

Health Lives, Healthier Communities

1. Methodology

To support locality engagement on current and future health and care provision, a questionnaire was drafted by the Locality Manager and Involvement Officer and the questions reviewed and refined by the Engagement Steering Group.

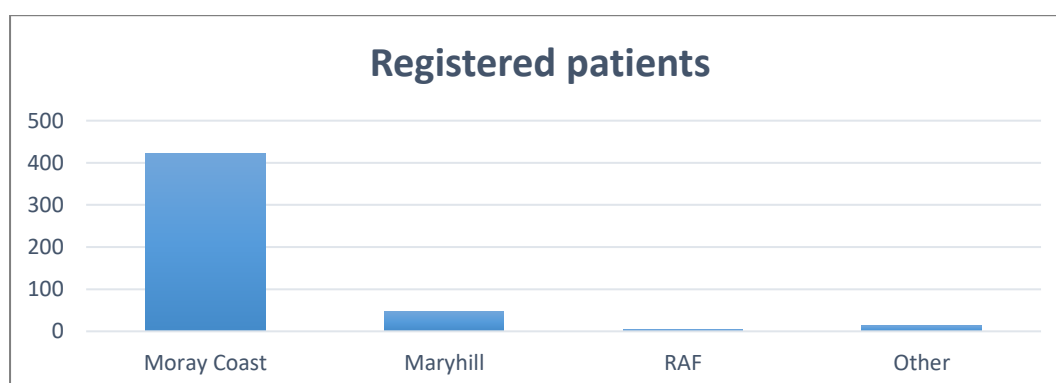
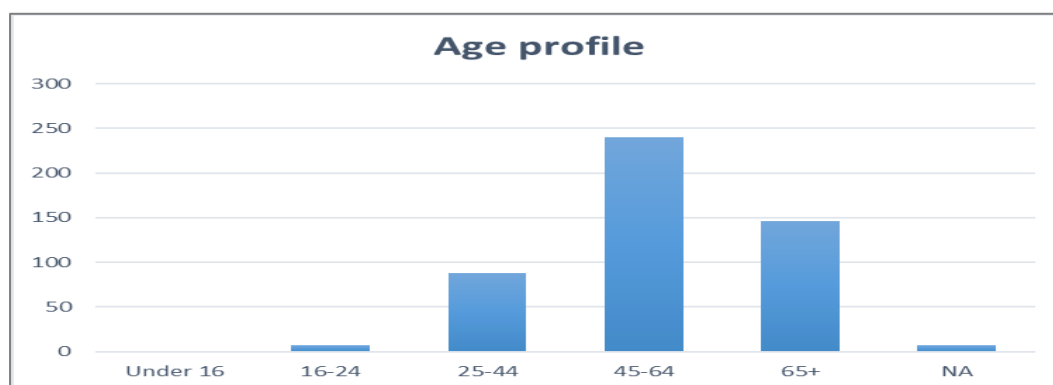
The survey launched on 15 November 2021 and remained open for a four week period. It was hosted online using the Survey Monkey platform and printed copies were also distributed. It was published on the Health & Social Care Moray website and promoted by all partners using existing networks and social media platforms.

Copies of the survey were distributed via community venues and the Moray Coast Medical Practice, and were available at the six engagement events which took place in Burghead, Hopeman and Lossiemouth between 30 November and 9 December 2021.

Who we heard from

The questionnaire was completed by 490 people – 440 used the online link and 50 people returned a printed form.

- 78% of responses were from women
- 42% of people said they had a long term condition or disability
- 19% of people identified as being an unpaid carer
- 49% were aged 45-64, 30% were aged 65 and over
- 86% were patients of Moray Coast Medical Practice



Respondents were asked to give the next 2 numbers from their postcodes after IV3. Not all did while some gave a number other than 0 or 1 so their postcode zone could not be determined.

A “best guess” interpretation of the responses would indicate the following:

- IV30 (which covers Burghead, Hopeman, Duffus, Elgin) – 359
- IV31 (which covers Lossiemouth) – 125
- Other (e.g. Lhanbryde, Fochabers, Forres) – 6

The drop-in events were attended by 84 people.

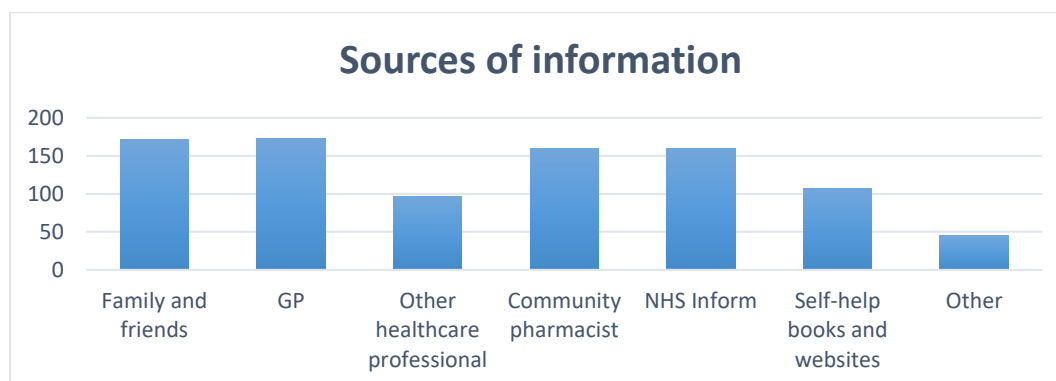
1. What people told us

The survey asked a mix of open and closed questions on health and wellbeing, service provision, branch surgeries and the Home First approach of maintaining people safely at home, avoiding unnecessary hospital attendance or admission and supporting early discharge back home after essential specialist care.

