

Older People

Question 1:

Does this draft Strategic Plan address the most important issues for Orkney? The draft priorities are: Improve prevention and early intervention; Reduce avoidable admissions to hospital; Provide care closer to home; Develop a workforce strategy which equips us to care for our increasing older population; Reduce the adverse events in children and young people and provide best start in life for them; Develop sustainable remote and rural Health and Social care services; provide support to help keep you safe from harm. and Work with our partners to develop Information and Communication Technologies (ICT) and Tele-healthcare across the entire Health and Social Care spectrum to offer seamless pathways of care and support. Do you think these are the right ones for Orkney? If no, please give your reasons why not.

- No - Prevention and early intervention makes people live longer and therefore increases the number of very elderly within the community - it's not a wrong approach but it then necessitates increased spending in primary and secondary care as the complexity of need increases. Telecare does not improve health outcomes in large controlled studies. Don't be duped by the commercial companies that produce this equipment.

Question 2:

What are the health and social care issues that most affect people in your community?

- Access to good home care service.
- Community Care looking after our frail population safely and in the most appropriate location.
- Lack of homecare and residential places.
- An overstretched home care team. Lack of funding and resources available to prevent admissions in frail elderly patients. Care not always being provided to the most needy. If you shout loud you get services if you are too modest to ask you don't get. Dementia, ever increasing in numbers and lack training and resources to help families and patients.
- Lack of home care and care home places.
- Lack of availability of homecare.
- Lack of carers for the elderly.
- We see it as the scarcity of home carers which obviously impinges on places in Very Sheltered housing and also the care homes.

- Increasing elderly population, lack of support networks resulting in elderly vulnerable people having to leave the island to be cared for elsewhere. lack of trained carers.
- Access to home care;
- Also of importance is the failure of the social care system around delivery of home care,

Question 3:

What could we do to improve accessibility to health and social care services in your area?

- Increase the number of home carers and home helps. More sheltered and very sheltered housing.
- Increase staffing and funding in key areas such as home care and care home placements which would have to go hand in hand with the support services required to sustain this - carers, community nursing, physio/OT/SALT.
- More available home care.
- provide small nurse led residential homes for vulnerable elderly patients.
- Develop a workforce strategy which equips us to care for our increasing older population.

Question 4:

How can we better support people in their own homes and prevent them going to hospital?

- Falls groups assessment by speech and Language therapy if there are problems with swallowing or if people are at risk of aspiration.
- telehealth Increase the Intermediate Care service so they can support vulnerable and frail in their own homes - but integrate with community nursing service as well as AHPs
- More home carers - try giving them a permanent contract. Access to home help - housework and food prep. Increased ICT services.
- More space falls clinics, early interventions to prevent frailty and falls. More home carers. Use volunteers befrienders for isolated elderly not receiving home help. OT/Physios checks before problems instead of after events.

- Orkney desperately needs more carers and more support services such as ICT to achieve this. Keeping someone at home is fine in theory but not if they cannot care for themselves.
- Robust home care service with carers given adequate time/support/pay.
- Increase the home care staffing establishment. Increase awareness of who is at risk, isolated, or vulnerable in the community.
- Carers to support people in their own home. Better access to carers at short notice Not having to pay for emergency respite.
- Just as we said earlier - aim to have a stronger home carer workforce.
- Step up - step down beds in care homes. Flexible and responsive day care. Intensive response service which can flex to meet increased needs. Improved access to falls prevention. Increase the number of anticipatory care plans. Proactive screening programmes e.g. poly pharmacy reviews. Better access to befriending. Improved assessment to identify vulnerable people. Voluntary group provision of a "good neighbour" service where identified vulnerable people are called on a daily basis to identify any early signs of deterioration.
- Need for increased responsiveness such that short term support can be made available quickly particularly for frail elderly living alone. This would include support from health, social care and the third sector services. Better linkages across the various contributing services such that alternatives to hospital can be identified.

Question 6:

Is there anything else you would like to tell us before we prepare the next consultation draft of this plan?

- Looking at the increasing elderly population I feel strongly that health care providers should be looking to improve the home care service, there is a need for more carers and more rehabilitation in the patients own home. I am also seeing many extended family members now moving and living away from the islands, which diminishes the support network for our elderly residents. This in turn leaves the elderly or disabled person unable to stay in their own home and on their own island, leaving them with no alternative but to leave their homes and friends. Can we as a health service at least look at the financial viability of small residential homes that can be run locally.

