



Scottish Borders
Health and Social Care
PARTNERSHIP

Scottish Borders Health and Social Care Partnership: Health and Social Care Community Feedback Survey

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Acknowledgements

This report details the key findings and themes from the Health and Social Care Community Feedback Survey. We would like to thank everyone who responded to the survey for their time and for sharing their views and experiences.

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Introduction

The Health and Social Care Community Feedback Survey was conducted as part of NDTi's work on behalf of the Scottish Borders Health and Social Care Partnership (HSCP) to collect and capture the views and ideas of people living in the Scottish Borders about the future delivery of health and social care.

This report provides a companion to the 'Feedback from our Communities Report' which will inform the Strategic Plan 2023-2026. This report details the methodology and findings from the online survey.

The survey was hosted online on the Scottish Borders Council 'Citizen Space' platform. It was live between 18.07.22 and 21.08.22. A total of 737 responses were received.

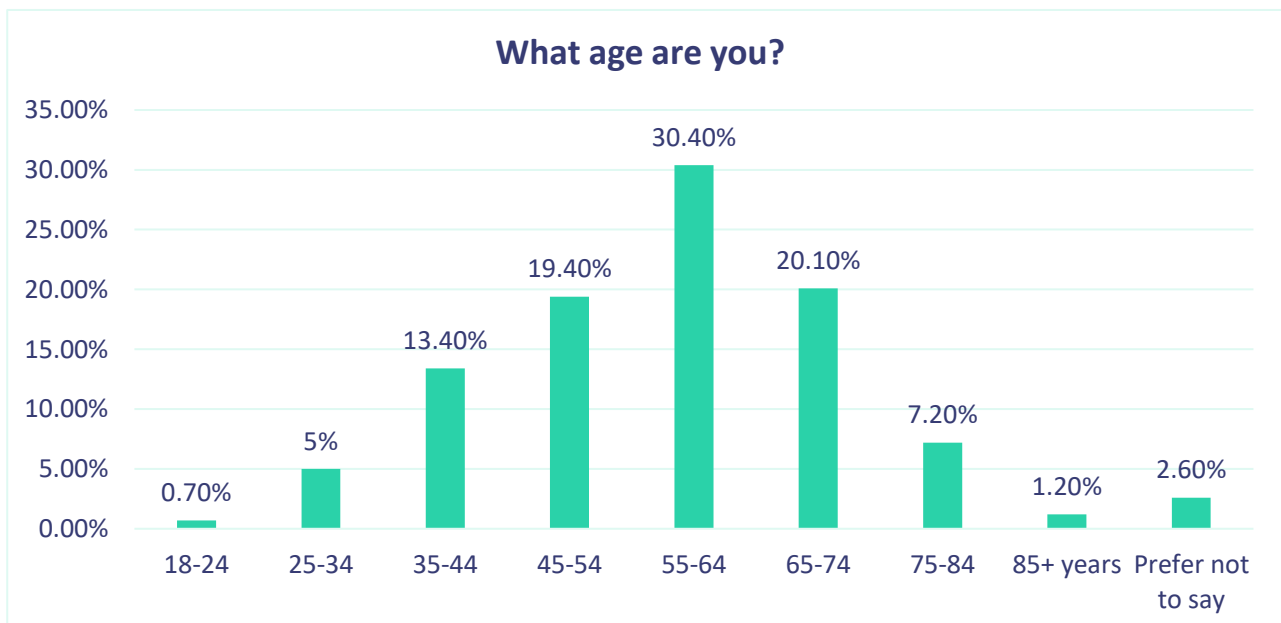
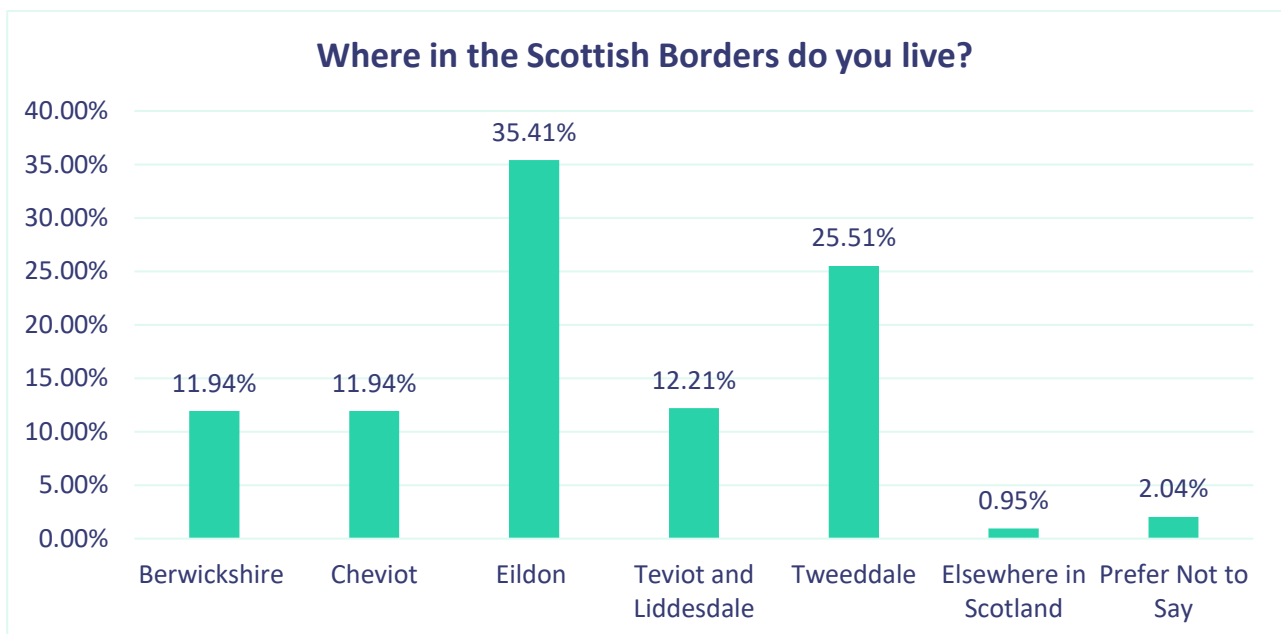
Survey responses were analysed using SPSS. Open text responses were coded using content analysis. Each response was given a primary code (e.g. 'Timely access to GP'). Primary codes were then grouped into broader categories (e.g. 'Primary care').

Overall trends and findings from the total sample are presented on pages 10-15 and then more detailed analysis according to different interest groups can be found on pages 16-22. Responses broken down according to area can be found on pages 23-38.

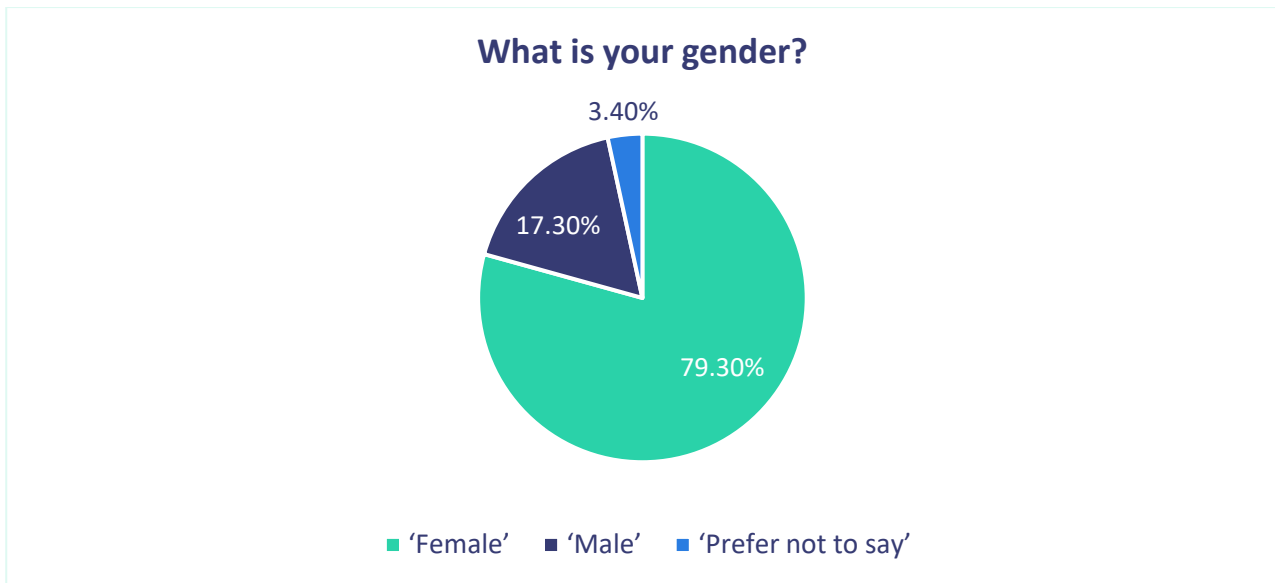


Who responded?

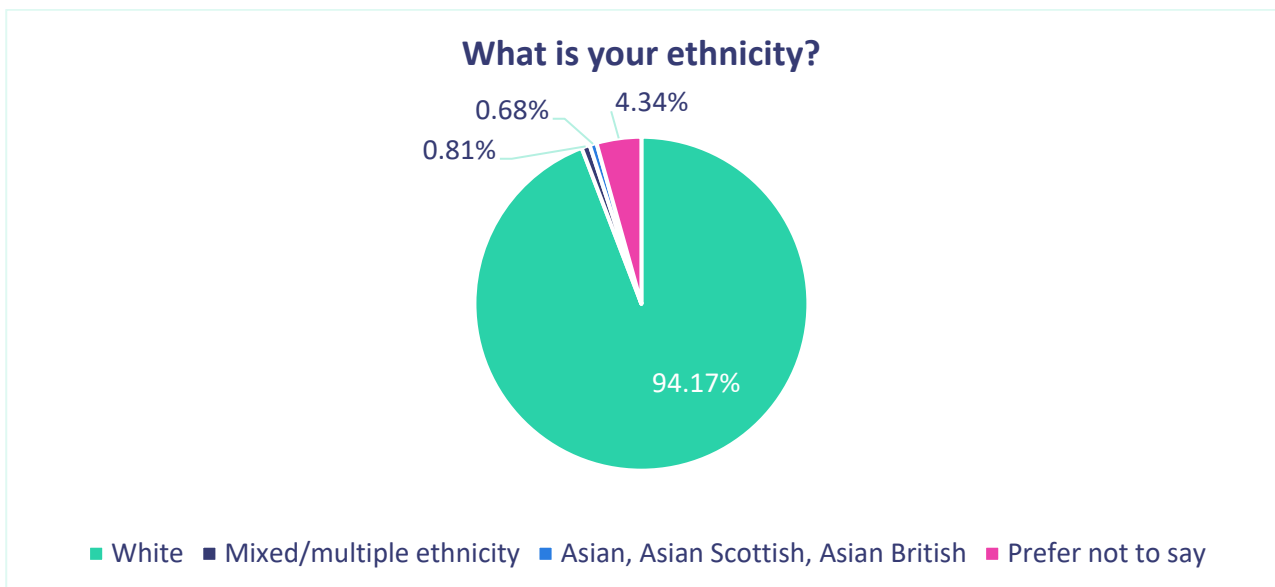
Survey respondents most commonly lived in Eildon, followed by Tweeddale. Compared to the proportion of people living in each area at the time of the 2014 census (shown in brackets), people from Berwickshire (18.0%) and Cheviot (17.2%) were slightly under-represented in the survey and people from Eildon (30.9%) and Tweeddale (17.8%) were slightly over-represented in the survey.



