**

Some staff mentioned services saw variations in referral rates from GPs

# Support & Treatment

## Heart Disease, COPD, Cancer, Long COVID, Stroke, Diabetes, Neurological

### Key points

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#### **CRT is successful in supporting people with COPD**

Some staff mentioned a reduction in unscheduled appointments for GPs and good collaborative working. CRT see lower levels of admission for people they support – maybe due to reduced anxiety, emergency meds and able to treat themselves early.



“What benefitted me most was classes, moral support and correct advice.... I was looked after very well by CRT’.

‘More planned treatment/less crisis/better self-management’

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#### **ICJ is successful in supporting people with Cancer**

Some staff mentioned that the ‘good conversations’ is useful in supporting people – not just for practical issues but for focusing on what is important. Some people with lived experience would also like support at the end of treatment.



#### **We need to make best use of what we have already**

Some staff mentioned the practical things we can do – such as allow third sector partners to use our facilities. Funding of third sector services was also an issue



“it’s not rocket science if the services are properly funded then you will end up with amazing services – we need to be given the tools and funding is one of them.’ **We are supposed to be pushing people towards third sector but if we don’t fund them they won’t be there.**

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#### **Impact of COVID could be large**

Some staff mentioned a worry that Long COVID could have an ‘enormous impact’

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