Children and Families

Question 2:

What are the health and social care issues that most affect people in your community?

- Parenting support so the number of children in care or identified as being vulnerable is reduced.
- Anxiety lack of paediatric services eg no paediatric community cover.
- Obesity -especially children

Question 3:

What could we do to improve accessibility to health and social care services in your area?

- Improved paediatric support.

Question 6:

Is there anything else you would like to tell us before we prepare the next consultation draft of this plan?

- A dedicated children's centre would be very beneficial and a paediatric nurse in the community.

Primary Care

Question 1:

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- No - I think it is essential that an additional priority is added which helps to educate and facilitate the public how to APPROPRIATELY access health services. The GP consultation rate in Orkney is already significantly in excess of the rest of the UK. This is partly related to additional demands on GP services from secondary care which in other areas remain in secondary care. Arguably a bigger factor is public demand and unrealistic expectation. I believe it cannot remain only the GPs saying "no, this is not my job you must go somewhere else for this service" or "no, you do not require an emergency appointment for this minor self limiting problem".
- Unsure - GP practices should be allowed to take a lead in developing the priorities.

Question 2:

What are the health and social care issues that most affect people in your community?

- Access to good GP and on ward referral as required.
- Long waiting times for allied health professional appointments eg counselling, physiotherapy, occupational therapy which unnecessarily and inappropriately adds more pressure on General Practice.
- Overly high expectations of gps. Recruitment of new doctors. Gps having all the responsibility but no power. Patients coming to GP about everything- it seems to be a catch all for everyone- "if you are concerned see your GP" Enormous burden of paper work. Spend about double the time doing paperwork than seeing patients
- Access to GP services.

Question 3:**What could we do to improve accessibility to health and social care services in your area?**

- Outreach clinics eg Chiropody, flu vaccination, GP sessions plus nurse sessions eg for warfarin blood checks. These could take place in the local community centre saving elderly and frail folk a 20+ mile round trip to Kirkwall.
- The demand for general practice is constantly increasing but despite this the new GP surgery in kirkwall has less room than the current building - less rooms = less consultations.
- A GP practice lead service where practices (not localities) became the main point of contact for all services and employ carers, community nursing, health visitors, midwives and CPNs.
- Recruitment of gps is increasingly difficult. Worse still as it is so linked to the hospital. Students and junior doctors have such a poor experience in balfour hospital no one will come and train here. We have two training practices and no trainees. If you want a resilient workforce in a remote island, you have to make all aspects attractive. Being a gp is an increasingly onerous job. I am the third generation of doctors in my family. I wouldn't encourage my children to do it. If the health board works with the independent gps to get rid of extra paperwork it would be a help. A lot of the paperwork feels like "homework" which does nothing to improve patient care. If carers were paid properly and given time with patients that would help. If they had the same carer each time that might help. If we had a proper cpn service that communicated with us, that would help. If we had a cpn that was linked to each surgery that would help. At the moment it does not feel like we have a psychiatric service on the island.
- The support structure for keeping someone at home and how to access this and put the support measures in place must be clear, and must not rely on the default position being "the GP will sort it".
- Empowered district nursing service with supportive leadership, ?nurse practitioner level, within practices. Improve palliative care provision in patient's home? Marie Curie. Resource practices adequately so that GPs have more time to spend with patients.
- With an increasing population gps don't have the capacity to visit everyone who expects a visit- it can take over an hour to do a visit. If we get asked to visit three- what should we do- close the surgery for the morning. Supporting and increasing the number of district nurses. Would help.
- Try to get more community nursing and improve confidence for nurse and GPs that people can be cared for at home.

Question 5:

We are planning to look at services in 2 localities across Orkney. Given the size and scale of Orkney's geography, population and resources it is suggested that for planning purposes 2 Locality Planning groups are established: 1 locality for the Orkney mainland with the 2 sub-areas of East and West, and 1 Outer Isles areas (in line with the Outer Isles Network of Care strategy). Do you agree with this approach? If you don't agree with the approach, please give reasons why not. Include any suggestions of an alternative approach.