The majority of respondents were aged between 45 and 74 years old. There were few respondents under 25 or over 85 years old.

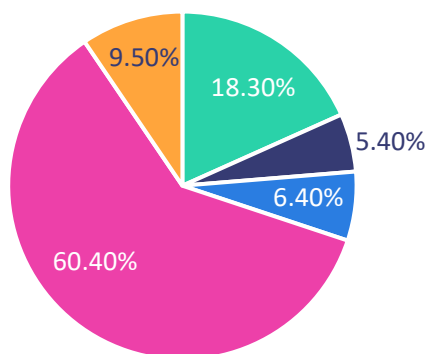


Nearly 80% of survey respondents were female, suggesting that men's views are under-represented in the survey.



94% of respondents identified as White; this is broadly in line with data from the 2011 census which found that Scotland's population was 96% White. No one identifying as Black took part in the survey.

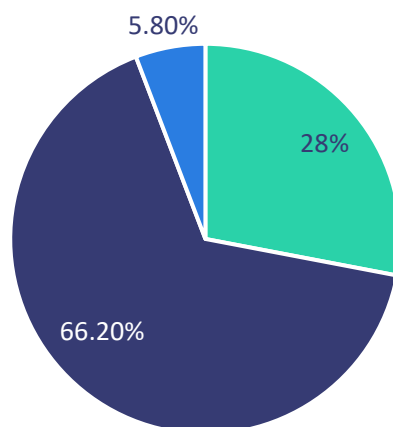
Do you work in health or social care?



- NHS Borders
- Scottish Borders Council Social Care
- Independent / Third Sector
- None of the above
- Prefer not to say

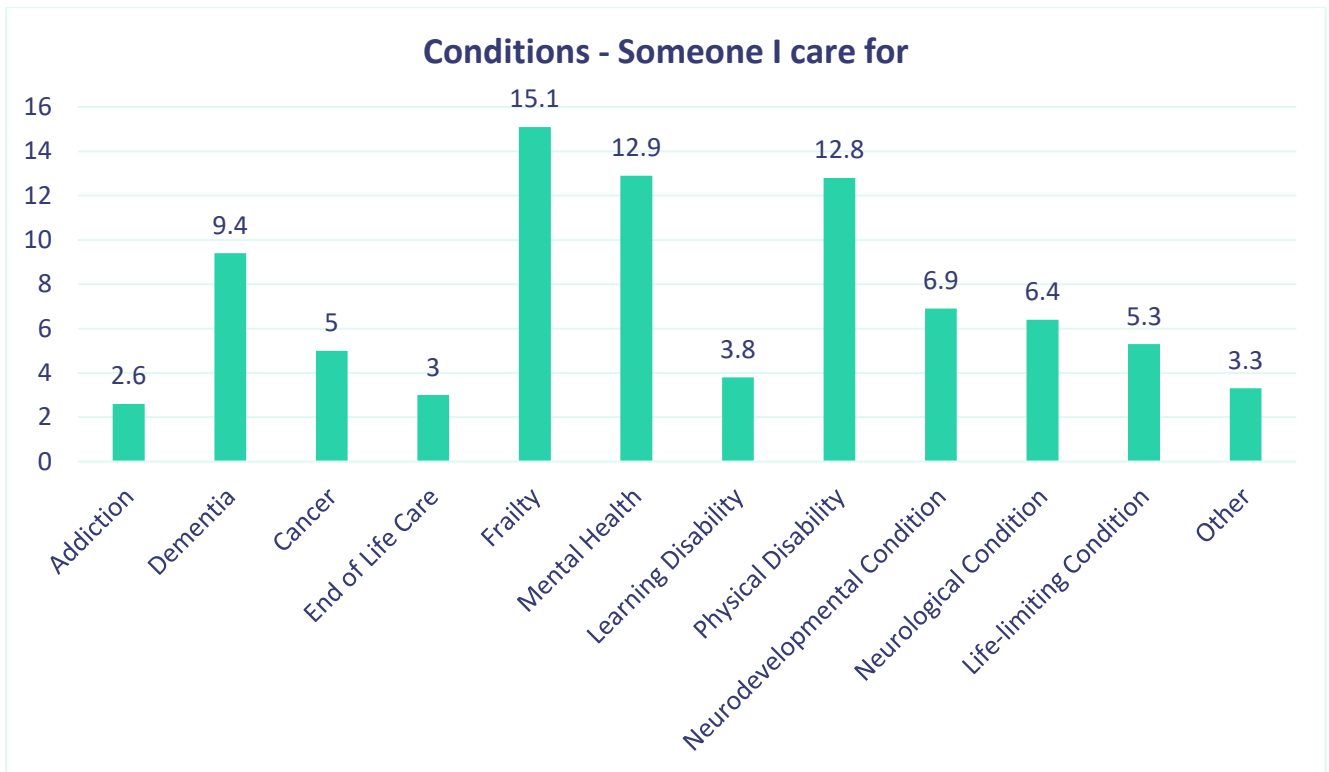
60% of survey respondents did not work in a profession related to health and social care. 18% work in NHS Borders, 5% in social care and 6% in the third sector, with 10% of people preferring not to disclose their field of work.

Do you provide unpaid care to a friend or family member?

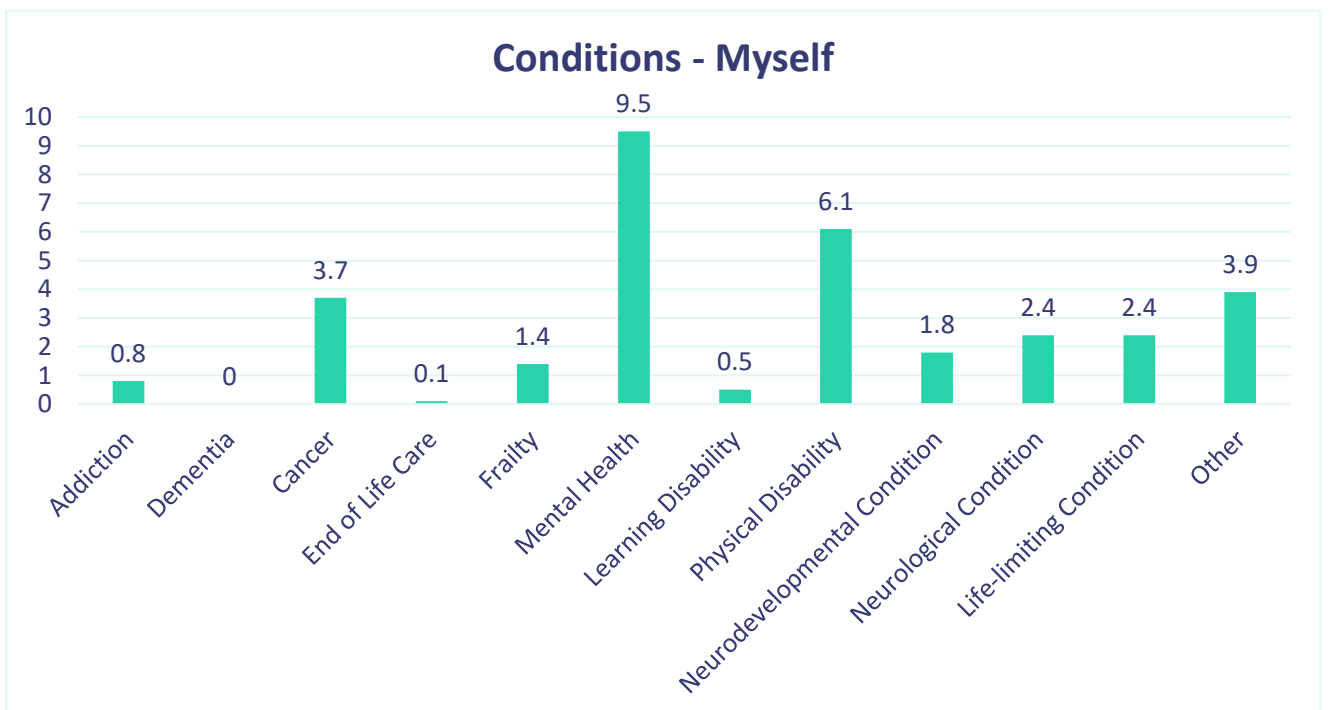


- 'Yes'
- 'No'
- 'Prefer not to say'

28% of survey respondents said that they provide unpaid care to a friend or family member, who, due to illness, disability, mental health problem or addiction, cannot cope without their support.

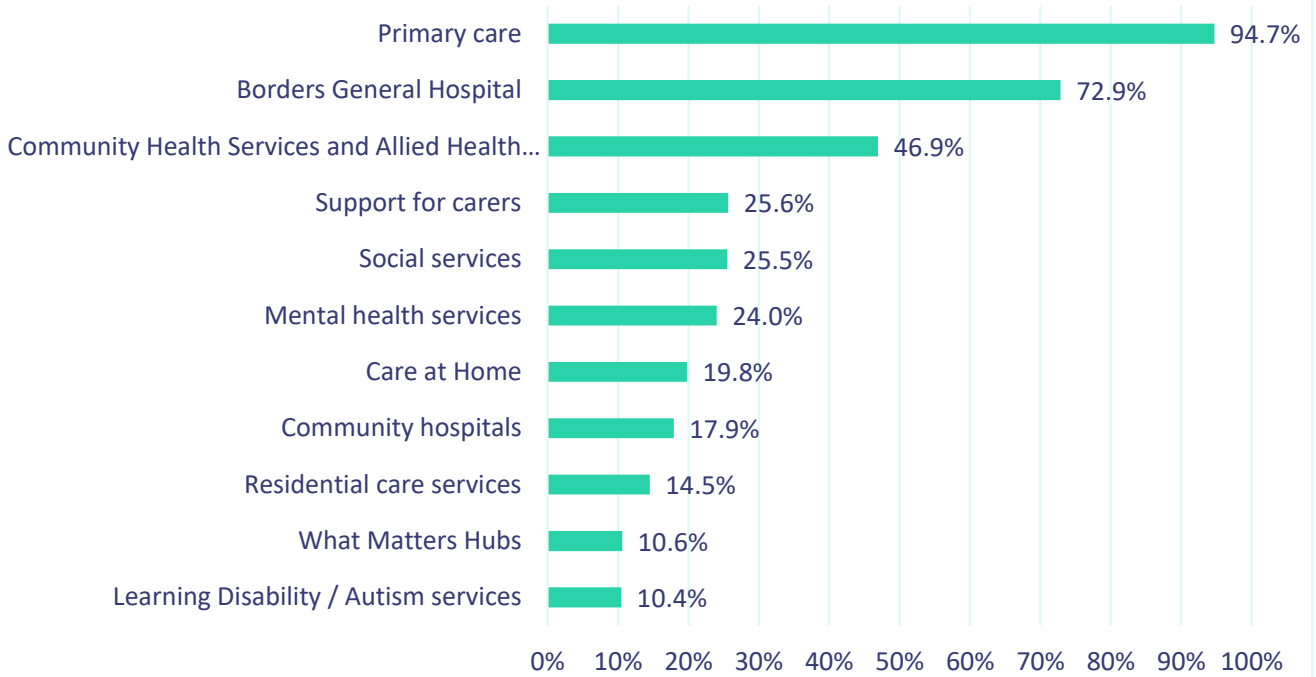


The most common condition that participants support someone else with were frailty, followed by mental health and physical disability.



