

# Your Health Our Future



NHS Borders is responsible for leading efforts to improve the health of the people of the Scottish Borders and for providing NHS services.

NHS Borders has a strong track record and much to be proud of.

# *however Your Health and Our Future are linked*

Together we must plan ahead to face the future.

We are asking you to become involved in planning the changes needed!

NHS Borders is committed to delivering a modern, high quality health care service that is quick, safe and closer to communities.

#### **This booklet will:**

- explain the changes that affect health and health care for our population
- explain how the NHS in the Borders is changing
- share our successes and opportunities to build on them
- explain how you can become involved
  - become a member of our Public Partnership Forum (PPF) and
  - engage in local discussions on how to improve health services
  - be involved in planning and decision making so public services are more accountable to local communities
  - keep-up-to-date with the range and location of services available within NHS Borders

## *A changing health service*

In the Scottish Borders, we have first class health services which are delivered promptly in modern facilities. Indeed NHS Borders has achieved major improvements over recent years. We have improved health and health care services, and provided faster access to specialist treatment and to more local services. But we still need to do more.

When the NHS was set up, many of our services were hospital based as there was no other way of delivering them. We now know that there are many other ways to provide care and we need to make the most of safe and effective alternatives.

Expectations of patients have risen too. They no longer demand a 'one size fits all' service but want care tailored to meet their needs. Round the clock access is also increasingly expected.

Initially hospitals treated 383,000 patients, with 1.2 million seen as outpatients. Today, the NHS treats almost 1.3 million inpatients every year and sees 4.4 million people as outpatients or at A&Es.

Thirty years ago around 15% of operations and tests were done on a 'day case' basis – now this is 80%. We have seen a move from care in hospitals for the treatment of some conditions to a more community-based service and an expanded range of services are available to patients in health centres and in the community.

In the past, most surgery was done in hospital, and patients may have been kept in hospital for up to a week. Now they may only need to stay overnight and then receive care from their own health centre.

Advances in technology and treatment have revolutionised health care in the NHS, and in future more will be possible in the community, allowing hospitals to concentrate on specialist and lifesaving care.

Our population is also growing. By 2018, it is expected that the proportion of people aged 65 years and over will have increased to 25% of the local population. This creates new challenges for health care.

Together, we have the opportunity to address these challenges and redesign our services to meet the needs of future generations.



## Why do we need to *change*?

We must continue to deliver improved health care services and help more people live longer and healthier lives. This means shorter waiting times with more people being supported in local health centres and in the community.

Increasingly, health care does not require being admitted to hospital. Around 90% of care is delivered in the community and this is expected to rise. So we need to ensure the care we offer is flexible and convenient. Nearly one in four of the population have long-term health needs. By supporting these people to live at home, we reduce the need to admit patients to hospital.

Our workforce is also changing. New laws and higher expectations mean we need to develop new ways of working. Indeed care is often now provided by teams of health professionals taking over some of the roles traditionally carried out by doctors.

In recent years there has also been a large investment by the Scottish Government in the health service. But we can no longer expect large amounts of new investment. So we need to make what we have go further, and by reorganising our services we can ensure we use our resources more efficiently.

### CASE STUDY

*James suffered from advanced kidney failure and was not suitable for transplant or dialysis. In the past he may have spent the last months of his life in hospital. Instead, he was able to stay at home and be looked after by an expert team of district nurses, GPs, hospital consultants, charitable organisations, friends and family, with the occasional visit to a day hospital for specialist treatment. In the Borders, in comparison to the rest of Scotland, we are able to look after the highest number of patients who wish to die at home rather than in a hospital.*



## Encouraging healthy living

We want everyone to lead healthier lives. Giving children the best start in life and tackling the causes of ill health are important to us. Too many lives in the Scottish Borders are ruined by ill health and early death, with alcohol, drugs, smoking, a poor diet and lack of exercise all playing a part.

We are working hard to address these priorities, but the NHS cannot deal with these issues alone. By working with you and partner agencies we can make more effective improvements to health care.

In Scotland we now live longer than we ever have, but we still lag far behind other developed countries. The infectious

diseases that were common fifty years ago have been replaced by Scotland's major killers – heart disease, cancer and stroke. The rise in mental illness also affects the lives of many individuals and their families.

Scotland has the eighth highest alcohol consumption in the world and costs us £2.25 billion each year in additional services and lost productivity. Our nation also has the second highest level of obesity in the developed world. It is only by persuading and supporting people to change their own lifestyles that we can really improve the health of the people of Scotland.

### CASE STUDY

*John (45) was referred to a Lifestyle Adviser by his GP who was concerned about his increasing weight, rising blood pressure and smoking. A plan was agreed for one stone weight loss over 12 weeks. Initially John was given information and leaflets along with weekly support, then fortnightly appointments. Smaller portion sizes, reading food labels, healthier choices in food and a slight increase in exercise helped him achieve this weight loss. As the weight slowly came off, his blood pressure started to come down and his fitness levels started to improve. Once he began to lose weight, he then felt motivated to try to stop smoking and he referred himself to the smoking cessation service. At his final appointment with the Lifestyle Adviser John reflected that he would continue with the changes to his lifestyle and said this had helped him feel better and stay healthier.*



## A responsive health service

People don't just fall ill during working hours so we need to provide a responsive service that meets their needs – every minute, 365 days a year. Patients also expect an accessible service that treats them with respect and dignity.

So we aim to deliver shorter waiting times for assessments, tests and planned operations. By the end of 2011, we expect patients to be referred by their GP and treated within 18 weeks.