This report presents an analysis of the responses.

Section 2- Looking after your own health and wellbeing

Q8: How do you get information about your health and wellbeing?



- Other - TV, newspapers and social media

The GP remained the most common source of information, closely followed by family and friends.

Q9: Do you have access to a smart phone, computer or tablet that allows you to access the internet at home?

Unlimited access	317	83%
Limited access	57	15%
No access	9	2%

Q10: Would you value additional support to help you use a smart phone, computer or tablet?

Yes	36	9%
No	306	81%
Unsure	38	10%

Q11: What could help you to improve your own health and wellbeing? (226 answered)

Access to branch surgeries – People pressed for the return of the branch surgeries to offer easy access to GP services without the need to travel out with their own community. They highlighted the lack of a direct bus service to connect them to the Lossiemouth surgery. In the absence of the branch surgeries, some people called for more home visits to be offered.

Access to health care – People felt they still weren't able to access in-person appointments with their GP when required. They wanted waiting times to see health professionals reduced. Information and advice from GPs, nurses and pharmacists was helpful. People did not always feel listened to and highlighted that they were made to feel as though they were taking time away from other patients who needed it more. People struggled to use online consultation methods.

Support for mental health – A need was identified for more support for people's mental health. Many felt their mental health had declined over the past two years, particularly with reduced access to usual forms of support and restrictions on meeting others during lockdown.

Regular health checks – A form of annual check-up – like a health MOT to monitor blood pressure and cholesterol – was proposed along with more regular medical reviews and screening.

Home First – Travelling to Aberdeen for hospital appointments was costly and stressful, leading to calls for more services to be provided closer to home at Dr Gray's Hospital. Conditions need to be diagnosed more quickly and waiting times to see a consultant reduced.

Social care – More support was required from social services, particularly by unpaid carers.

Building resilience/self-management – People recognised the importance of doing what they could to maintain and improve their own health and wellbeing such as eating well, exercising regularly and getting better quality sleep. Some people found it difficult to manage their existing health conditions and others lacked motivation to make positive changes or found it difficult to achieve a work/family/life balance. Access to good quality health improvement information was called for.

People welcomed opportunities to take part in activities with other people for social contact and peer support. Many are already active in their community.

Lack of affordable public transport was a barrier to taking part in some activities. People would like to see cycle paths improved.

Q12: Thinking about your wider community, what do you think is the biggest health and wellbeing challenge being experienced by each of the following groups?

Children (251 answered)

Access to health care – Children were felt to be missing out on care because of the continued closure of the branch surgery and difficulty in getting to appointments in Lossiemouth. The additional travel was a challenge when a child was unwell. A lack of dental care over the past two years was highlighted as a challenge, as was the downgrading of maternity services at Dr Gray's Hospital.

Mental health – Young people face many challenging to maintaining good mental health. Social media puts a lot of pressure on them, leading to feelings of low self-worth and anxiety. Bullying is an issue and youngster may feel they have no one to talk to about their worries while not yet having the tools to improve their resilience. It was also suggested some young people feel they are different if they don't have an issue.

Environment/relationships/experiences – Concerns were raised over young people being exposed to advertising, leading to poor lifestyle choices. Respondents felt young people spent too much time indoors on devices such as their mobile phone and weren't active enough. Drugs were mentioned as a concern but alcohol was not.

A lack of public transport limited the ability of some young people to take part in a wide range of meaningful activities and opportunities to socialise. Lack of local amenities was said to lead to feelings of boredom. There was felt to be a lack of parent and child groups which meant pre-school age children continued to miss out of opportunities to socialise.

Pandemic – Over the past two years young people had suffered disruption to their education with home schooling and online learning leading to feelings of isolation. Young people were worried contracting coronavirus and keeping safe. They had to get used to wearing masks at school.

Working age adults (254 answered)

Access to health care – Inaccessible health services was said to be impacting on the health and wellbeing of adults with issues going undiagnosed through a lack of in-person support. There was often a delay in being able to see a health professional, particularly when appointments were only offered during the times when people were working. People said there was a lack of services at Dr Gray's Hospital – maternity services had been downgraded, elective surgery appointments had been cancelled and there was a need to travel to Aberdeen for some clinics and appointments.

Mental health – Living with a chronic health condition impacted on people’s mental health. Parents worried about their children and the uncertain world they were growing up in. Many felt there was a lack of support for stress, anxiety and enduring mental health issues.

Environment/relationships/experiences – Adults struggled to maintain a healthy life style. They recognised they had a poor diet, shouldn’t smoke and were not getting enough exercise or sleep. Use of alcohol impacted on health and relationships.

The relationship between poverty and wellbeing was highlighted. There were concerns over job/financial security and rises in the cost of living. It was hard to get a good work/life balance, particularly for those who were caring for others with health and support needs.

Poor transport links were highlighted along with a lack of local amenities. People felt they lacked opportunities to get together with people in their community. Activities which were available were too costly.

Pandemic – People had found the past two years challenging. Lives had been impacted by lockdown and restrictions such as mask wearing. Limited interaction with family and friends had led to increased isolation which impacted on mental health.

Older people (298 comments)

Access to health care – The continued closure of the branch surgeries was a significant challenge for older people and they were concerned for the future of their local services and the additional pressure placed on pharmacy services. They found it difficult to get an in person GP appointment and then faced issues with travelling to Lossiemouth, particularly when challenged by their own mobility difficulties.