The most common condition that participants reported experiencing themselves was a mental health condition, with nearly 10% of people experiencing this, followed by a physical disability.

Proportion of respondents who have used each service in the past year

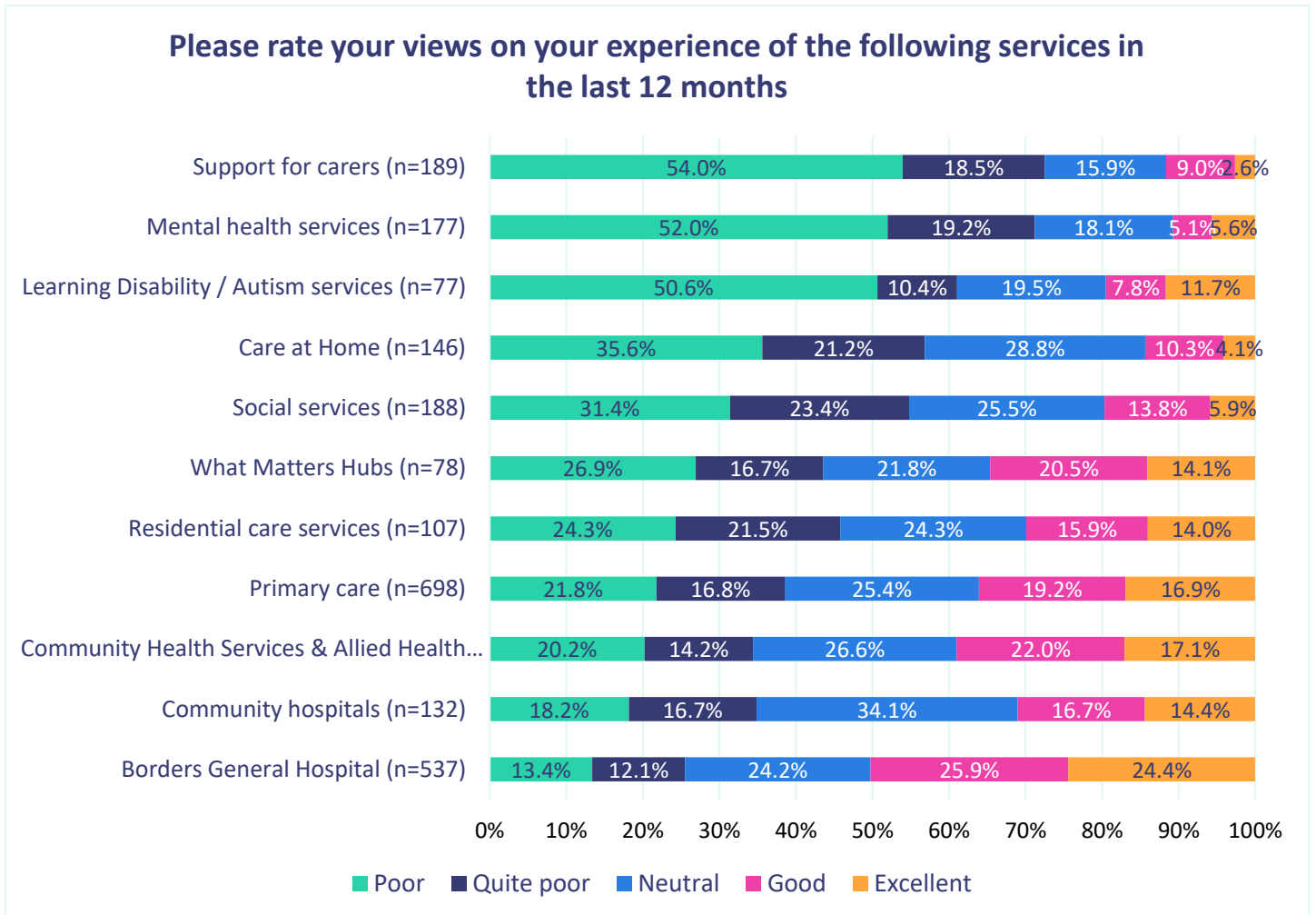


Nearly all survey respondents said that they had used primary care services in the past year. Most respondents had also visited Borders General Hospital. Rates of use for specialist services are shown in the graph above.



Views of recent/current use of services

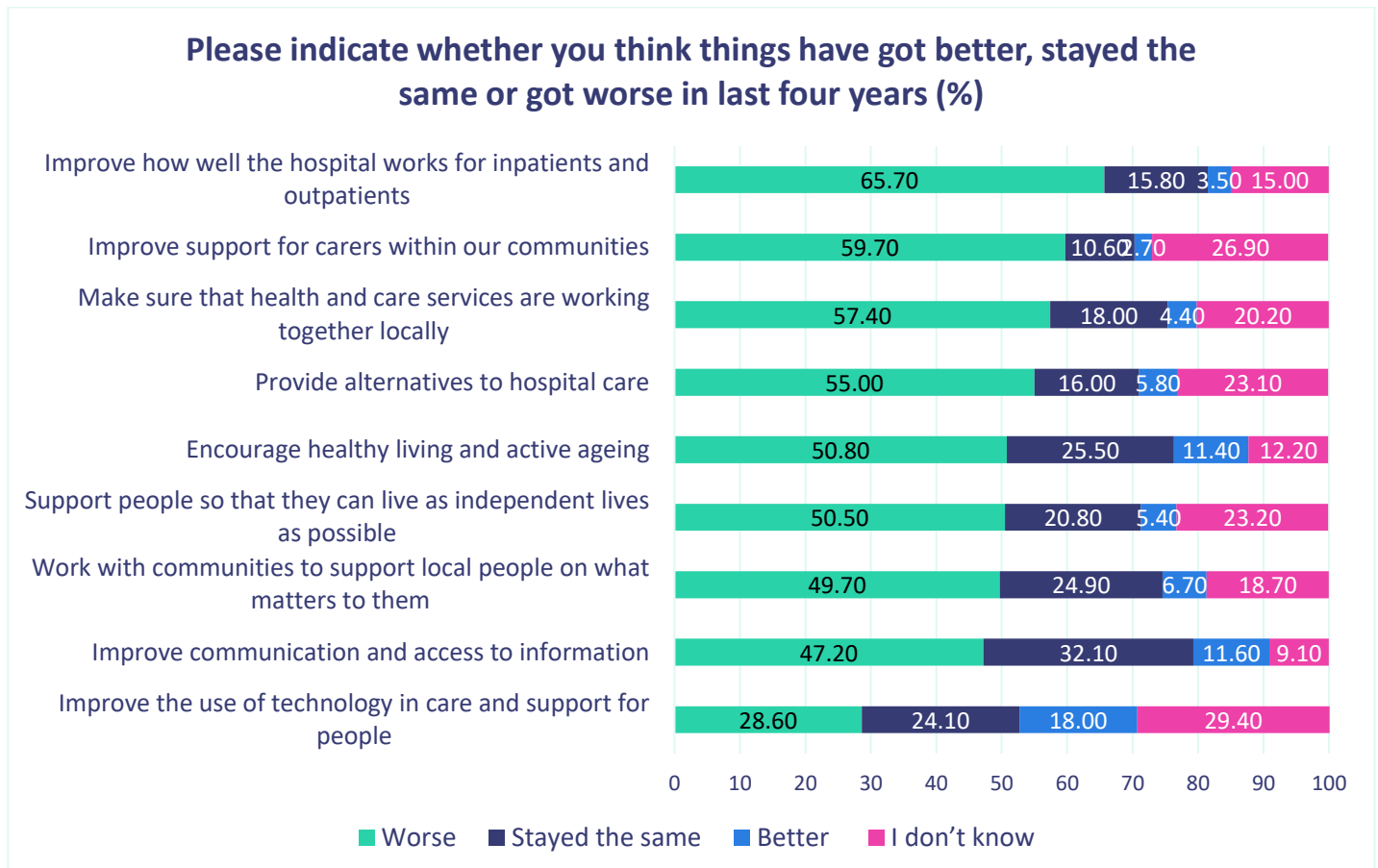
Use of Services in the Past Year



Respondents were asked to rate their experiences of services they had used in the past year. Over 70% of people who had accessed support for carers and mental health services said they had a negative experience, rated either as poor or quite poor. Over 60% of people who had used learning disability or autism services said the same. The best-rated service was Borders General Hospital, with just over 50% of people rating their experience positively.

Perceptions of Health and Social Care in the Past Four Years

Respondents were asked to rate whether they think health and social care in the region had got better, stayed the same or got worse in the past four years, according to the priority areas identified in the previous Strategic Plan. These are presented below in order from worst to best.



It is notable that people perceived most of the priority areas to have got worse in the past four years. Inpatient hospital care was rated the worst, along with support for carers and integration of health and social care. The best-rated priority area was improving the use of technology in care and support.

Gaps in Health and Social Care

People were asked what they consider to be the gaps in health or social care services at the moment as an open text question

The top 10 most frequent responses were:

- **Adequate staffing** (identified by 91 respondents)
- **Access to GP** (40 respondents)
- **Supply of carers** (33 respondents)
- **Sufficient funding** (31 respondents)
- **Long waiting times** (31 respondents)

- **Communication between services** (29 respondents)
- **Dentistry** (24 respondents)
- **Appropriate care locally** (21 respondents)
- **Communication between professionals and service users** (19 respondents)
- **Collaboration between health and social care** (17 respondents)

