Acute Services

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 would like to thank over 130 people who we spoke with, and the community organisations and service providers we met with.

We spoke to people in 2021.

Questionnaires completed

- A&E attendance questionnaire – completed by RIE staff for everyone attending. 67 Midlothian attendances over 24 hour period, total 29 who chose to take part in questionnaire

Interviews/focus groups completed

- Midlothian People's Equality Group –alongside Older People's Planning Officer. 6 people
- NHS Lothian focus groups (x2) for Redesign of Urgent Care (organised by NHS Lothian and not specific to Midlothian, although there was representation)
- Focus group for Long Term Conditions – 34 attendees (staff from Health, Social Care, Third Sector, and people with lived experience)
- Home First stakeholder sessions for staff – 3 sessions, roughly 20 attendees at each
- Staff interviews with St John's Hospital and the Redesign of Urgent Care project team regarding Redesign of Urgent Care/Minor Injuries

Other engagement

- National engagement on the use of Near Me remote consultations
- NHS Lothian remote outpatient services engagement - questionnaire

Prevention

Key points

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.

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'

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'

Support & Treatment

The need for coordinated care along the entire journey into and out of hospital was reported by some, as well as the advantages and disadvantages of digital technology in accessing care.

Key points

Most people felt it was useful to have the option of remote consultations – recognising that there are some circumstances where this isn't appropriate, e.g., physical examinations, sensitive information, less confidence with use of digital technology
"any call…is far better than no contact at all"
"would not have to leave the comfort/safety of their own home"
"faster access, no need to travel"
"if [they] have bad results to relay then a remote…method would not be appropriate"

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'

Staff felt good communication and relationships between themselves and other teams worked well for following the Home First approach – while recognising that a lack of coordination between systems and pathways was a barrier to this but there were opportunities for innovation in practice.

Some people did not feel supported after leaving hospital
Pathways and services weren't joined up or they had different expectations of the support they would get once they were back home

Some people did not feel equipped to access digital or remote support - either due to digital literacy or access to the equipment required and/or private spaces to take part.
"I have a mobile phone and a laptop but now knowledge if either has a camera facility or can work a video"
"I do have concerns about confidentiality…"
"It is essential when implementing technology…that the individual patient has access to suitable equipment…which includes for those with a wide array of disabilities"
"[The] belief that anyone with a disability always has access to a carer who can assist at a medical appointment…is often not the case"

Support in a Crisis

Key points

Most people attended A&E on the advice of another service – they were advised to attend A&E for example by their GP or 111

Staff recognised the positives of redirection of Emergency Department patients to scheduled appointments – they felt this helped patients to be seen more efficiently and reduce crowding in the waiting areas; however, staff acknowledged there were still some issues, e.g., around publicising, adding further steps in a patient's journey, and inflexible appointment times.