The increase in telephone and video consultations concerned older people who found it more difficult to discuss problems when they weren’t face-to-face with a health professional and they were not confident that a diagnosis could be made using remote consultations. They felt their health had declined due to the changes in accessing services and with no health checks having been carried out.

People were concerned that patients were being discharged from hospital without support at home. Issues were raised about a lack of cancer care and dementia care.

Not everyone had access to the IT and this had not been taken into account, leaving people at a disadvantage.

Environment/relationships/experiences – People struggled to maintain a healthy lifestyle. Many communities are poorly served by public transport. There was a lack of disabled parking in Elgin. There was a lack of community facilities. People felt their housing options were limited by a lack of sheltered housing.

Pandemic – This age group had also been greatly impacted by the pandemic. Restrictions and concerns over falling ill had led to fewer opportunities for social interaction and feelings of isolation. People had lost confidence to leave their home

and mix with others. Some felt abandoned. Wearing face masks was difficult for people with glasses and hearing aids.

Q13: What one change or improvement action would make the biggest difference for each of those groups?

Children (228 answered)

Access to health care – The branch surgeries should be reopened and offer extended opening hours, it was urged. Health services should be easier to access and there should be a return to in-person appointments to support faster diagnosis. Paediatric services should be enhanced and there was a need for more contact with health visitors.

Mental health – Support for mental health should be a priority, particularly in schools, and with shorter waiting times for medical appointments. There should be less reliance on medication and more focus on coping strategies.

Environment/relationships/experiences - Employment prospects need to be improved. There should be better transport links and cycle facilities. Young people should have more opportunities for meaningful social interaction and in particular outdoor activities. They should be empowered to organise their own events and activities, with a call for greater inter-generational opportunities. Costs should be minimised where possible.

All children should have access to healthy food. Screen time should be reduced. Ways need to be found to reduce the negative impact of social media and advertising.

All children should feel safe and care for. People need to be less judgemental and give young people more credit.

Pandemic – Children should have access to the coronavirus vaccine to reduce their risk of serious illness from the virus. Life will be improved once the threat of the virus recedes.

Working age adults (226 answered)

Access to health care – Branch surgeries should be restored with GPs and nurses available in the community, respondents said. GPs should be more accessible with a return to the option of having an in-person appointment if preferred. Waiting times for appointments need to be reduced and there should be longer opening hours so people don't have to take time off work to attend appointments.

There should be more health checks and improved menopause support. Maternity services need to be restored at Dr Gray's following the downgrade and the hospital should also provide a greater range of services so patients don't have to travel to Aberdeen for routine appointments.

Mental health – It is important people can access timely mental health support to prevent a crisis. Support groups play a key role in recovery. The stigma around mental health issues needs to be tackled.

Environment/relationships/experiences – People need to find ways to achieve a better work/life balance and to follow public health messaging around nutrition, exercise, smoking and alcohol.

People would welcome more opportunities to take part in community activities as a way to increase their social interaction. Improved and cheaper public transport would provide an alternative to car use. More affordable housing is needed and support for those on low wages/benefits.

Older people (272 answered)

Access to health care - The branch surgeries should reopen with longer hours, it was stated, as people continued to be very worried by the ongoing closure. More home visits should be offered in the meantime. There should be more local health checks/monitoring, reduced waiting times for health concerns to be investigated, a return to face to face appointments, more local services and more local GPs and nurses. Podiatry services should be enhanced.

Social care – More funding should go into social care so more staff can be recruited to meet the rising demand for support. Older people need to be helped to accept social care. Support should be person-centred to meet the needs of the individual. More trained staff are needed in care homes.

More support for unpaid carers would enable them to have a life of their own alongside their caring role.

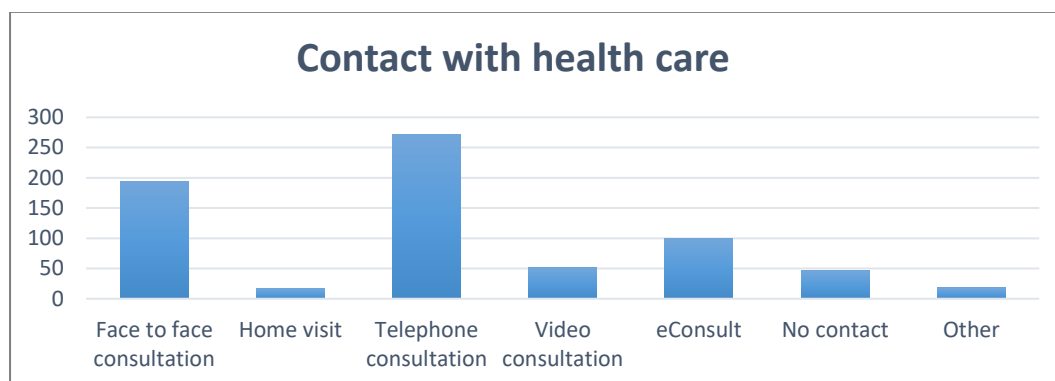
Environment/relationships/experiences – Older people want to feel valued and understood. People need access to frequent and reliable transport, in particular door-to-door transport. They would welcome opportunities to pass on their more traditional skills such as knitting and woodworking through intergenerational work. In turn some would value support for IT skills but it was said that care was needed that people did not become digitally excluded.

It would be helpful to have community hubs to act as single points of contact for information and advice, including raising awareness of the health and social care services available and how to access them. As well as social opportunities, people would also welcome sessions focused on helping them maintain their mobility such as strength and balance.