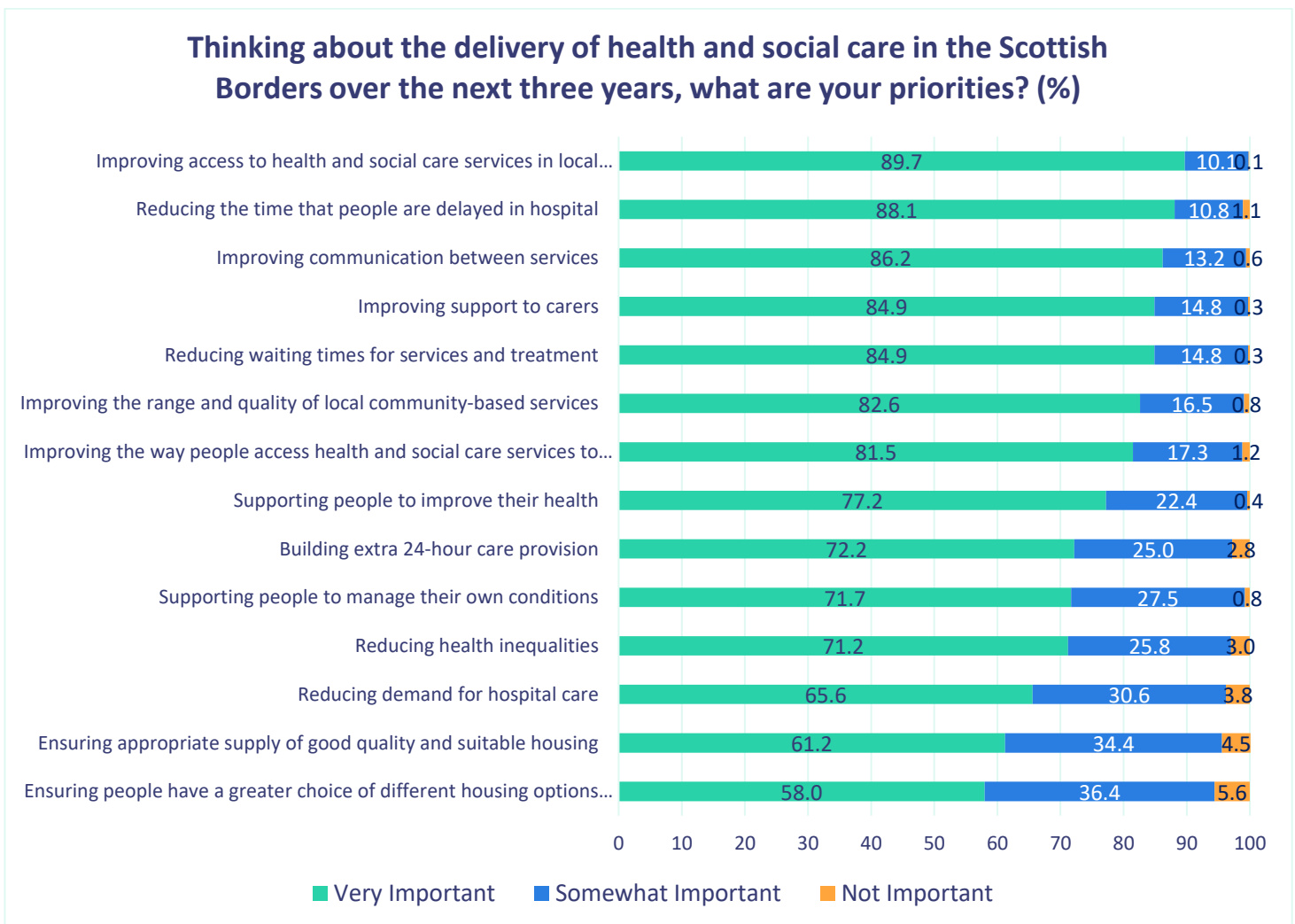
Interestingly (with the exception of access to GPs) people tended to identify the wider systemic gaps such as staffing (specifically carers) and funding, rather than identifying specific services.

“The resources, particularly in relation to staff are stretched, breaking and in parts broken. Not enough people on the frontline work, those leaving outnumber those coming in, making this decline permanent and deeply concerning.”



Priorities for the future

Respondents were asked to rate their priorities for the delivery of health and social care over the next three years, from Very Important to Somewhat Important and Not Important. It is notable that people found all the priorities to be important.



To supplement this question, respondents were asked to describe the single thing that matters most to them when it comes to health and social care.

The top 10 most frequent responses were:

- **Timely access to GP** (identified by 96 respondents)
- **Improving access to services** (90 respondents)
- **Reducing waiting times** (72 respondents)
- **Getting the appropriate care locally** (37 respondents)

- **Seeing a GP in-person** (33 respondents)
- **Supporting people to remain at home** (20 respondents)
- **Improving communication between services** (20 respondents)
- **Self-management of health** (19 respondents)
- **Improving conditions for staff** (15 respondents)
- **Being listened to** (15 respondents)

When considering broader categories, there were key themes in what was important to respondents. The highest priority, discussed by 181 participants, was receiving the **right care at the right time**. This meant being able to access good quality care in a timely way.

“Access to health care professionals in a timely manner thus reducing physical or mental distress and work absences.”

The next highest priority area was **primary care**, discussed by 136 respondents. In particular, people wanted to be able to get a GP appointment within a reasonable timeframe and most people preferred to see their GP in-person. People were also unhappy about being asked medical questions by reception staff when being triaged for appointments.

“Being able to see my GP for face-to-face appointment if unwell, without difficulty or using Internet.”

73 respondents identified **community health** as being a priority. This means ensuring that people can access the care they need locally, that social determinants of health (such as housing) are addressed, and that people are supported to remain in their own home for as long as possible. Respondents were clear that having appropriate community services could support people to stay healthy and reduce the need for more intensive and costly interventions later down the line. This would also prevent people from staying in hospital longer than needed, thus reducing waiting times.

“Availability of paid carers and community supports. Since the pandemic community supports have ceased to operate. This is an essential support for many to reduce isolation and carer stress.”

“Being able to support patients to stay in their own home as long as possible. People should be able to choose where they live and be offered support to enable this.”

Respondents were also asked what they would do if they could make one change to the local delivery of health and social care.

The top 10 most frequent responses were:

- **Increasing GP availability** (identified by 47 respondents)
- **Timely access to GP** (46 respondents)
- **Improving conditions for staff** (35 respondents)

- **Getting the appropriate care locally** (35 respondents)
- **Improving communication between services** (31 respondents)
- **Having adequate staffing** (31 respondents)
- **Community healthcare** (29 respondents)
- **Reducing waiting times** (27 respondents)
- **Being able to see a GP in-person** (26 respondents)
- **Re-organising systems** (25 respondents)

In terms of broader categories, **primary care** was a clear priority that respondents would like to see addressed, mentioned by 137 respondents. This includes hiring more GPs, increasing opening hours, being able to get an appointment when needed and being able to see their GP in-person.

“More encompassing GP service to deal with more minor issues, routine procedures etc. and to be proactive in preventing ill health.”

“GP services extended to 7 days 7am to 9pm to reduce impact on A&E.”

The second most common category, mentioned by 86 respondents, was addressing the **staffing** crisis, particularly in social care. This includes improving conditions for staff, such as pay and workload, in order to retain staff and ensure their wellbeing. People would like to see more investment in frontline staff as opposed to management.

“Make sure care workers are paid well and have good working conditions that meet their needs.”

“For carers to be paid a better wage and for them to have better training and career progression. We need to encourage people to join and stay in the sector and appreciate the valuable contribution they make in preventing hospital admissions and improving hospital discharges.”

The third priority area, mentioned by 75 respondents, was improving **how services work together**. This includes communication between services and the integration of health and social care. People want to be able to move across services easily when needed and to be directed to the right service at the right time. Some people felt that re-organisation of systems and processes was needed to achieve this.

“Better communication between agencies, even considering co-location of teams working with similar groups, i.e. children and families, Health, Education and Social Work services to promote team working.”



Priorities according to staff

The following analysis shows the top three priorities according to health and social care staff, in terms of percentage of people rating that priority as 'very important'.

NHS staff:

1. Reducing the time that people are delayed in hospital (91.8%)
2. Improving access to health and social care services in local areas (87.4%)
3. Reducing waiting times for services and treatment (85.8%)

Social care staff:

1. Reducing waiting times for services and treatment (92.3%)
2. Improving support to carers (87.5%)
3. Improving access to health and social care services in local areas (87.5%)

Third and independent sector staff:

1. Improving access to health and social care services in local areas (91.5%)
2. Reducing waiting times for services and treatment (89.4%)
3. Improving communication between services (89.1%)

This indicates consistent trends for reducing delays in hospital, reducing waiting times and improving access to services.



Priorities according to People with Specific Health Conditions

The following analysis shows the top three priorities according to different client groups, in terms of percentage of people rating that priority as 'very important'. This was only possible for certain client groups, due to low numbers of respondents from other groups.

People with cancer (n=27):

1. Reducing the time that people are delayed in hospital (100% rated 'very important')
2. Reducing waiting times for services and treatment (88.9%)
3. Reducing health inequalities (88.5%)

Priorities discussed in the open text comments by people with cancer include:

“Continuing to live independently in my own home and community”

“Being told what's important to my health (i.e. telling people the results of tests quicker)”

“More GP appointments should be made available to chronically ill patients”

“Improve communication between health departments to provide coordinated care”

“Would like to be consulted on and part of my care. Reason is in many cases medical staff do not involve patient in treatment plans”

People with mental health conditions (n=70):

1. Reducing waiting times for services and treatment (91.4%)
2. Reducing the time that people are delayed in hospital (85.5%)
3. Reducing health inequalities (84.8%)

Qualitative comments by people with mental health conditions included:

“Having a range of flexible, low-level options to support me to manage my own health, accessible when I need them”

“The way you're spoken to by members of staff, in particular mental health outpatient teams and inpatient.”

“Right now it's access to mental health services or any kind of NHS service. The waiting lists are so long & it's not ok.”

“Help and guidance with anxiety and other mental health issues, especially for under 16-year-old as there is nothing available, according to our doctor”

“Social care / social work services being less risk averse and more willing to be creative and respond to what people say would make a difference to them (e.g. with SDS payment use).”

“Training of GPs to deal with mental health crisis.”

“Dedicated mental health services that are easier to access for people who then when they need them will give these people the correct care and then free up A&E and GP's.”

People with physical impairments (n=45):

1. Reducing the time that people are delayed in hospital (97.8%)
2. Improving support to carers (95.6%)
3. Reducing health inequalities (93.2%)

Some of the priorities discussed in open text comments by people with physical impairments included:

“At this moment it's the lack of appropriate housing I need to move house but there are no affordable bungalows or ground floor housing available.”

“Receiving care locally or via video call/telephone where possible. I have a disability and need someone to take me to my appointments which is hard work for me and a strain on time for my husband who takes me as he's self-employed. Travelling from Peebles to BGH to have a conversation with a consultant is not a good use of anyone's time and expense.”

“Easier access to a directory or list of which services are available”

“A single person that is my point of contact and checks in regularly (monthly/bi-monthly) with me to ensure have as up to date information as possible and review my health needs.”

“Ensuring that there are centres in all towns and some larger villages where health and social care advice and support are made

available, coordinated by the local authority. At present there are a variety of private providers of "fitness" scattered around, some of whom are of dubious quality and competence."

There appear to be consistent priorities across the client groups, with themes of reducing waiting times, reducing health inequalities and reducing the time that people spend waiting to be discharged from hospital.



Priorities according to Unpaid Carers

This analysis focuses on the open text responses by people who identify as providing unpaid care to a friend or family member. 206 survey respondents identified as unpaid carers. The open text questions were coded using content analysis, with the most frequently occurring 'codes' shown in tables followed by some key illustrative quotes.

Thinking about your health and/or social care, what is the single thing that matters to you most and why?

Most Frequent Codes	
Timely access to GP	26
Improving access	23
Reducing waiting times	14

Top Categories	
Right care at the right time	43
Primary care	39
Specialist support	24

“Improving support to carers especially unpaid carers such as spouses, partners, children, parents, etc... As this seems to be the prominent issue that often falls between the gaps.”

“Provision of day services for older adults in the community. It keeps them active which improves physical and mental health, it addresses loneliness and social isolation and it gives elderly spouses with their own health issues opportunities to rest (which supports them to continue caring) while cared for spouse gets positive effects noted above.”

“That unpaid carers, particularly those caring 24/7, have regular respite across a variety of options. Stressed burnt out carers mean 2 people require health and social care input instead of 1.”

“Improve provision of care services to help people to be cared for at home and reduce the stress on family members”

“There doesn't seem to be any support given to pensioners who themselves are having to support their parents. The financial package stops when you get your pension and you are told that yes you are still eligible but if you are not on benefits you get no help financially and given the cost of diesel now, every trip is a drain on my own limited income.”

If you could make one change in the delivery of health and social care in the local area, what would it be?

Most Frequent Codes	
Appropriate care locally	13
Communication between services	12
Re-organising systems	11

Top Categories	
Services working together	28
Resources	28
Health in the community	27

“Support people upstream, have a therapy focus in primary care - better support at a local level would reduce crisis admissions, especially frail elderly and people living with dementia.”