- Unsure - where will Outer Isles network be positioned?
- Unsure - Is this over prioritizing the small numbers on outer Isles, that already received a much higher per head amount of funding compared to Mainland residents? By separating the two localities are you further isolating and possibly even exaggerating the problems of care to the Islands. Does this prevent closer working between the localities?
- No - There is the expertise and knowledge within the practices to provide care to their patients without involving a costly extra level of management. If practices were given the budgets to directly employ community staff and carers, the professionals directly involved in the care of their patients would be based in the same premises and would be in daily contact and communication would be informal and timely. The existing independent GP model provides good value for money and is administratively relatively light and streamlined and I believe that it should be allowed to develop. Smaller practices provide consistency and continuity for patients and improve patient safety. As is currently already happening in some areas, each isle could be linked with a mainland practice and staff and expertise shared. Practices could work towards developing the nurse practitioner and community nursing roles and utilising the services of others, eg counsellors/paramedics/CPNs.
- No - the purpose of localities is for services to be built around primary care groupings and meet the needs of the local population - treating the mainland as one is not in line with this, the outer isles area could be a subgroup of the east and west - it will be one practice eventually or an extension of the mainland practices which would improve sustainability of services. From a sustainability and health care improvement perspective the current proposed arrangement is not good and will just create confusion - what is the subgroup going to do/have what resources etc etc.

Admissions/Discharge

Question 1:

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No - Take out reduce avoidable admissions to hospital this is inherent in first priority concerning early intervention. Add in Improve health care facilities/buildings throughout Orkney.

No - Should include supporting early discharge from Hospital and reducing delayed discharges.

Question 2:

What are the health and social care issues that most affect people in your community?

Being discharged from hospital within a timely way.

Access to healthcare support at home to keep people at home and allow early discharge.

Not enough care home beds leads to patients having prolonged hospital stay.

Question 3:

What could we do to improve accessibility to health and social care services in your area?

The hospital is not going to be big enough so patients are going to be discharged earlier and in poorer condition.

Question 4:

How can we better support people in their own homes and prevent them going to hospital?

Regular contact from a health professional eg quarterly if considered at risk of illness or loneliness and more frequently if the situation warrants it. This can be by telephone for many. As a carer this would increase my confidence, help me feel more supported and most likely enable me to carry on for a longer period hence reducing the need for hospital admission or residential options.

Proper assessment and implementation of evidence based interventions that are shown to prevent hospital admission. As important is getting people back out of hospital.

Question 6:

Is there anything else you would like to tell us before we prepare the next consultation draft of this plan?

Currently I believe the NHS focus is on discharge having dealt with the reason for admission and do not take in to account the overall change of circumstances of the patient and carers forced to do so. I would like to see a mandatory get together of family plus Health and Social Care partners within 48hours of admission to deal with any anticipated concerns so that these can be addressed without delay. Sub optimal arrangements are more likely to lead to family carers giving up sooner.

Health Promotion

Question 1:

Does this draft Strategic Plan address the most important issues for Orkney? The draft priorities are: Improve prevention and early intervention; Reduce avoidable admissions to hospital; Provide care closer to home; Develop a workforce strategy which equips us to care for our increasing older population; Reduce the adverse events in children and young people and provide best start in life for them; Develop sustainable remote and rural Health and Social care services; provide support to help keep you safe from harm. and Work with our partners to develop Information and Communication Technologies (ICT) and Tele-healthcare across the entire Health and Social Care spectrum to offer seamless pathways of care and support. Do you think these are the right ones for Orkney? If no, please give your reasons why not.

- Unsure - Health promotion/disease prevention has done little to improve health in Scotland, although vast sums of money has been spent on it in the last 30 years. The only significant changes have been made as a result of legislative changes such as the smoking ban.
- No - The public have to be helped to understand how to self care for minor self limiting problems and how and when to access other sources of help such as pharmacists, counselling services, online and telephone resources.
- No - Education is the most important issue for our community. Above is a set of vague statements.

Question 3:

What could we do to improve accessibility to health and social care services in your area?

- Use of social media and other media for health promotion topics.
- More promotion of health lifestyles and prevention. Folks taking more personal responsibility

Mental Health

Question 2:

What are the health and social care issues that most affect people in your community?

- Equal access to health and social care for people with a Learning disability or Mental Health Issues.
- Increased respite opportunities for dementia and frail (not just elderly).
- Long waits for mental health services, lack of continuity with psychiatry.
- Absence of mental health provision for individuals with learning disability. Poor provision of community mental health - Orkney has the lowest spend per head of population in Scotland on both community and hospital mental health.
- Mental health issues.
- Mental health and wellbeing.
- Lack of dementia awareness within communities.
- The inadequacy of mental health services.