Everyone should be able to live in a warm and comfortable home. Older people would welcome steps to address the rising cost of living. They want to have sheltered housing options locally so they don't have to move out of their community when their needs increase.

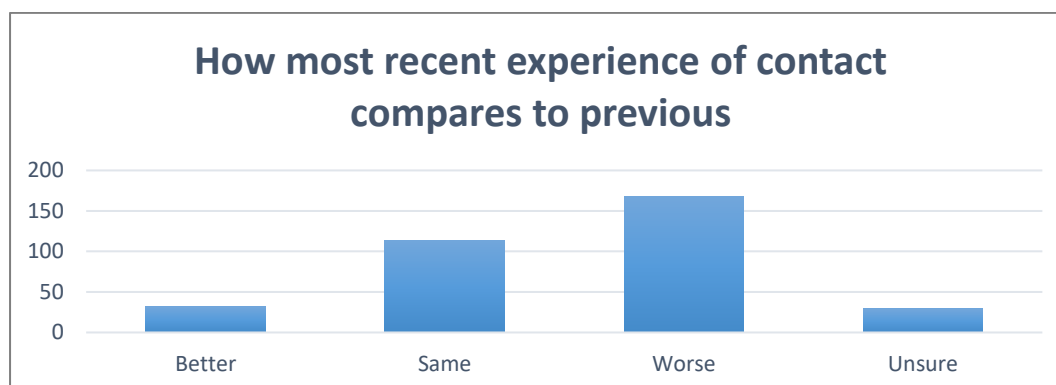
Section 3: Contact with health and social care professionals in 2021

Q14: In the last year, which of these methods have you used to connect with a health or social care professional?



- People used the free text box to highlight home visits by Macmillan Nurses, face to face consultations for tests and treatment, private treatment, physio appointment, hospital admission and vaccination.

Q15: How would you rate your latest experience compared to how you would previously have connected with a health or social care professional?



- 49% indicated their experience was worse

Q15a. Can you tell us why? (237 answered)

The changes GP practices were asked to make by the Scottish Government to the way they worked to minimise risks to patients and staff from coronavirus, were viewed negatively by the majority of people.

Face-to-face appointments – 52 comments related to issues around seeing a GP for a face-to-face consultation. People spoke about GPs being inaccessible and it being almost impossible to get an in-person appointment.

Many questioned how symptoms could be adequately accessed and diagnosed if they were not seen. People also indicated it was the GP they wanted to see rather than another member of the practice team.

Telephone/video appointments - People said it was much easier to explain their concerns if they were in the same room as the doctor and 47 comments related to the use of telephone and video consultations. It was said to be a particular issue for older people and those with hearing or communication difficulties who might struggle to connect with the GP in the same way. People did not feel reassured by a phone appointment and were concerned that issues might not be picked up.

Triage – 25 comments highlighted issues with getting through to their practice and how people felt their initial call was handled. They spoke about the barriers they faced in getting to see a GP and the frustration they experienced – from waits for calls to be answered and calls dropping out, to the probing questions asked by the receptionist and receptionists appearing to make decisions as to whether a patient could speak to a GP or nurse.

People said they were made to feel as though they were taking up or wasting the time of busy staff and the GP, and this guilt put some off trying to make subsequent appointments.

Negative experiences – 28 people highlighted specific issues they had experienced. These included delayed follow up appointments or in getting test results and dissatisfaction with treatment. One person had a referral to Dr Gray's rearranged six times. People found communication to be poor and empathy was lacking from consultations.

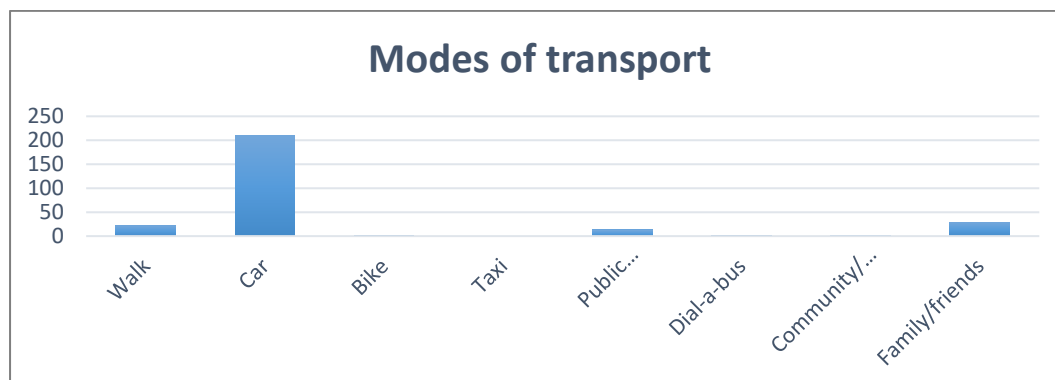
eConsult – People experienced difficulties in using the eConsult system which was described as being hard to navigate, frustrating and stressful to use. Again it was considered an unsuitable alternative to in-person consultations. 15 comments highlighted issues with the digital tool. Not everyone was able to access the technology required for e-consults or Near Me consultations.

Reduced access – 13 comments were more directly related to issues with assessing care when needed.

Improved/adequate access – The move to telephone and virtual consultations was welcomed in 44 comments. People appreciated the convenience of not having to travel to the surgery to be seen in person unless it was necessary, and considered phone consults were quick and easy and more appropriate for minor issues.

Positive experience – 6 positive comments mainly related to staff being friendly/supportive/good, taking the time to listen and to treatment being successful.