“Listen to patients and their families. Proper assessment and communication between professionals.”

“Single integrated management of community health, social work and social care - save money, reduce duplication, direct service input based on need.”

“Offer regular and emergency respite care this would stop unnecessary hospital admissions and support families to look after their loved ones.”

“Better care for people in their own homes, where council take charge and care not subcontracted out, so direct line of responsibility. Carers ought to have better pay and conditions as their role is so important in keeping people at home and out of hospital.”

What do you consider to be the gaps in health or social care services at the moment?

Most Frequent Codes	
Adequate staffing	20
Long waiting times	13
Communication between services	=9
Mental health support	=9
Dentistry	=9

Top Categories	
Specialist support	42
Staffing	29
Health and care in the community	18

“There is a carer crisis happening. Not enough support for carers of children with disabilities. Getting a direct payment from social work to employ a carer for your child only works if you can find someone

to do the job. In reality there is a complete lack of people wanting to go into paid carer jobs. They just don't pay enough.”

“Continuing care and support for people with dementia after they are discharged from NHS older adults service. Care providers need to be able to pay the same as the council to their staff, as a minimum.”

“Staffing levels are too low therefore putting too much strain on the people who are working, making them leave for similar paid jobs with less stress.”

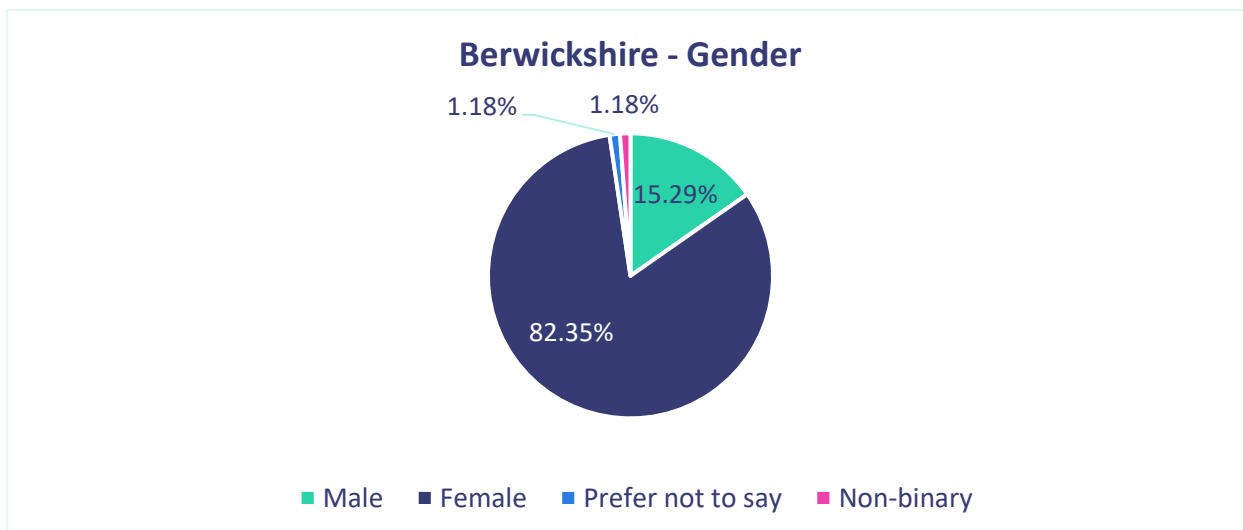
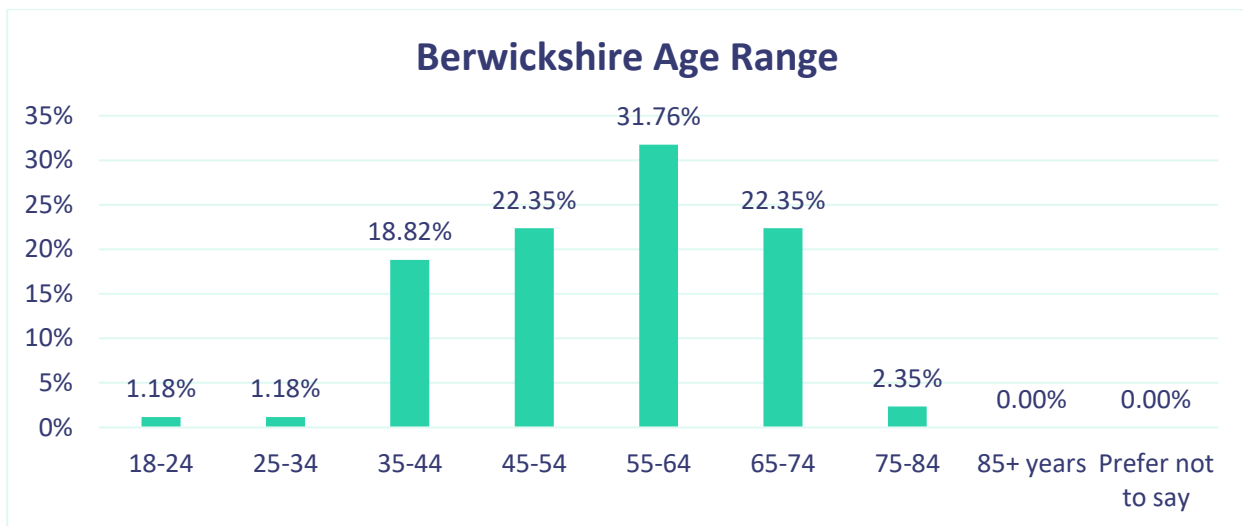
“Securing suitable support/placement appears to be often as a result of intervention and determination on the part of family and friends, rather than social care.”



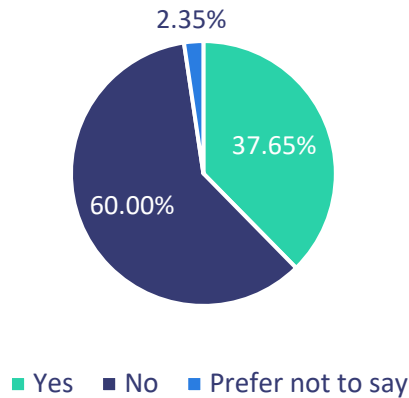
Priorities according to area

Berwickshire

85 people living in the Berwickshire area responded to the survey, which includes the towns of Eyemouth, Duns and Coldstream. The graphs below show the profile of people who responded from Berwickshire, in terms of age range, gender and carer status.



Berwickshire - Unpaid Carer Status



Priorities for the future

The top three priorities according to people living in Berwickshire, in terms of percentage of people rating that priority as ‘very important’, as are follows:

1. Improving access to health and social care in local communities
2. Reducing the time that people are delayed in hospital
3. Reducing waiting times for services and treatment

Thinking about your health and/or social care, what is the single thing that matters to you most and why?

Most Frequent Codes	
Reducing waiting times	12
Timely access to GP	11
Improving access	11

Top Categories	
Right care at the right time	26
Primary care	17
Health in the community	12

“Being able to get a doctor’s appointment when you need one. It prolongs the wait and increases stress and having to try and manage your needs without medical advice.”

“The distance to travel from Ayton to Melrose to access Borders Hospital services, especially in an emergency.”

“Local services, within walking distance, bus services make it impossible to access services.”

If you could make one change in the delivery of health and social care in the local area, what would it be?

Most Frequent Codes	
Increase GP availability	11
Timely access to GP	7
Appropriate care locally	6

Top Categories	
Primary Care	21
Right care at the right time	12
Health in the community	9

“A good health service with rural people considered regarding the lack of access to transport”

“More NHS community-based provision e.g. X-ray service in Berwickshire / Eastern Borders area.”

“The barriers to access the right person quickly - sometimes these are invisible barriers when services maybe try and slow down access to their part of the system due to the pressures they are facing”

What do you consider to be the gaps in health or social care services at the moment?

Most Frequent Codes	
Increase GP availability	11
Timely access to GP	7
Appropriate care locally	6

Top Categories	
Primary Care	21
Right care at the right time	12
Health in the community	9

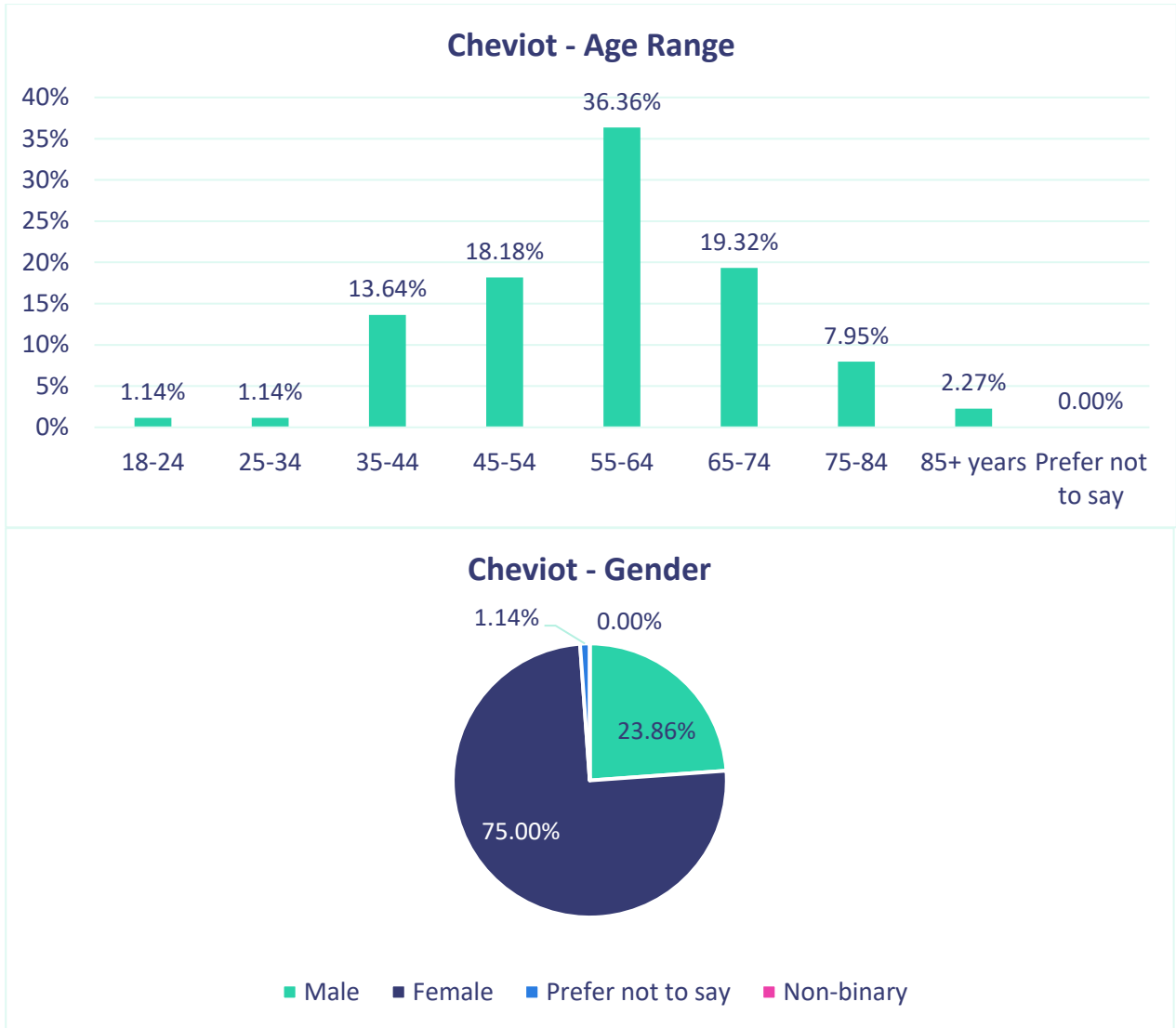
“GP surgeries should be open at weekends/evenings with a minor injuries clinic”

“Inequality in accessing devices throughout the borders.”