Question 3:

What could we do to improve accessibility to health and social care services in your area?

- Relocate the CPN team to Kirkwall and increase their provision for administrative support, increase the CPN staff pool to reduce the frequency of on-call duties and reduce cancelled appointments. Consider the provision of sheltered accommodation for patients with major mental health problems. Create an attractive resident psychiatrist post - this will require creative thinking on the part of the human resources team, but thus ensuring we have a settled consultant available during the working week.

Question 4:

How can we better support people in their own homes and prevent them going to hospital?

Improved CPN numbers.

Governance

Question 2:

What are the health and social care issues that most affect people in your community?

- Not having adequate buildings, health care facilities and IT. Employment.
- Absence of integrated IT systems making it impossible to share essential patient information between agencies.
- Lack of a coherent health civil emergency plan.
- Not enough funding and not enough people to fill posts to provide care.
- Recruitment and retention of staff in both health and social care.
- The varying need for social care can present a challenge in recruitment but also a challenge in staff redeployment when large packages are no longer required.

Question 3:

What could we do to improve accessibility to health and social care services in your area?

- Well provided and coordinated delivery of health/social care service with improved communication between the two.
- Improve health care / practice building and IT.
- Should social workers/carers be linked to practices? Linked IT systems so clinicians can see what care is provided and add relevant information about need? Single point of contact for patients/families?
- Help to educate the public on appropriate use of our fragile and limited resources.
- NHS Orkney need to create a working major incident plan including on-call MIO's. This will require funding and training alongside other services.
- Ensure health care is not based on the ability or assumption that everyone knows how to self-refer to other peripheral services such as Podiatry. Ensure hospital website is kept up to date. Ensure associated support services have adequate funding to support inclusion of isles residents by providing peripatetic support. Ensure equal access to reduced ferry fare costs (only those of relative means can afford to buy books of ferry tickets that give the

biggest discount meaning those less affluent are most disadvantaged by ferry costs on the inner and outer isles) Ensure adequate and affordable public transport.

- Some way of increasing attractiveness to be employed by inhouse home care.....and/or creation of a high quality care agency/agencies to be able to provide the option of buying care rather than having to pursue a direct payment (which does not suit everyone).
- Public consultation on the most appropriate changes in relation to charging policy for services and equipment. Improved internal development programmes for social care staff. Flexible employment opportunities to provide opportunities for people who may not be able to work earlies or lates but could work evenings or weekends.
- Stable workforce.
- Change opening hours, move to self directed support, improve transport links, improve IT connectivity.
- Increase spending on staff.

Question 6:

Is there anything else you would like to tell us before we prepare the next consultation draft of this plan?

- Please give current staff opportunities to give suggestions. What about a rolling suggestion programme and if points are taken forward and there is a saving/good practice the staff or team should be rewarded accordingly. please cut down on unnecessary wastage. also lack of admin support. Wastage -- unnecessary paper work ,DNA appts , continuous introduction of new systems eg Trakcare when staff are not carefully brought on board.It is very frustrating when needs of each department are so great. More staff engagement incentives.
- There really needs to be more detailed figures as the budget looks short.

Other

Question 1:

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- Unsure - Should include / provide specialist treatments outwith Orkney when needed.
- Unsure - Too many and too verbose to be meaningful or accountable (but perhaps that is deliberate).
- No - Everyone, professional and the public must take responsibility for this as the current situation is not sustainable.
- Unsure - adequate investment is made into ensuring enough resource goes to front line staff and that those staff are valued and supported.
- Unsure - Need to include a priority relating to reducing offending, rehabilitating offenders and protecting the public.
- No - There does not seem to be any strategic consideration of emergency care provision or the interrelationship between maintaining a clinical skill set through regular activity which supports an emergency response capability.
- No - Fails to address key priorities that are required to improve health and wellbeing. These may be taken from the national priorities but do not reflect in specific detail the priorities that will deliver a transformed health and social care. Some of the elements actually remain with the parent organisations - and the focus fails to be on the priorities for commissioning.

Question 2:

What are the health and social care issues that most affect people in your community?

- Access to AHP services in an equal basis.
- Loneliness in addition to conditions that limit social interaction eg mobility issues.