Q16: If you have attended at your GP practice for a face to face appointment, how did you travel?



- 75% used their own car
- 10% relied on family members or friends for transport
- 8% walked

Q17: How would you rate the ease of your journey?

Easy	102	37%
OK	146	53%
Difficult	27	10%

Q18: What would make travel to your practice easier? (206 answered)

Retaining the branch surgeries – The overwhelming majority of comments (126) related to reduced distances to travel which would be achieved by having branch surgeries open again in Burghead and Hopeman. These are regarded as essential services. People want the option of being able to walk or cycle to their appointment. This would reduce travel time and costs and be better for the environment. People also commented that they would need to take less time off work to attend local appointments. There was a call for the branch surgeries to be able to offer a wider range of procedures to save having to attend at Lossiemouth.

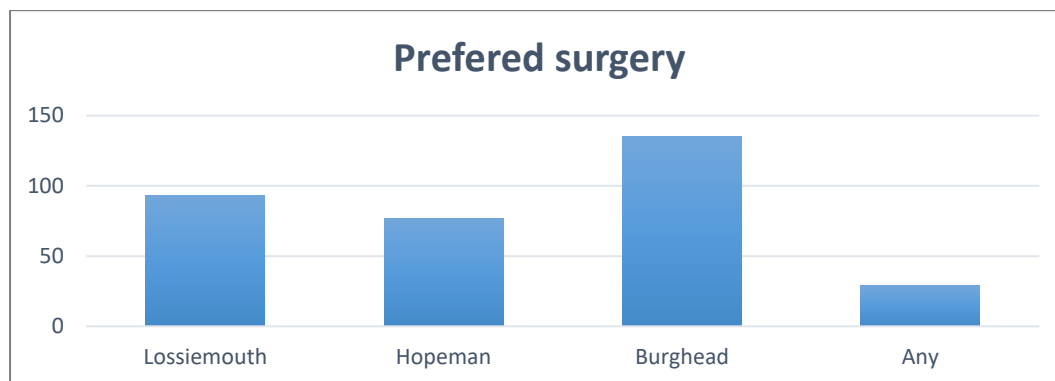
Improved transport – In the interim, 47 people stressed the need for improved public transport links between Burghead/Hopeman and Lossiemouth. Buses were described as poor, expensive and inconsistent and the lack of a regular direct service along the coast and taking in Roseisle and Duffus, was a significant drawback. People faced a long journey involving two buses. The council's bookable Dial M bus was said to be inconsistent.

Health issues - Older people and those with mobility issues struggled with public transport. People worried about the future when they were no longer able to drive to appointments.

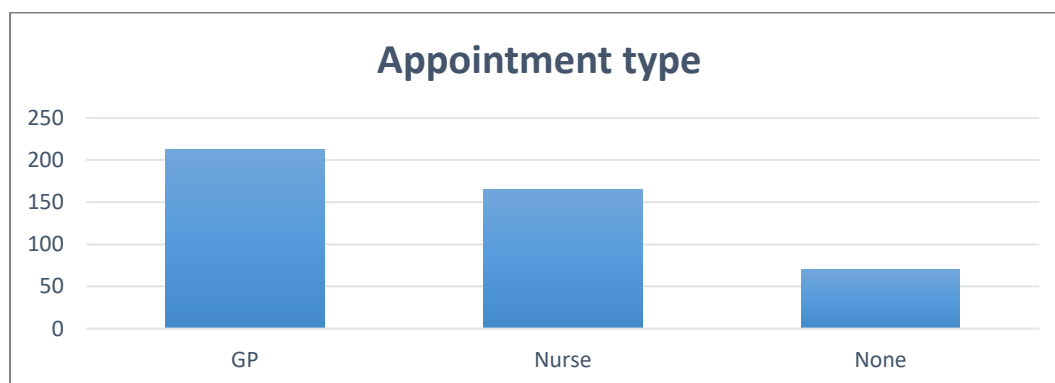
General – Suggestions included more home visits, evening/weekend appointments so people would be travelling when roads were quieter, the addition of parent and child parking places, improved cycle paths and an electric car charging point at the Lossiemouth surgery.

Section 4: Branch surgeries

Q19: In the past, which surgery have you preferred to go to?



Q20: Which services have you accessed in the Burghead and/or Hopeman surgeries?



- **Something else – 23 responses**

Most free text responses related to health care appointments and services provided out with the branch surgeries such as dental, chiropody, flu vaccination. Three people had moved to the area recently and not had the opportunity to use the branch surgeries.

Q21: If you have used Burghead or Hopeman branch surgeries in the past, how did they meet your needs? (230 answered)

Q21: If you have used Burghead or Hopeman branch surgeries in the past, how did they meet your needs?

Fully met - 124 responses indicated the branch surgeries had been excellent/very good, provided a first class service and that people's needs had been fully met.

Satisfactory - A further 14 responses made reference to the service being good or that they were satisfied with how their needs were met. The same number termed the branch surgeries as adequate or fair.

Positive experiences – A number of comments related to positive experiences of the service and the friendly and helpful staff.

Convenience - 52 responses highlighted the convenience of having a branch surgery in the community which was easy to get to and close to a pharmacy. People did not have to take as much time off work or school to attend. People were able to walk to appointments rather than take their car and did not have to rely on others for transport or to make a long journey by public transport. They felt more relaxed in a smaller, quieter surgery where they were seen quickly. This and the short distance to travel was particularly important when people were unwell.