We are also working with the Scottish Borders Council Social Work Services Department to ensure those who are ready to leave hospital have the support necessary to be as independent as possible.

Community facilities also provide a wider range of services, such as blood transfusions and intravenous antibiotics, which mean patients do not always have to make the journey to hospital.

With the use of new technology, we are speeding up the care of patients. Day case surgery now makes it possible to provide,

in some cases, more care on a 'walk-in, walk-out' basis. We know this is what many patients want and helps with a more rapid return to normal life.

We are also changing the way we provide care to those requiring life-saving or urgent care. Patients with suspected angina, for example, are now seen in rapid access chest pain clinics allowing early diagnosis and treatment.

We have also employed more dentists and dental staff, and have opened two new dental facilities at Coldstream and Hawick, to provide services to patients who were having difficulty getting NHS dental treatment in the Borders. The facilities now provide care to more than 11,000 patients from across the Borders – and we hope this number will increase.

Clearly, by redesigning our many services, we can improve our quality of care and provide more efficient services to people in the Borders.



## A service closer to home

In the UK, most people deal with simple illnesses at home and do not visit their GP or hospital. Only one in eight people come into contact with the health service.

For NHS Borders this means around half a million contacts with people every year – 90% of these begin and end at home or in the local health centre. However we know NHS Borders provides a higher proportion of care in hospital beds than in almost any other part of the UK. Indeed we admit more patients to hospital and these patients tend to stay for longer.

Hospital services are costly and should be available to those who really need them. So our challenge is to ensure people are admitted to hospital when necessary and their stay is as short as medically appropriate.

While we provide high quality health care in hospital, we know we can increasingly offer safe and effective alternatives for care in the community. Then, when patients require treatment in hospital, we can provide care that is quicker and better suited to their individual needs.

In the hospital setting we are making care faster and more responsive. Instead of admitting patients to hospital, we are able to investigate, diagnose and treat greater numbers of patients in A&E and Minor Injury Units, which allows patients to get home quicker.

By 2030 it is estimated that chronic disease, such as dementia, in the over 65s will more than double. This, combined with an ageing population, raises questions about how best to meet the expected surge in demand for health and social care services.

It will require us to provide care in different ways. So greater teamwork between NHS, social work staff and voluntary organisations will be necessary to ensure we offer an integrated health and social care service to the community.

We are piloting the provision of more community based care for patients with dementia. We believe that with earlier, intensive support from the NHS, social work and other agencies, we can help dementia sufferers to lead more independent lives for longer at home.

### CASE STUDY

*Jean (72) is frail, has chronic back pain and mobility problems, and lives alone. Following a fall at home, she rang 999 and was taken to A&E at Borders General Hospital. Although staff at A&E found Jean hadn't injured herself and was keen to go home, they were concerned about her ability to manage at home. An Unscheduled Care Social Worker arranged for an Occupational Therapy and Physiotherapy assessment to be done in A&E. Jean was then supplied with equipment to help her mobility and safety at home, additional home care support and transport to take her home. Previously she would have been admitted to hospital and could have remained there for several days until the assessments could be done. She may even have been transferred to a community hospital for several weeks until the extra support at home could be arranged.*



## A local force for *improvement*

NHS Borders has a skilled workforce of around 4,000 staff. A recent staff survey shows they are loyal and committed to working for NHS Borders, rating it highly as a place of work and are happy to “go the extra mile” when required.

But there are substantial changes in the pattern of work that are already affecting us and creating additional costs, such as new requirements for training doctors and limits on working hours.

The workforce is also ageing. By 2025 the number of people working who are over the age of 60 will outnumber those under 25. We know locally that more than 40% of all our community nurses will be able to retire within the next three to five years. There is also a national shortage of people for some types of work.

In response to these changes, we need to develop new ways of working and different roles within our workforce. These will mean opportunities for staff to acquire new skills and work in different settings.



## Planning for the future

We all expect a health service that provides efficient and effective health care services and ensures it make best use of its limited resources.

NHS Borders has a budget of around £200 million each year to fund health care for a population of 108,000. Over the next ten years, significant sums of money will be spent on improving and expanding clinical facilities.

Funding for the NHS will continue to rise, but the overall amount of additional funds will be significantly lower than in previous years. The cost of supplying and running health services has also increased.

We will face financial challenges in the years ahead, and this may mean hard decisions and difficult choices need to be made.

We are working to be more efficient, and over the last three years we have saved £6.5million. We also have a carbon management programme to help us save energy and reduce our effect on the environment.

But we still need to meet an increasing range of demands and higher expectations from a growing and changing population. This means examining how we currently use the funds we have and making changes to meet the needs of future generations.

### HOSPITAL FACTS

The Hawick Community Hospital opened in 2005. This £4.5m development provides a range of services on a single site including:

- 24 inpatient beds for GP acute services
- a 24-hour nurse led minor injury treatment service
- a consultant outpatient department
- six dental surgeries
- a 15-place day hospital
- 15 places for patients with dementia

Share your thoughts with us on how you would like to be cared for in the years to come.

By getting involved, you can help make positive change happen and ensure the services offered by NHS Borders will meet your needs, now and in the future.

We are committed to involving the public in shaping our services and value your views on Your Health Our Future.

**If you would like:**

**to find out more about Your Health Our Future**  
**to get involved in shaping health services**  
**to get more information on local health issues**

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**This booklet and information is available in alternative formats.**

**For more detailed information or to view our *Case for Change* document visit [www.nhsborders.org.uk](http://www.nhsborders.org.uk)**