- Obesity.
- Development of intermediate care step-up/step down facilities.
- Long waits for physio.
- Learning disabilities/ASD. Day to day care usually good but training hospital staff and community clinicians needs addressed. Carers requesting GP visits when not unwell. Some training on when and where appropriate might help.
- Benefit sanctions, Alcohol Obesity Fuel cost. Poor housing. Aging population - 3% increase in 65+ age group every 5 years. Situation set to deteriorate further with government austerity measures.
- Rural isolation, lack of transport, lack of local shops.
- Lack of community nurse support especially outwith normal working hours Single ambulance on mainland Orkney at night and on weekends. The rapid turnover of staff and high levels of sickness absence suggest a team stretched to breaking point Poor resourcing of ancillary primary care services e.g. phlebotomy for the management of hospital prescribed disease modifying drugs- methotrexate, azathioprine etc.
- Lack of public transport.
- Alcohol dependency. Large sedentary % of population. Limited number of people available to undertake care work. Fuel poverty and substandard housing.
- Access to care where the top priority is best quality, gold-standard care rather than care which focuses first and foremost on financial issues and ways to compromise.
- Reduced access to services depending upon place of residence social isolation fuel poverty low income transport and associated costs affordable housing being perceived as a hard to reach group or being difficult for services to serve (various reasons) psychological impact of long winters and reduced exposure to sunshine.
- Being able to access sufficient, flexible care and support to enable people to meet personal and social care needs.
- Obesity alcohol and drugs.
- long term health conditions such as COPD, CHD and diabetes.
- Lack of public transport links to West mainland. Lack of awareness that the status quo is not possible and some services/equipment will require to be

privately funded. Lack of awareness of the potential to access community groups as a solution rather than statutory services

- Dental registration
- Lack of an independent pharmacy. The south isles is served by a dispensing GP practice. Whilst this is satisfactory in terms of prescribed medicine the lack of a pharmacy means that the public cannot access the range of over the counter medicines available from a pharmacy. Although I cannot evidence this I would question that this perhaps leads to increased GP consultations as a means of receiving medicines which could be purchased over the counter elsewhere. Very occasionally the barrier closures will prevent assistance reaching an individual.
- High alcohol consumption.
- The issues that reflect Scotland as a whole are reflected in the local issues. The inadequacy of some services to the isles and self directed support. It must be remembered that in health issues not most affecting people i.e. cancer treatment services which only a small proportion of the community require remain important.

Question 3:

What could we do to improve accessibility to health and social care services in your area?

- Good access to all areas of hospital and AHP facilities.
- Extend the opportunities for remote support through both telehealth and video conferencing so those who live more remotely can access group sessions increase respite availability - both for adults and children who require it for their carers to be able to cope
- Sort out NHS 24
- Visiting services - ?outpatient clinics in outlying areas, where appropriate, rather than patients having to attend the hospital for follow up.
- Better public transport.
- Increased staffing of the district nursing team to ease pressures at night and weekends A second on-call ambulance perhaps with staff based at home but able to respond within a longer time interval. We must appoint a community learning disability nurse and seek to set up a tertiary referral service.
- Set up local (very local) coordinators to find and develop support and care in the area to complement what is available through OHAC.

- Not sure exactly what is meant here - being an island community, we have easy access to the services but they can't always be delivered due to resources.
- INVEST in frontline staff so more direct patient contact and time is possible. Patients must not be treated like a number and staffed should not be placed in a position where they need to compromise care. You learn a lot if you get an opportunity to sit down with a patient for a brief chat and gain a rapport which goes a long way. This is particularly important for vulnerable people
- Improve transport.
- Increase mobility of professionals across the outer isles. Improve access to internet.
- Public transport to West mainland which can be accessed by people in the community and to allow shift workers to access public transport to commute. Promotion of dementia awareness within communities. Improved access to information on community groups and what they can offer. Greater promotion of community activities to meet service user outcomes where they are able to attend community groups. Greater promotion of services the voluntary sector could provide. Consultation on what the community feel would be of benefit. Modernisation of day care services to provide therapeutic, flexible and responsive services which would include flexible intensive packages and greater integration with ICT, day hospital and community health services.
- It is to be hoped that the OHAC aims set out below will improve accessibility.
- Develop sustainable remote and rural Health and Social care services.

Question 4:

How can we better support people in their own homes and prevent them going to hospital?

- Ensure adequate carer numbers. 24 hr care where possible.
- befriending rather than a task-specific approach
- Improved nursing support, Not telecare!
- Set up a flying squad of staff that can provide hospital at home services where required.
- Public taking more responsibility, less risk averse- promote hospitals as the unsafe place to be- more people die there than anywhere else in the county!