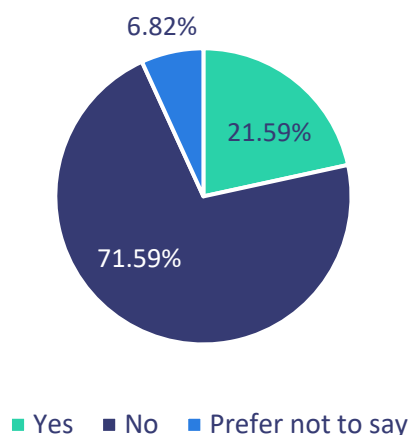
“We [the public] need to help you move away from beds and buildings by becoming less attached to what are the traditional models of health and social care ... to perhaps hub/care village models seen elsewhere in the world at locations where our local population need support now and in the future.”

Cheviot

88 people living in the Cheviot area responded to the survey, which includes the towns of Kelso and Jedburgh. The graphs below show the profile of people who responded from Cheviot, in terms of age range, gender and carer status.



Cheviot - Unpaid Carer Status



Priorities for the future

The top three priorities according to people living in Cheviot, in terms of percentage of people rating that priority as ‘very important’, as are follows:

1. Improving communication between services (88.4%)
2. Reducing the time that people are delayed in hospital (87.5%)
3. Improving access to health and social care in local communities (86.4%)

Thinking about your health and/or social care, what is the single thing that matters to you most and why?

Most Frequent Codes	
Seeing a GP in-person	11
Access specialist care	9
Support to remain at home	8

Top Categories	
Right care at the right time	17
Primary care	13
Health in the community	12

“Continued access to publicly funded and free at the point of entry healthcare, alongside improving communal living conditions to lessen the burden on the system.”

“Availability of residential care in the community that I was brought up in, not 20/30 miles or more away from family and friends. Especially when the transport systems in the borders is not joined up and extremely poor timetabling to arrange visits out with local area.”

“Recently our surgery in Yetholm was closed, it was claimed that it was because patient numbers dropped, but despite having appointments it was very difficult to get an appointment there. For

those of us living out in more rural areas it is now more than a 30-mile round trip to see a GP and something that realistically take at least an hour and a half to do. There will be other communities across the Borders like this and I think it would be useful to have more flexible services for those communities e.g. a GP / nurse bus or van.”

If you could make one change in the delivery of health and social care in the local area, what would it be?

Top Categories	
Primary care	15
Staffing	12
Services working together	11

Most Frequent Codes	
Timely access to GP	7
Reducing waiting times	5
Adequate staffing	5

“Making roles in these areas more attractive so there is the staff to deliver.”

“To have adequate NHS provision for social care, supporting people in their own homes at a level which gives a good quality of life and professional carers receive pay and conditions which reflect their value to the community.”

“Open the local cottage hospitals to walk ins like an A&E dept for example Kelso cottage hospital”

What do you consider to be the gaps in health or social care services at the moment?

Most Frequent Codes	
Adequate staffing	9
Dentistry	9
Collaboration between health and social care	4

Top Categories	
Specialist support	20
Staffing	13
Services working together	9

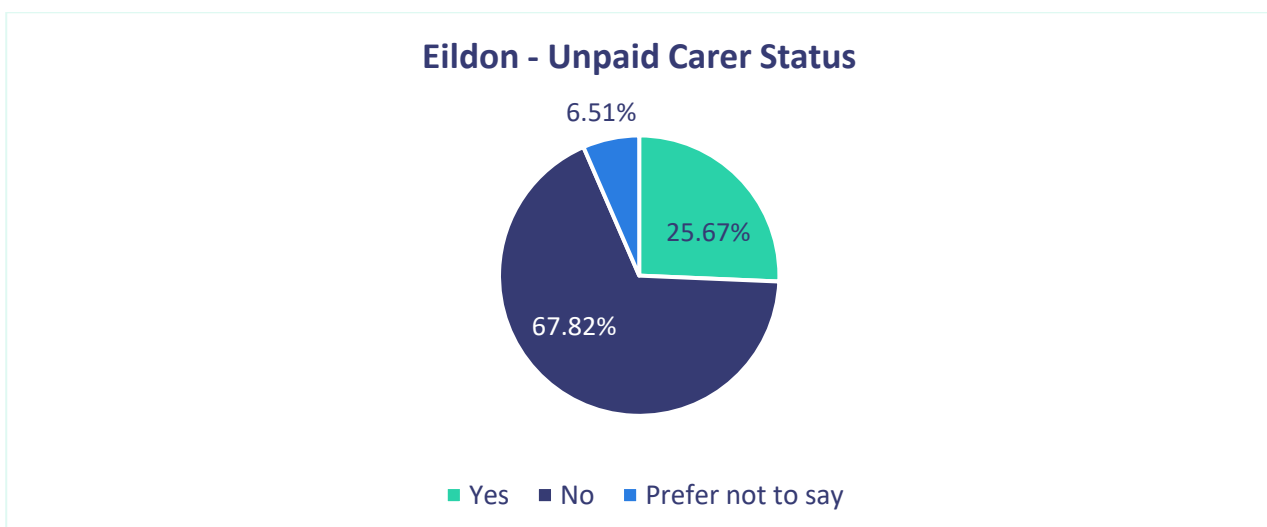
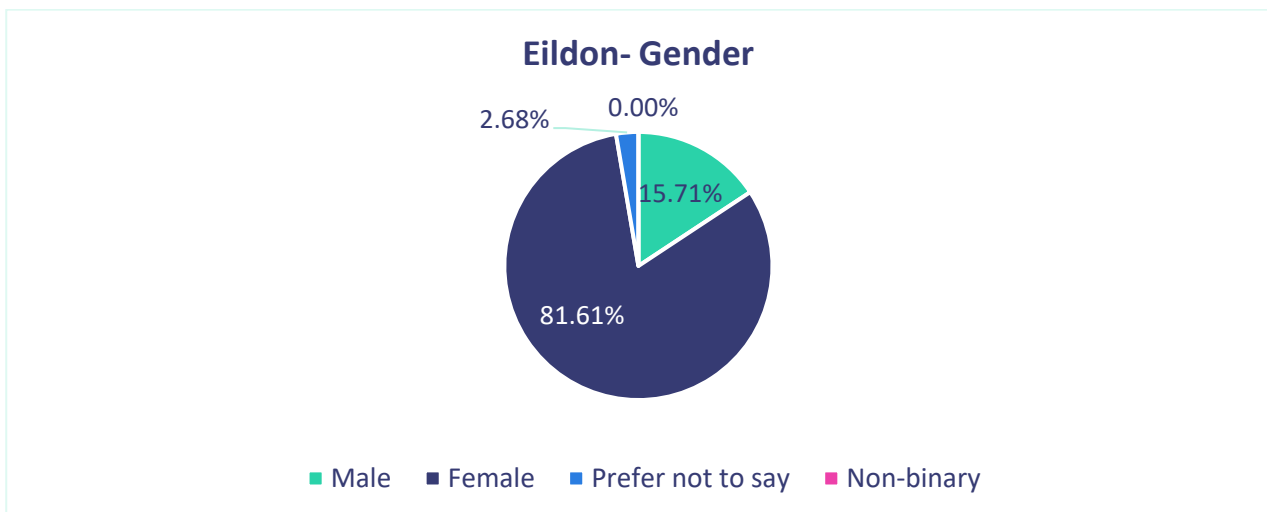
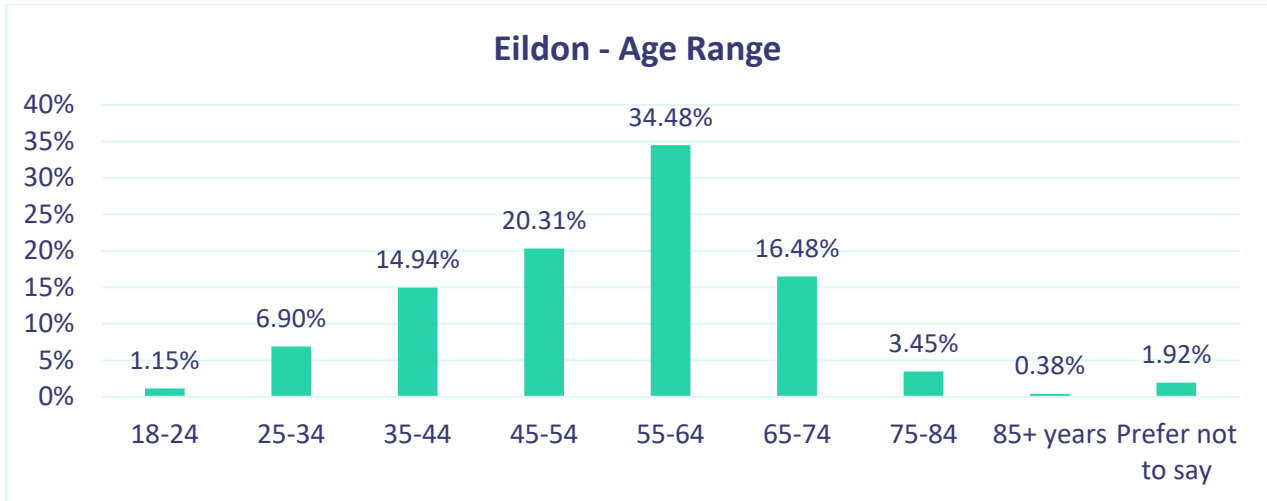
“More use could be made of nurse practitioners to help with more proactive follow-up with patients to reduce pressure on GPs.”

“Staffing crisis in both - remove agency workers / bank staff and offer permanent posts with appropriate salaries. Give staff a sense of belonging and get stability back into the workforce.”

“The post-code lottery is a 'gap' - even within the region. Also the stress and workloads on the professionals are leading to lack of warmth and empathy.”

Eildon

261 people living in the Eildon area responded to the survey, which includes the towns of Galashiels, Selkirk and Melrose. The graphs below show the profile of people who responded from Eildon, in terms of age range, gender and carer status.



Priorities for the future

The top three priorities according to people living in Eildon, in terms of percentage of people rating that priority as 'very important', as are follows:

1. Reducing waiting times for services and treatment (90.4%)
2. Improving access to health and social care in local communities (89.6%)
3. Improving communication between services (89.0%)

Thinking about your health and/or social care, what is the single thing that matters to you most and why?

Most Frequent Codes	
Improving access	38
Timely access to GP	29
Reducing waiting times	26

Top Categories	
Right care at the right time	75
Primary care	41
Specialist support	23

“Having a responsive health and social care service providing right care in right place, right time and of high quality.”

“GP Surgeries have not been open and many are no longer fit for purpose. I live in Newtown St Boswells and with the pandemic and ALL the additional residents now living here it can no longer manage. A new building and new Doctors etc. are badly needed now!”