Appointments - 5 comments related to appointments. Being able to see a nurse or doctor locally and in familiar surroundings helped make appointments less stressful. People felt they were able to be seen more quickly in Burghead or Hopeman rather than at Lossiemouth and said they were always able to be seen in an emergency.

Q22: If you have used Burghead or Hopeman branch surgeries in the past, was there anything that didn't meet your needs? (173 answered)

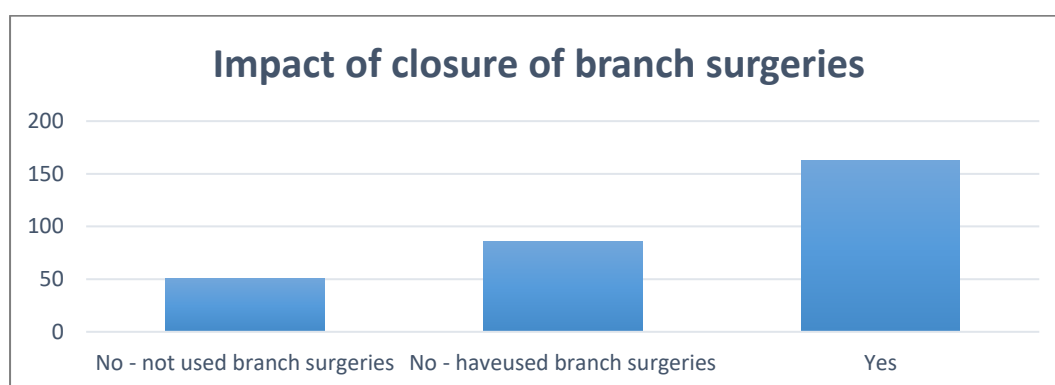
Fully met - 119 responses indicated people were totally satisfied with most stating that the buildings should be reopened as they are.

Appointments - Appointments were mentioned in 19 responses. There had been other temporary closures of the branch surgeries prior to March 2020 and people indicated the half day openings meant appointments were limited, meaning there could be a delay in being seen. 2 people had a wish to see the same GP each time.

Equity of service - The need to go to Lossiemouth for tests and treatments was highlighted in 14 responses.

Environment - 6 comments were made about the buildings, highlighting that the waiting room (not specified which) was small and conversations could be overheard. Parking was considered inadequate.

Q23: Has the temporary closure of the branch surgeries has an impact on you?



- 55% (163 people) said they has been impacted

Q24: What has been the impact on you and your family? (206 answered)

Additional travel - The biggest issue was the additional distance and time required to travel to appointments in Lossiemouth rather than being able to walk to the local surgery. This and the need to arrange transport was commented on by 90 people.

People said they didn't always have access to a car and had to rely on other people for transport or that family members were reliant on them. People didn't like to be a "burden" on others. People had to take additional time off work – often unpaid - for their own appointment or to drive someone to theirs. It was difficult to arrange appointments for when the driver was available. Children missed more school time because of the longer journey. Parents had to arrange additional child care to attend their own appointments.

During the Covid restrictions some people felt unable to ask others for lifts to Lossiemouth.

Travel to Lossiemouth was an additional cost and had an environmental impact which concerned people.

A further 13 comments were made about the stress of additional travel for those feeling very unwell and for the frail elderly.

Public transport – 20 comments highlighted the lack of a public service bus linking Burghead, Hopeman and Lossiemouth. It was a lengthy journey for patients who had to get a bus to Elgin and then another to the Moray Coast Medical Centre. This was time consuming and costly for those without a bus pass.

Reduced access to health care - 51 comments related to reduced access to healthcare resulting from the ongoing closures and the changes made to Primary Care in general response to Covid.

People spoke about their difficulty in getting through on the practice phone line to make an appointment and then issues with the triage system and the questions asked by the receptionists. This had led to increased stress and anxiety and a few people indicated they had been reluctant to seek care because of the changes and had delayed or put off seeking medical attention.

Patients had missed out on regular health checks and monitoring.

People were concerned that face-to-face appointments were less available, missing the in person interaction with a GP. Many struggled with the change to telephone and video consultations due to hearing loss and difficulties accessing technology. Call backs from the GP were not always at a convenient time. Many felt the new ways of working were impersonal.

A few people indicated they struggled to travel due to their health conditions.

No impact currently – 13 comments were made by people for who travelling to Lossiemouth was not a particular issue currently as they had their own transport. Many expressed concerns for the future as they got older, however, and potentially were no longer able to drive.

Q25: If the branch surgeries remain unable to open, what alternative health and wellbeing provision would you like to see offered within your immediate community? (233 answered)

Retain local provision – The importance of keeping branch surgeries open was stressed in 70 responses. People said the local GP provision was needed and there was no acceptable alternative. It was unfair, they said, that patients were being asked to travel. Many pointed to the increasing populations of Hopeman and Burghead and the rising numbers of elderly residents who had more need for medical services.

Many questioned why the two buildings could not be reopened now – even on a trial basis - with reasonable adjustments put in place to make best use of the available space in order to comply with any physical distancing requirements.

People highlighted other premises which have remained open and providing a service over the past two years. There were concerns that Covid was being used as an excuse to keep the building shut and the Moray Coast's commitment to staffing the branch surgeries was questioned as was whether the closures were in order to save money.

Calls were made for the buildings to be upgraded so that they were fit for purpose and comply with building, fire and accessibility standards.

New build or alternative premises – 17 responses called for investment for purpose-built new surgeries. It was suggested this could be linked to developer contributions.

While most called for new builds in both Hopeman and Burghead, it was also suggested that one share surgery be built or that alternative premises be found.