- Again, more direct patient contact time which would require investment in more frontline staff
- Ensuring robust cover for all associated support from care to social inclusion
Encourage physical activity through discounted or free activities. Ensure their homes are warm and safe. Invest in inviting communal spaces such as community centres to encourage folk to get out and socialise. Increase the wages of those offering care and support to encourage retention of staff and recognise the value that these employees have in the community.
- Increased availability of flexible and reactive services at home.
- Increase skill level of community practitioners and be realistic about how/of care would be any better in hospital.
- Increase homecare services, and train nurses/carers to initiate rehabilitation programmes.
- Increase community services.
- Provide better social care that actually meets needs. The strategic plan is not a plan, it does not address key health and social issues that need to change to improve health.

Question 5:

We are planning to look at services in 2 localities across Orkney. Given the size and scale of Orkney's geography, population and resources it is suggested that for planning purposes 2 Locality Planning groups are established: 1 locality for the Orkney mainland with the 2 sub-areas of East and West, and 1 Outer Isles areas (in line with the Outer Isles Network of Care strategy). Do you agree with this approach? If you don't agree with the approach, please give reasons why not. Include any suggestions of an alternative approach.

- Unsure - Happy as long as a Kirkwall centred approach doesn't dominate. May be worth looking at dividing Orkney Mainland locality into "Kirkwall and surrounds" and a sub group of "Rural Mainland".
- No - I would avoid having the sub groups. I would keep the two groups without sub groups I've mainland and outer isles network.
- No - Create a single mainland locality and no sub area, the reason being to reduce administrative costs, and also to avoid the creation of health inequalities between east and west.

- Unsure - Not all isles have the same requirements. Westray has a care home, other isles do not. Don't take a model and make it fit, go out and check what each community has access to and what the limitations are.
- Unsure - Not sure how this would work for services that cover both.....
- No - It seems the outer isles is disproportionately represented re population size in this model. It's as if the decision has been made to have an isles network of care already so we have to stick with it. East and west should not be sub categories of a single locality. East and west should be localities with the isles allocated to each according to geography. The operational management of isles health and social care can still collaborate in a network.
- Unsure - I have some concerns around the situation becoming a post code lottery with silos of varying interventions and ways of working.
- No - The distinction between east and west mainland, in such a small area seems unnecessary and arbitrary. In terms of service, it would make more sense to have rural and town as separate areas.

Question 6:

Is there anything else you would like to tell us before we prepare the next consultation draft of this plan?

- Keep it simple and short; Evaluate all possible future models of health care for Orkney E.g. status quo, one polyclinic, one budget for specific practice areas to include primary care, social care, community nurse care, dentistry and third sector overseen by one community health care group.
- Concerned new hospital plans do not take account of ageing population with increasing numbers of complex patients with multiple comorbidities. Bed numbers are too low. Concerns over validity of statistics that were used to assess bed numbers. Concerned that when clinicians try to raise these issues and others of patient safety they are ignored by senior and middle management! (NHSO).
- Don't be seduced by telecare.
- Always be aware that not everyone has access to a computer, nor do they have the ability to deliver their replies. Make every effort to ensure that you have "fed" as many folk as possible.
- In section 8.2.1 there is a list of challenges facing the provision of healthcare in the future. I feel that dental services should be included in this list. It is well documented that people are a) living longer b) retaining teeth (the proportion of people with no teeth over the age of 75 has fallen dramatically and it is expected to fall further) c) have more complex dental treatment need due to medical co- morbidities and complex dental restorations which require

maintenance ("heavy metal" generation"). This will put significant additional pressure on dental services in the future, particularly special care services which are provided by the Public Dental Service in NHSO.

- It is a wonderful opportunity to review what works well and what needs to be improved. Include all agencies and don't make tokenistic gestures to some services who may actually have innovative ideas that could be incorporated. Don't assume there can be a 'template' for people's lives which are complex and diverse. Encourage personal responsibility with tact and diplomacy. Consider more carefully the wider determinants of health and don't allow an entirely medical model of thinking to hijack the planning.
- We need to remember that individual teams/services can be very small and it is difficult to be spread too thinly across more than one locality.
- Will there be any more specific description given? At the moment the definitions are very broad.
- The current document is inadequate in terms of its commissioning direction and not fit for purpose. It does not meet the guidance provided for commissioning documents. It is in no way a strategic plan.
- All services/functions which require to be commissioned should be reflected in the document.