“Ease of access and timely access to services. As a relatively healthy person I find it incredibly frustrating that the health and social care system can now only cope with extremes - those who are very physically unwell and those who need a significant level of social care services. We need to be focusing on preventative approaches, not just intervening when there is a crisis.”

If you could make one change in the delivery of health and social care in the local area, what would it be?

Most Frequent Codes	
Adequate staffing	13
Re-organising systems	11
Increase GP availability	11
Improve conditions for staff	11
Community healthcare	11

Top Categories	
Primary care	35
Staffing	34
Health in the community	29

“To provide physical therapy space for delivery of supports- 1:1, group work based, formal and informal spaces.”

“That all the staff across all agencies had access to the same records, or at least parts of them. So people and their needs do not get lost and stuck in a revolving door, telling the same story.”

“Dramatic. Increase in amount of staff. This is similar to the position after WW2. Things were done differently for a few years to ensure that all public services were adequately staffed. There needs to be a focussed programme to upskill current staff, Major recruitment programme to attract new staff at all levels. This will require a different way of thinking for NHS and politicians”

What do you consider to be the gaps in health or social care services at the moment?

Most Frequent Codes	
Adequate staffing	33
Access to GP	14
Communication between services	=12
Sufficient funding	=12
Long waiting times	=12

Top Categories	
Staffing	49
Specialist support	27
Health and care in the community	23

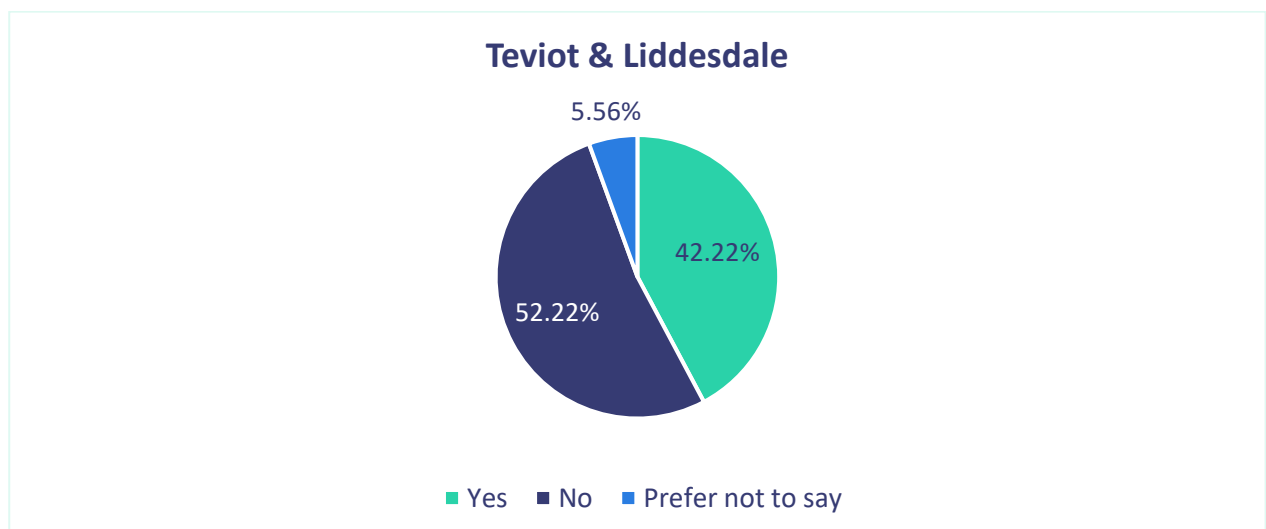
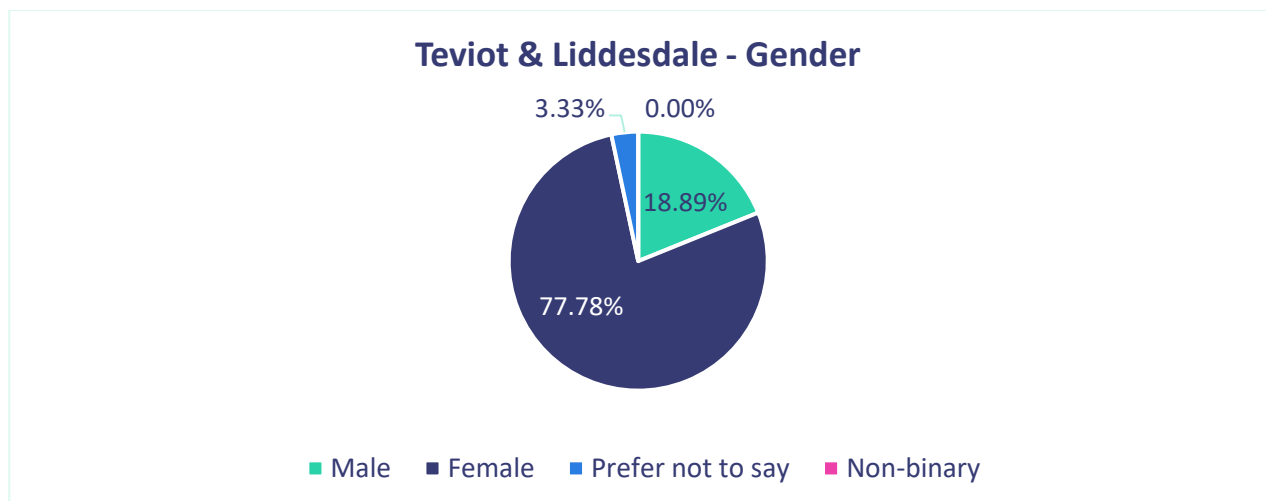
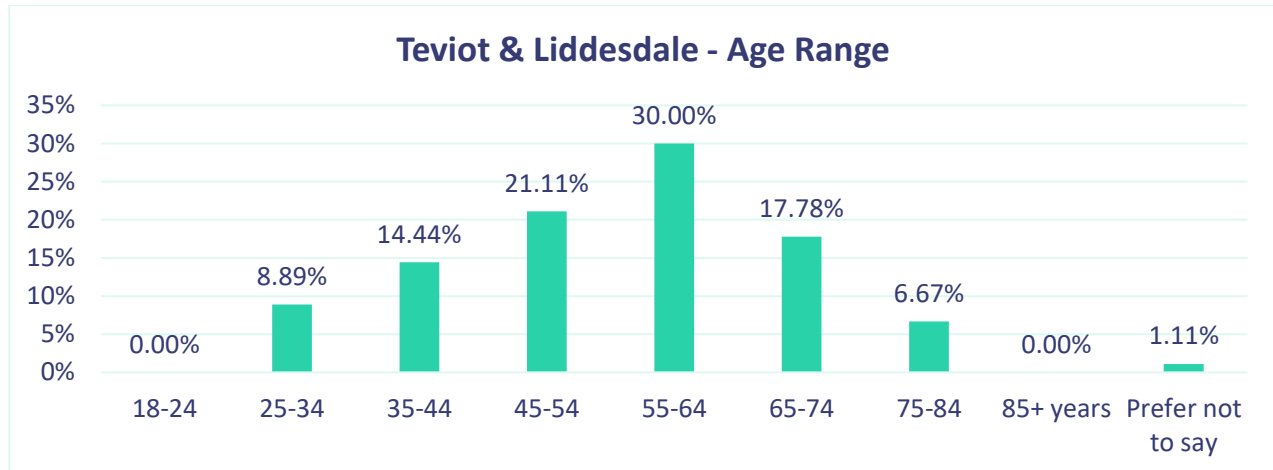
“Staffing levels are too low therefore putting too much strain on the people who are working, making them leave for similar paid jobs with less stress.”

“Serious levels of short staffing in Nursing, Medical and Social work. Retention, Recruitment and succession planning needs to be core to address this workforce crisis”

“A proper professional Responder Service. Such a service has operated for many decades now in Falkirk, Stirling and Clackmannan council areas - Former Central Region. My wife and I had experience of their excellent functioning in the Falkirk area over many years with both sets of parents.”

Teviot & Liddesdale

90 people living in the Teviot & Liddesdale area responded to the survey, which includes the towns of Hawick and Newcastleton. The graphs below show the profile of people who responded from Teviot & Liddesdale, in terms of age range, gender and carer status.



The top three priorities according to people living in Teviot & Liddesdale, in terms of percentage of people rating that priority as ‘very important’, as are follows:

1. Reducing waiting times for services and treatment (96.6%)
2. Reducing the time that people are delayed in hospital (93.3%)
3. Improving support to carers (89.9%)

Thinking about your health and/or social care, what is the single thing that matters to you most and why?

Most Frequent Codes	
Improving access	10
Appropriate care locally	7
Reducing waiting times	5

Top Categories	
Right care at the right time	15
Health in the community	11
Primary care	=8
Specialist support	=8

“Accessibility - living in a remote rural area it is a huge concern if there is an emergency.”

“Lack of transport to hospital appointments and affordability of other means. You cannot expect hospital appointments to accommodate the timetable of three bus journeys to reach BGH!”

“The fact that residents in Newcastleton have to travel nearly 50 miles to the nearest hospital. We used to be able to attend the Cumberland Infirmary”

“Access in an appropriate timeframe when required, taking into account that people work!”

If you could make one change in the delivery of health and social care in the local area, what would it be?

Most Frequent Codes	
Communication between services	=7
Adequate staffing	=7
Improve conditions for staff	=6
Community healthcare	=6

Top Categories	
Staffing	14
Services working together	12
Health in the community	10

“Communication- knowing what help is available or know where to go to find out. Often there is help, but only if you know about it.”

“Home carers should be more valued. Home Care packages be delivered with better co-ordination; I hear of carers criss-crossing in

their own car at their own expense like poor imitations of Amazon delivery services.”

“Better communication between agencies, even considering co-location of teams working with similar groups, i.e. children and families, Health, Education and Social Work services to promote team working.”

What do you consider to be the gaps in health or social care services at the moment?