Public transport – For those who don't have access to a car, public transport links to Lossiemouth must be improved, 51 responses urged. It was not acceptable, people said, that patients had to travel via Elgin on a two-stage bus journey taking two to three hours or spend £40 on a taxi journey. A small number of patients said they would change to an Elgin surgery to make travel easier.

There was a need for a reliable direct bus service along the coast from Burghead and Hopeman with appointments at Lossiemouth linked to the times of the buses to cut down on waiting times.

An improved dial-a-bus service was also supported.

Home visits – In the absence of the branch surgeries, it was proposed by 19 people that more home visits should be carried out for older and less mobile patients who had no transport to get to Lossiemouth. They pointed out, however, that it would make better use of a GP's time if they were able to be based in a local surgery within easy travel distance for patients.

Visiting services – 35 responses related to improved access through outreach services such as use of a mobile consulting unit and pop-up clinics held in other community venues for appointments and routine health monitoring/checks. The

creation of a community health hub could be utilised by a range of health care providers to offer services such as podiatry and counselling.

Pharmacy – Positive comments were made about pharmacy services in Hopeman and Burghead and there was a call for this to be expanded so that a pharmacist was always available during opening hours.

Section 5 - Home First

Q26: What ideas do you have for health and wellbeing services that could help support people to remain at home and prevent a hospital admission? (222 answered)

Social care – Increased funding; recruitment of more staff on better terms and conditions to increase capacity in care at home services; training and supervision, career development; responsive care packages which can quickly be set up; carers having more time for their visits and to focus on outcomes rather than tasks; more continuity of carers; improved scrutiny of commissioned care providers; review of assessment processes as older people may say they are managing when they are not

An assurance that a care package is in place before someone is discharged; better co-ordination between hospital and home care.

Home checks to see how someone is managing, what support/aids/adaptations would be of benefit; daily check-in phone calls.

Local day centre for companionship and stimulation; expanded Shared Lives Service.

A change of culture to encourage people to see that accepting care when needed is not a sign of “failure”.

Easy to access information on what services are available; a help line; easier referral and assessment process

Health care – Home visits carried out by District Nurses, a return to old-fashioned district nursing; a medical car based in Lossiemouth; mobile nurses and nursing teams in local hubs so they can be more responsive and prevent a crisis; health checks on the over 75s and those with long-term conditions, and monitoring to pick up on a patient’s deterioration; reinstatement of screening; more community physio.

More GPs; more GPs working full-time; more appointments; being able to see a GP to avoid going to A&E or calling an ambulance and becoming a hospital admission; emergency walk-in appointments available at surgery; being able to see the same GP for continuity of care; being able to see a GP and not a nurse practitioner; receptions taking a common sense approach; provision of ipads to enable patients to have remote consultations; designated GP to follow through on a patient’s discharge from hospital and ensure care and support is in place.

More hospital beds; admission to hospital if required. Convalescence/intermediate care facility.

Re-opening of Hopeman and Burghead branch surgeries to provide same access to a GP as patients have elsewhere.

Joint working – improved communication and co-ordination between all professions, including ambulance/paramedics.

Carers – Carers to be listened to and their interests taken into account; manage expectations of families as to the support which will be offered; planned and easily booked respite; a sitting service to give carers a break.

Community – Building on the existing community assets; volunteer co-ordinators; volunteers to help with shopping and provide companionship; volunteers to support people to die at home; meals on wheels service; lunch clubs; help with practical tasks such as cleaning, admin tasks and looking after pets; opportunities for friends to come together.

Greater focus on prevention; fitness classes; strength and balance classes to prevent falls; health promotion; toe nail cutting service.

Housing – Sheltered housing with wardens; home share scheme matching older people with younger people looking for somewhere to live in return for carrying out some tasks.

Q27: What ideas do you have for health and wellbeing services that could help support people to return home and regain their independence after they have been in hospital? (208 answered)

Answers to this question were broadly in line with those given in response to the previous question.

Social care – Greater focus on flexible and free reablement support to help people regain skills for independent living, with the service being reduced over time; well-resourced care teams; extra support for an initial period such as meals; shorter waiting times for OT and physio support with home assessments to check the person can manage at home and what aids/equipment/telecare is needed; widen remit of what Social Care Assistance/home carers can do to include home help tasks and to build confidence to go out; improved pay for carers which would boost recruitment; more consistency in carers; increased range of day opportunities with transport provided.

Health care – Ensure people are ready for discharge and that care is in place; following discharge checks should be made daily for the next 10 days; District Nurses to carry out home visits and provide follow-up care; easier access to a GP through existing GPs increasing their working hours; supportive primary care; GPs to carry out check-in phone calls and to show care and empathy; more regular health checks.

Access to branch surgery.

Intermediate care facility; half-way house/convalescence flats for people not ready to return home

Joint working – Improved joined-up care and joint working between services; all professionals to be involved in assessment and review; a named person to co-ordinated care; early intervention to prevent a crisis.

Unpaid carers – Improved support for unpaid carers; better communication with families; more respite breaks.

Community – Volunteers to support people once they are home, accompanying them to appointments and to reduce loneliness. More information on community resources and how they are accessed; a community hub to provide a single point of contact; more support groups; more social prescribing such as a block of free session at a leisure facility.

Q28: What ideas do you have for Health & Social Care Moray and community groups to work more closely together to support people to look after and improve their own health and wellbeing so they can live in good health for longer? (169 answered)

Health care – GP services should be easily accessible; a return to in-person appointments; professionals who put their patients first; have a bank of local health staff who can be called on to work a few hours here and there as required.