Most Frequent Codes	
Adequate staffing	11
Sufficient funding	5
Long waiting times	=5
Adequate conditions for staff	=5

Top Categories	
Staffing	20
Specialist support	12
Resources	=7
Health and care in the community	=7

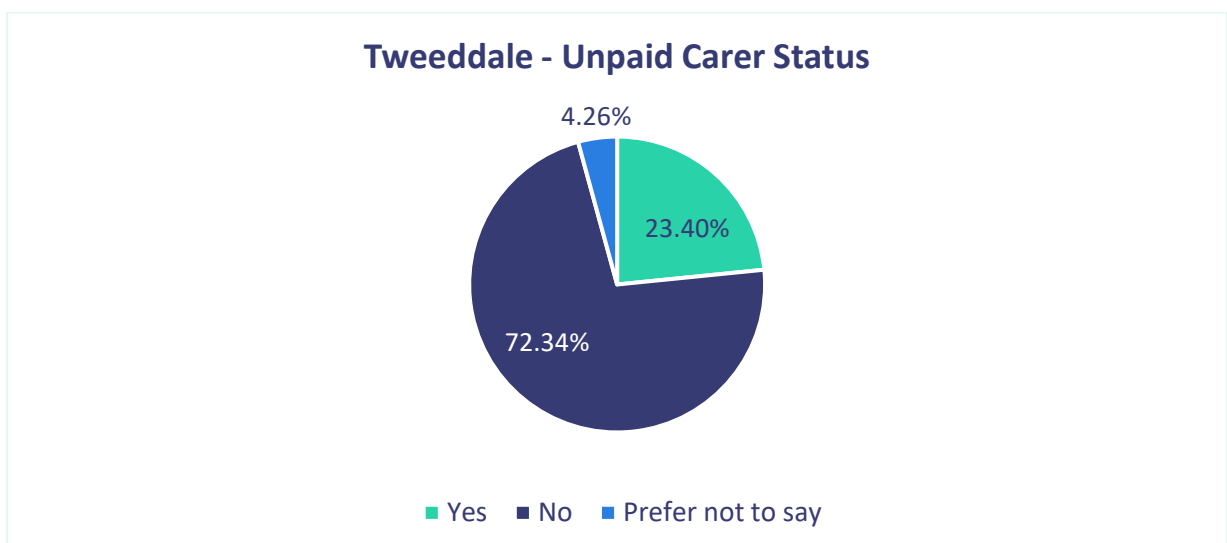
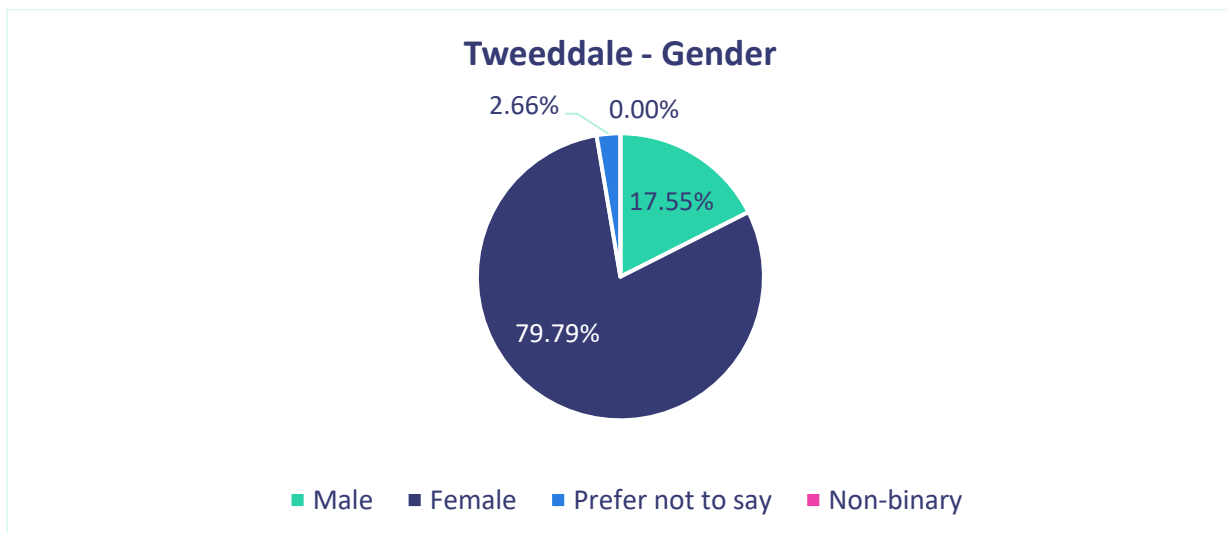
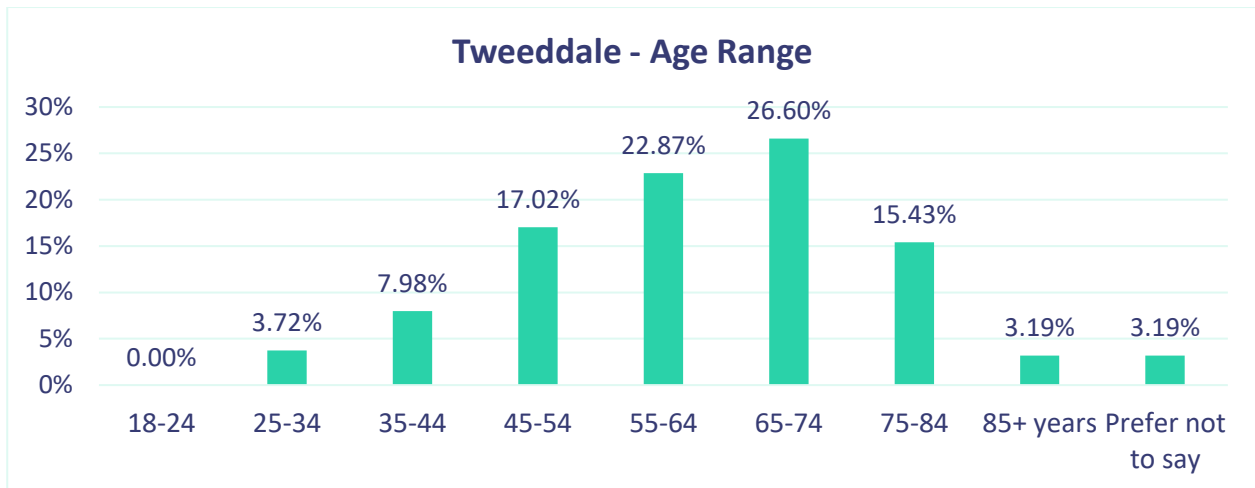
“The largest gap is the recruitment crisis within health and social care staff, the local population is aging with an increasing demand on the services. Pay for front line staff is comparable with roles such as hospitality however the responsibility is much more. A local review of current pay may support in reducing the recruitment crisis.”

“Lack of funding limiting the service that both are able to provide and clearly the NHS are under huge pressure to deliver with limited staff and resources. While this has been exacerbated by Covid the system was seriously stretched prior to the outbreak”

“Any type of mental health services. Due to lack of service in this area people who are in crisis are attending GP's and the BGH where they are not receiving the correct care (which is not the fault of the Hospital or GP's). Dedicated mental health services that are easier to access for people who them when they need them will give these people the correct care and then free up A&E and GP's.”

Tweeddale

188 people living in the Tweeddale area responded to the survey, which includes the towns of Peebles and Innerleithen. The graphs below show the profile of people who responded from Tweeddale in terms of age range, gender and carer status.



The top three priorities according to people living in Tweeddale in terms of percentage of people rating that priority as 'very important', as are follows:

1. Improving access to health and social care in local communities (93.0%)
2. Reducing waiting times for services and treatment (91.4%)
3. Improving communication between services (86.7%)

Thinking about your health and/or social care, what is the single thing that matters to you most and why?

Most Frequent Codes	
Timely access to GP	38
Improving access	23
Reducing waiting times	18

Top Categories	
Primary care	51
Right care at the right time	44
Health in the community	20

“As someone who regularly takes medication for high cholesterol and high blood pressure I would like a sensible system for obtaining repeat prescriptions. The current practice of only being given a month's supply of statins means that every 2 weeks I have to remember to submit a prescription creating work for Haylodge Medical Practice as well as Lloyd's Pharmacy who are under a lot of pressure. Why can't I have a couple of months worth each time?”

“Supported self-care - self-care is empowering, but when things aren't going well, it's important that the right support is available at the right time, including provision of specialist/specific health care in the community to support physical and mental health.”

“Having the Peebles out of hours small hospital for minor ailments back again! Ridiculous to have to drive to Edinburgh or BGH.”

If you could make one change in the delivery of health and social care in the local area, what would it be?

Most Frequent Codes	
Timely access to GP	20
Increase GP availability	19
Seeing a GP in-person	12

Top Categories	
Primary care	59
Health in the community	20
Staffing	18

“Take a reablement approach for all care provision. Galvanise the restart of day hospitals, day centres, minor injury units and set up community palliative care AHP services and day hospices, COPD physios, community neuro MDTs. These community supports are what keep people away from GPs and the front door.”

“Make patient transport an urgent priority especially for those not driving and/or living away from the transport systems in the Borders which seem only to serve the main towns, taking people to Edinburgh, rather than across the region to the BGH.”

“Being able to go to the hospital in Edinburgh not the Borders General which is so difficult from West Linton, especially if you are not well.”

“You need a bank of carers to service West Linton. We had a terrible time trying to get the appropriate care for my father who had Parkinson’s. The lack of care in rural areas is forcing people into care homes instead of allowing them to stay at home.”

What do you consider to be the gaps in health or social care services at the moment?

Most Frequent Codes	
Adequate staffing	22
Long waiting times	12
Access to GP	11

Top Categories	
Staffing	31
Health and care in the community	17
Right care at the right time	16

“Because of the lack of affordable housing especially for care staff it is extremely difficult to provide care at home for the expanding elderly population and this is a serious problem in rural areas, of which there are many in the region!”

“Obviously waiting times for appointments and treatment. Poor provision of care at home and lack of coordinated planning for such. This seems worse for communities at the edge of the Borders region where Medical Practice and discharging hospital are in the neighbouring Health Board”



Overall summary of findings

Who took part?

The survey received a good response rate and was broadly representative of the regions covered by the Scottish Borders HSCP. The majority of respondents were female, meaning that men's views may be under-represented in the responses.

Experience of services

Nearly all respondents had used primary care in the past year, and most people had also visited the Borders General Hospital.

When considering their experiences of services in the past year, the best-rated service was Borders General Hospital with half of respondents having a positive experience. There are particular concerns about mental health services, support for carers and learning disability and autism services, with most respondents who had used these services in the past year rating their experience poorly.

Most people felt that the delivery of health and social care has got worse across the priority areas in the past four years. Inpatient hospital care was rated the worst, along with support for carers and integration of health and social care. The best-rated priority area was improving the use of technology in care and support.

When asked what they consider to be the current gaps in health and social care services, people tended to identify systemic issues such as staffing, availability of carers and funding. Access to a GP and long waiting times were also seen as challenges.

Priorities for the future

When asked to rate priority areas for the next three years, respondents rated the different priorities fairly equally.

In the open text responses, there were consistent messages about areas that respondents would like to see prioritised and improved. In particular these were:

- a. **Primary care** – enabling people to get a timely GP appointment and to see their GP in-person.
- b. **Getting the right care at the right time** – being able to access treatment when needed, to prevent deterioration whilst waiting.

- c. Being able to get appropriate care locally and **in the community**, reducing the need for people to go into hospital.
- d. To address the **staffing** crisis by recruiting more staff and improving pay and conditions for existing staff.
- e. Improving how **services work together** including better communication between services and better integrating health and social care.

Priorities according to different interest groups

Priorities as rated by health and social care staff were reducing delays for people in hospital, reducing waiting times and improving access to services.

From the survey data, it was only possible to conduct focused analysis for people with certain conditions, due to low numbers of people with other conditions. When thinking about the priorities for people with cancer, mental health conditions or physical impairments, analysis showed consistent priorities around reducing waiting times, reducing health inequalities and reducing the time that people spend waiting to be discharged from hospital.

Considering responses from unpaid carers, priority areas included improving access to GP services, improving access to services in general and reducing waiting times. Many people said that providing support in a timely way could prevent deterioration and have benefits for both the person being supported and the person providing unpaid care.

Responses from people living in certain areas are explored in detail in pages 21-37. People gave specific suggestions about services they would like to see improved or re-instated in their local areas. However, some general themes across areas were the need to improve transport links in rural areas and the importance of being able to access secondary care in their local community. Many respondents also discussed the need to address staffing shortages by providing better conditions for health and social care staff.

Overall, there is a clear message that people feel that being able to access good quality and timely care in their local community can prevent the need for more costly and intensive interventions in the long run.