Support for mental health out with GP practice through social prescribing; mobile clinics to bring services out to people.

Retain branch surgeries by finding solutions to enable them to reopen.

Joint working – Improved communication between professionals; regular case reviews with everyone involved; compassionate care; better communication between services and community groups with monthly engagement to share news, information and learning.

Unpaid carers – More services in place so care does not all fall on unpaid carers and they have to stop work to care for someone and are unable to have any time for themselves.

Community – Support people to overcome their reluctance to ask for and accept help and treatment so they don't end up in hospital; more social groups and community facilities; funding for community wellbeing projects/initiatives; community cafes where people can learn food skills; meal deliveries to support good nutrition; improved transport so people can take part in activities; one-stop community hubs where people can find information about what is available and where they can volunteer their time; database of volunteers and co-ordination of volunteers, matching them with people who would benefit from support; more health promotion; wellness workshops to encourage people to take more responsibility for their own health; neighbourhood watch scheme to encourage people to look out for people in their community and be able to make a referral for a social care check; support for intergenerational activity.

Reduce the reliance placed on volunteers to fill the gaps in statutory services, appreciating that volunteers have done so much over the past two years.

Q29: Is there anything else you want to tell us about health and social care in your community? (135 answered)

Branch surgeries – 34 people repeated their calls for the branch surgeries to be restored because of their importance to the communities. Some were concerned that a decision to keep them closed had already been made and that patients were not

getting the health service they were entitled to. People said they had lost respect for GPs, considering they were being motivated by finance.

They said the wellbeing of the community was being negatively impacted by the closure and want to see the current buildings reopened, upgraded or new facilities built. They point to the aging population of Burghead and Hopeman and the new housing developments in the area. The communities have had to support themselves for a long time in the absence of health care facilities and it is fortunately that people continue to care for one another.

The reasons for the continued closure of the branch surgeries were branded excuses and more evidence was called for. It was said the buildings had been run down over a number of years. People suggested there were some simple adjustments or upgrades which could be made to ensure the buildings comply with requirements. They pointed to being able to use all other buildings with Covid measures in place but not the surgeries. It was questioned if any decision came down to finance. If they were to close it would be apparent money was being prioritised over health. People were concerned over the continued impact of the closures on other services such as pharmacy.

It was suggested that if both surgeries were not retained than one or the other should be. This would reduce the distance patients had to travel. Not everyone drives and travel to Lossiemouth is problematic, particularly for those with mobility issues. There were no direct service buses and although the community bus was appreciated, it was not seen as a sustainable solution.

Health care – GPs were said to have been hiding for the past two years, with much of their work falling on nurse practitioners. Patients want to see their GP rather than another member of the practice team.

A GP serving the community would support early intervention and self-management approaches, enabling people to live healthier lives in a healthier community.

Not everyone is able to use IT to take part in remote consultations.

Dr Gray's was said to have provided a good service during covid in comparison to GP services, however some felt services had been run down. There was also much praise for the Burghead and Hopeman pharmacist.

People had held back from contacting their GP during the pandemic or had not been seen as normal. Mental health support was described as being non-existent. Growing waiting lists was a concern. There were strong calls for it to be easier to have an in-person appointment. Staff need it come out from behind their phones. Dental services also need to be stepped back up.

Some new ways of working were welcomed, however, and these should be built on to develop a system that meets needs and is future proofed.

Many people can no longer drive to Aberdeen for hospital appointments and it would be beneficial if there were more clinics run in Dr Gray's Hospital.

Health and social care – Examples were given where patients had struggled on discharge from hospital because care packages were not in place or where they had paid for private treatment because of waiting times.

NHS staff have been working “like Trojans” during the pandemic but this is not sustainable and the system was under great stress.

Support services were swamped and more needed to be done to support recruitment and retention of staff. Home carers were dedicated and hardworking but undervalued and should get more recognition, with more time for visits and improved wages. They are key to preventing hospital admission and supporting people back home.

Increased funding should go on frontline staff and management should be reduced.

The good work going on is not obvious to people and people don't know what is available to them. Signposting to services should be improved.

The covid vaccination programme was said to be disorganised and should have been rolled out through the GP practices.

Older people should be offered home visits for assessment of their needs. The waiting lists for OT assessment need to be addressed.

Unpaid carers - The contribution of unpaid carers should be recognised and their needs should be acknowledged and addressed as without them, the health and social care system would collapse.

Community – Isolation has had a huge impact on health and wellbeing. It can be hard for people to accept help – they prefer to be the ones giving it. People who move into the community may struggle more than those who have long-established links. It can be hard to know who might be struggling and ways have to be found to help people feel included.

People would welcome the addition of groups and activities such as lunch groups. Volunteers already do so much. They could support people who are on their own, especially those who are palliative as they approach the end of their lives. They can help with things like shopping and accompanying people to appointments. People would like help to start up new activities.

A community centre/hub could help co-ordinate volunteers and promote a culture of care.

Green space has an increasingly important role to play. Sustainable travel options require an investment which promotes cycling and walking. There should be better public transport options for the more rural communities that are affordable for those who do not have a bus pass. The community minibus is a valued resource.

Dropped kerbs are blocked by people parking cars and blocking access for people using mobility scooters and wheelchairs.

Engagement – There was criticism of the engagement process. A few considered the information drop-in events to be a waste of time and money. Information was

lacking and what was available was spun in favour of closing the branch surgeries. Copies of the survey should have gone to every household as not everyone could go on line to complete it.